



Danna E. Mauch, PhD
President and CEO

Ambassador (ret.) Barry B. White
Chairperson of MAMH Board of Directors

October 26, 2021

The Honorable Joanne M. Comerford
Chair, Joint Committee on Public Health
24 Beacon Street, Room 413-C
Boston, MA 02133

The Honorable Marjorie C. Decker
Chair, Joint Committee on Public Health
24 Beacon Street, Room 130
Boston, MA 02133

Submitted at <https://forms.gle/p7Nxe65geracdWpU8>

RE: Testimony in support of H.2376, An Act permitting ambulances to transport patients to urgent care centers

Dear Chair Comerford, Chair Decker, and Honorable Members of the Joint Committee on Public Health:

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for your leadership in advancing the health of people with behavioral health conditions and their families across the Commonwealth. I am writing to respectfully submit this testimony, in advance of your October 29th hearing, in support of H.2376, An Act permitting ambulances to transport patients to urgent care centers, filed by Representative Leonard Mirra.

Formed over a century ago, MAMH is dedicated to promoting mental health and well-being, while preventing behavioral health conditions and associated disability. We are committed to advancing prevention, early intervention, effective treatment, and research for people of all ages. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. This includes discrimination affecting not only people with behavioral health conditions, but also people who face unequal burdens and barriers to the protections and benefits of citizenship due to their race, ethnicity, gender identity, or disability status. MAMH has a demonstrated track record of furthering its mission by convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise to inform public policy, service delivery, and payment methodologies.

H.2376 would amend Section 2 of General Laws Chapter 111C regarding the responsibilities of the statewide Emergency Medical Services (EMS) system, to insert a new subsection. Subsection (17) would permit, in "situations determined as non-emergent," the transportation of patients directly to a clinic, as defined in by the state public health statute, including an urgent care center, instead of to an emergency

department (ED).

This provision would benefit individuals with behavioral health needs for whom the best responses can be found in the community and who do not require hospitalization. For example, a mobile crisis team might evaluate an individual, establish that they have a behavioral health issue, and determine that the person could be served at a clinic delivering mental health services, such as an urgent care center, crisis stabilization location, or peer respite. If the team decided that the individual requires an ambulance for transport to that location, in most cases the individual would have no access to such transportation without this legislation.

Currently, ambulances are required to transport patients only to hospitals. (The exception is a CMS pilot program pursuant to which an ambulance may transport a patient to a location other than a hospital and still be reimbursed.) Unfortunately, the conception of the ambulance-to-hospital model relies upon certain expectations that may not be realistic today. These include that the ED will have bed availability, behavioral health staff availability, and, potentially, appropriate placements for people who need ongoing inpatient or residential services.

However, Massachusetts EDs, and the services they discharge to, are increasingly overwhelmed and cannot meet the needs of those persons who arrive with behavioral health needs. While the expectation might be that such persons could receive evaluation and be then referred to a hospital bed or a community setting, the lack of resources at all points in the system mean that individuals may languish for days or even weeks in EDs, receiving no psychiatric treatment. The Massachusetts Health and Hospital Association recently reported that as of October 4, 2021, 716 people in need of behavioral health care were awaiting psychiatric evaluation and boarding in 57 Massachusetts EDs in the previous week, including 174 pediatric cases, 455 adult cases, and 87 geriatric cases.¹ This time spent untreated and waiting for a hospital bed, referred to as “ED boarding,” is traumatic for the individual and is expensive and resource-consuming for the health care system.

Further, hospitalization itself is often not necessary to treat a person with behavioral health needs. Some hospitalizations could be avoided entirely or diverted to alternative levels of care including crisis stabilization, intensive outpatient, in home services, and respite capacity, with appropriate levels of supports and staffing.

For these reasons, it is important to change where ambulances can direct people in crisis as transportation is a key determinant of where care can be provided. This change will be more necessary as key initiatives regarding the behavioral health system are introduced in the near future. Some of these changes are described below.

EOHHS Roadmap

In February 2021, the Executive Office of Health and Human Services (EOHHS) released a “Roadmap for Behavioral Health Reform: Ensuring the right treatment when and where people need it.” Elements include Community Behavioral Health Centers (CBHCs) with access to real-time urgent care services, a

¹ Mass. Health and Hospital Association, Capturing a Crisis: Mass. Behavioral Health Boarding Metrics (Oct. 8, 2021), <https://mhalink.informz.net/mhalink/data/images/21-10-08BHreportNEW.pdf> at 2.

new regional crisis system embedded within Community Behavioral Health Centers that will deliver 24/7 community and mobile crisis intervention, and new Community Crisis Stabilization (CCS) services for youth to provide short-term, intensive 24-hour treatment, expanding a service currently only available for adults.ⁱ These will be critical services for people facing behavioral health crisis and diverting them from hospital EDs is a prime goal of the reform effort. The Roadmap is being implemented now. For example, CBHCs are being procured in 2021 for full implementation in 2022. Additionally, the Roadmap also made changes to the substance use treatment system in 2021 to expand and increase access to community-based services.

Middlesex County Restoration Center

Innovations are also happening at the intersection of policing and behavioral health crisis response. The Middlesex County Restoration Center Commission, which I co-chair with Sheriff Peter Koutoujian, is in its third year of analytic research and implementation planning to create an urgent care, crisis reception, and stabilization center to which police, ambulances, or individuals can bring a person who needs care. An initial operating budget of \$1M and a trust fund set to receive federal and foundation grants was included in the Legislature's FY22 Conference Committee budget. Other public and grant funding is also being pursued. Again, legislation should be passed quickly so that ambulances can divert their patients to this pilot center.

988 crisis response system

The National Suicide Hotline Designation Act of 2020 creates a state-level 988 crisis response system. The system involves the establishment of a 988 hotline through which people needing behavioral health and substance use crisis services can be directed to community-based crisis centers. The goal is to create an alternative to the current 911 system which relies on police and ambulance providers to respond to crisis calls, often resulting, when the person needs follow-up care, in transport to an ED. To effectuate the new 988 model, ambulances will be needed in some cases to transport people in crisis directly to community-based crisis centers. Pursuant to federal law, the 988 hotline will be activated in July 2022.

For all these reasons, we need allow greater flexibility in the way our ambulance services operate. I urge you to report H.2376 favorably out of Committee. Thank you.

Sincerely,



Danna Mauch, PhD
President and CEO

c: Representative Leonard Mirra

ⁱ Massachusetts Executive Office of Health and Human Services. (2021). *Roadmap for Behavioral Health Reform: Ensuring the right treatment when and where people need it*. Available at: <https://www.mass.gov/doc/stakeholder-presentation-on-the-roadmap-for-behavioral-health-reform/download>.