

April 23, 2014

The Honorable Tim Murphy
Chairman
House Committee on Energy and Commerce
Subcommittee on Oversight and Investigations
2125 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Murphy:

This is the response from Jon Mark Hirshon, MD, MPH, PhD, FACEP, FAAEM, FACPM, to your April 11, 2014 questions following the March 26, 2014 hearing entitled "Where Have All the Patients Gone? Examining the Psychiatric Bed Shortage."

1. Do you know of any setting other than psychiatric hospitals where Medicaid arbitrarily prohibits federal payments for patients receiving treatment for any other health condition?

No

2. As you have had time to reflect on your hearing testimony, do you have anything you wish to clarify or to elaborate relating to your testimony or in response to issues discussed at the hearing?

America's emergency departments treat more than 130 million patients each year and more than 16 million of them are treated for a mental health or substance abuse (MHSA) condition. Once in the emergency department, psychiatric patients board three times as long as other patients while emergency physicians look for an available bed or facility that is willing to accept the patient for admission. Meanwhile, these psychiatric patients require resource intensive care, which has an impact on the quality of care for all emergency department patients.

After my participation in the psychiatric bed shortage hearing recently, I have had time to reflect on all of the testimony presented that day to the committee and it is even more evident the sheer magnitude of the mental health epidemic impacting not only our emergency departments but all facets of our communities across the nation. This national crisis impacts individuals as well as our communities. For example, in a recent conversation with an emergency physician colleague, he told me about a psychiatric patient that they had boarding in their emergency department for 42 days waiting for appropriate placement. Stories like this reinforce the impact on both individuals as well as on all emergency department patients.

Mass deinstitutionalization of mental health patients over the past few decades did not result in successful community integration of individuals needing psychiatric services because the necessary services and funding were not put in place for adequate community support. As a result, increasing numbers of chronically mentally ill individuals have no place to go for comprehensive treatment. Rather than being integrated into the community, this population has been supplanted into other facilities, such as nursing homes, jails and prisons, while a growing number routinely seek acute psychiatric care in the nation's emergency departments.

As the committee and Congress continue to grapple with this issue and look for meaningful and successful solutions, the American College of Emergency Physicians (ACEP) stands ready to serve as a resource. The prevalence of mental illnesses in this country, combined with a lack of resources to care for these individuals in the most appropriate setting, is a national crisis and it is vital that Congress, state and local communities work together to find meaningful solutions to this problem.