

ELECTRONIC INPATIENT PSYCHIATRIC BED REGISTRY

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House Bill 5439 (H-1) as reported from committee
Sponsor: Rep. Mary Whiteford
Committee: Health Policy
Complete to 2-26-18

Analysis available at
<http://www.legislature.mi.gov>

(Enacted as Public Act 658 of 2018)

BRIEF SUMMARY: House Bill 5439 would add a section to the Mental Health Code that would require the Michigan Department of Health and Human Services (DHHS) to establish and administer an electronic inpatient psychiatric bed registry, with beds categorized by patient gender, acuity, age, and diagnosis, that is accessible through the DHHS website.

FISCAL IMPACT: House Bill 5439 would increase state costs by up to \$150,000 to create an inpatient psychiatric bed registry and would require a nominal, but likely negligible, increase for ongoing maintenance and operation. The bill would not have a fiscal impact on local units of government.

THE APPARENT PROBLEM:

Currently, DHHS updates and publishes bed inventories on its website, including the availability of adult and child/adolescent psychiatric beds.¹ According to the DHHS website, that information is updated on a bimonthly basis on the first business day of January, March, May, July, September, and November.

The bill is understood to require more specific patient information in order to facilitate placement in appropriate facilities, especially when patients are being transferred from emergency room environments and may only be treated at certain facilities.

The bipartisan House C.A.R.E.S. (Community, Access, Resources, Education and Safety) mental health task force, formed on July 12, 2017, met with stakeholders and the public and toured facilities between July and October 2017 and released its report on January 17, 2018.² The report includes recommendations for improving care, developing methods of care, and enhancing care in Michigan's mental health system.

In its list of opportunities to enhance care, the report recommends creation of a database for available mental health service. The report notes the following:

Many times, when an individual has a mental health crisis or is brought to the hospital by law enforcement, there are not enough psychiatric beds available to

¹ DHHS psychiatric bed inventory, last updated January 2, 2018.

http://www.michigan.gov/documents/mdhhs/PSYCHBEDINV_March_2017.xls_553341_7.pdf

² <https://house.mi.gov/PDFs/HouseCARESTaskForceReport.pdf>

place the individual. We should work toward developing a state database that contains information about the number and locations of available beds, and make this database accessible to facilities, providers, and law enforcement.

THE CONTENT OF THE BILL:

The bill would require DHHS to establish and administer an electronic inpatient psychiatric bed registry, with beds categorized by patient gender, acuity, age, and diagnosis, that is accessible through the DHHS website.

Under the bill, DHHS would establish a web-based resource to identify available inpatient psychiatric beds in Michigan. DHHS could delegate the creation, operation, and maintenance of the registry to a private entity by contract.

The bill would require psychiatric facilities and other providers to provide DHHS with the number of available inpatient psychiatric beds in their facilities on a basis as close to real time as possible.

The registry would be made accessible to prepaid inpatient health plans, licensed health plans, community mental health service programs, acute care hospitals, psychiatric facilities, and employees and caregivers with other appropriate providers.

Finally, the bill would require DHHS to create a committee to provide guidance on the creation, operation, and maintenance of the registry that would include representatives from the following groups:

- DHHS.
- The Department of Licensing and Regulatory Affairs (LARA).
- Psychiatric facilities.
- End users of the registry.
- Consumers, families, and advocates.
- Law enforcement.

In consultation with the committee, DHHS could establish a policy for the secondary use of registry data.

Beginning on the first quarter after the bill takes effect, DHHS would have to provide quarterly reports on the registry's implementation to the House and Senate health policy standing committees and the House and Senate DHHS appropriations subcommittees.

The bill would take effect 90 days after enactment.

Proposed MCL 330.1151

ARGUMENTS:

For:

According to committee testimony, the bill is intended to address the problem of individuals in need of mental health care “clogging” up emergency room waiting rooms—largely because staff must call around to find available beds for those individuals. In many cases, the individuals must be transferred out of the county or even the state, and the determination to do so is delayed by hours because of the need to verify manually that a given bed is appropriate for the individual. For instance, while a nearby facility might have an available bed, hospital staff may need to determine that the age and gender of other patients in that room are appropriate, and that the facility is able to accommodate the needs of the individual. The bill is intended as a step in streamlining this unnecessarily time-consuming and inefficient process.

Against:

No one testified or voted against the bill in committee, but some expressed the hope that the many agencies and organizations working to address mental health care issues in Michigan work collaboratively rather than in silos, in hopes of avoiding duplication of efforts.

POSITIONS:

A representative of the Michigan Department of Health and Human Services (DHHS) testified in support of the bill. (2-14-18)

A representative of the Mental Health Association testified in support of the bill. (1-31-18)

A representative of Allegan County testified in support of the bill. (2-14-18)

The following organizations support the bill:

- Michigan Council for Maternal and Child Health (1-31-18)
- Michigan Association of Health Plans (1-31-18)
- Michigan Health and Hospital Association (1-31-18)
- Oakland Community Health Network (2-14-18)

Ascension Michigan supports the bill as substituted. (1-31-18)

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.