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**Testimony to the Health Policy Commission Cost Trends Hearing
Re: Ballot Question One
Presented by: David Matteodo, Executive Director
Massachusetts Association of Behavioral Health Systems
October 16, 2018**

On behalf of the Massachusetts Association of Behavioral Health Systems (MABHS), I appreciate the opportunity to testify before the Health Policy Commission. The MABHS represents 45 inpatient mental health and substance abuse facilities, which collectively admit over 55,000 patients annually. Our hospitals and units provide the overwhelming majority of acute inpatient services throughout the state.

We oppose Question One for a variety of reasons but primarily because of Costs; Supply; the severe damage this Ballot Question could cause to access to our inpatient behavioral health system in Massachusetts; and the disruption to the model of care used by our hospitals. Question One is essentially impossible for our hospitals to implement if it were to become law. The following areas highlight the impediments of Question One.

- **Costs: Behavioral Health facilities in Massachusetts are currently under enormous financial pressure to continue to provide services.** Already, many of our units are struggling just to maintain their operations and imposing mandated nurse ratios would increase costs significantly. Our facilities are having a very difficult time financially and this is not the time to impose additional costs and mandates on our units. Indeed, according to our calculations if the ratios mandated in Question One were adopted, costs to behavioral health units would increase statewide by at least \$ 226 million per year. A medium-sized psychiatric hospital estimates increased costs of approximately \$6 million per year under the suggested ratios. We see no way where the facilities could absorb these costs and fear they would be forced to either severely downsize or close, creating even worse access and Emergency Room boarding problems than we currently have for behavioral health services.
- **Supply: There are not the Nurses available for our system to meet the mandates of this legislation.** One of the most difficult challenges our hospitals confront now on a daily basis is recruiting and retaining qualified nurses. Under the 1:5 Nurse suggested staffing levels, we estimate Behavioral Health hospitals and units alone would have to hire at least an additional 900 full time nurses. An average sized psychiatric hospital estimates having to hire an additional 50-60 FTE RN's under this proposed legislation. We have no idea where those nurses could be found as we currently have many open beds due to staffing shortages. Our CEOs struggle mightily to recruit RNs now: How could they ever be expected to hire the many hundreds of nurses needed to meet the Question One mandate? Policy approaches that take steps towards increasing the supply of nurses would be far more helpful to our hospitals and patients rather than mandated ratios that are not realistic in the current environment.

- **Access:** Since we do not believe there is any way possible to meet the mandated staffing levels called for in Question One, our hospitals and units would be faced with either closing altogether or significantly downsizing their operations in order to comply with the staffing mandate. According to our calculations, as much as 38% of our volume would have to be reduced: or over 1,000 beds. This is out of a system of 2,700 beds. Losing 1,000 beds would result in enormous Emergency Department backups and essentially, patients would have nowhere to go. There is no way the inpatient behavioral health system can absorb a reduction of this magnitude. We need more capacity in Massachusetts to deal with the opiate crises and ongoing demands for mental health beds to the point of our system has grown by over 300 beds since 2015. We want to continue to grow to meet the demands: however, if Question One were to pass it will imperil all of these gains.

- **Disruption of the Effective Model of Care used by Behavioral Health Hospitals:** Our hospitals use Team Approach to deliver care to our patients. Nurses are vital part of the team, but treatment requires that involves other professionals such as psychologists and psychiatrists; social workers; case managers; and other direct care staff that is a multi-disciplinary approach. This model has been thoroughly vetted and approved by state licensure agencies such as DMH and DPH as well as national accreditation agencies. None of these oversight agencies remotely insist on the staffing levels called for in Question One.

In conclusion, I appreciate the opportunity to share these comments. While we support nurses, we strongly oppose Question One and hope it does not become law as it would do tremendous harm to the behavioral health system in Massachusetts. Thank you.