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JOHNS HOPKINS
MEDICINE

January 15, 2021

Ms. Eileen Fleck
Chief, Acute Care Policy and Planning
Maryland Health Care Commission
4160 Patterson Avenue
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Re: Request for Informal Public Comment, draft of State Health Plan for Facilities Services: Acute Psychiatric Hospital Services COMAR 10.24.07

Dear Ms. Fleck:

Thank you for the opportunity to comment on the draft of State Health Plan for Facilities Services: Acute Psychiatric Hospital Services COMAR 10.24.07.

Johns Hopkins Health System ("JHHS") strongly objects to any requirement that requires all existing psychiatric programs to admit involuntary patients. Requiring existing programs that do not currently admit involuntary patients to begin doing so, presents safety concerns for JHHS' voluntary patient population and is likely to inhibit their care. It is JHHS' position that the chapter should expressly state that programs which do not currently admit involuntary patients are exempted by the Maryland Health Care Commission ("the Commission") from a requirement to do so. JHHS therefore opposes Standards (7)(a), (8)(a) and (8)(b) in their current form.

JHHS requests that the Commission revise Standard (7)(a) to read as follows:

> (a) "*Existing psychiatric hospitals and psychiatric programs operated by general hospitals that do not currently admit involuntary patients are not required to do so.* All *new* psychiatric hospitals and all *new* psychiatric programs operated by general hospitals shall admit involuntary patients, unless otherwise exempted by the Commission."

Given the revision request to Standard (7)(a), JHHS also requests that the Commission consider revising Standards (8)(a) and (8)(b) and merge them to read as follows:

> (a) "A special psychiatric hospital or a psychiatric *program* operated by a general hospital:
>
> > (i) shall only deny admission if it is unable to provide the appropriate level of care for a patient.

(ii) shall not deny admission to a designated psychiatric *program* solely on the basis of a patient's legal status as an involuntary patient or because of a patient's ability to pay for services."

JHHS believes that the requested revisions to Standard (7)(a), (8)(a) and (8)(b) would allow the chapter to offer a clearer position on its requirements for involuntary patient admission.

Additional Information Concerning the Involuntary Patient Population

JHHS opposes any standard that would require existing acute psychiatric programs to admit involuntary patients. The chapter's basis for proposing such a requirement is explained on page 5:

> "Most facilities providing acute psychiatric services are currently able to accommodate involuntary patients in the State of Maryland. However, the infrastructure required to care for involuntary patients is costly; this burden should be equally shared across institutions."

While it is true that "most" facilities providing acute psychiatric services are able to accommodate involuntary patients in the State of Maryland, the vast majority of programs, according to documents provided by MHCC staff to this workgroup, already do accommodate involuntary patients. It would not be accurate to say "all" facilities providing acute psychiatric services are able to accommodate involuntary patients in the State of Maryland. Given that, "all" existing facilities should not be required to.

Two JHHS hospitals, Johns Hopkins Bayview Medical Center (JHBMC) and Suburban Hospital, do not currently admit involuntary patients. These hospitals do not currently have the capacity to do this and would be excessively burdened by such a requirement. It would require reconstruction of currently existing psychiatrics units at a substantial cost in order to create a physically safe environment for involuntary patients. It would mean that the adolescent patients and the adult voluntary patients would be exposed to potentially violent and chronically-ill patients, creating safety concerns in the milieu. This raises the question about whether entire additional units would need to be constructed to accommodate these patients, in order to not expose the rest of the patient population.

We are also concerned that an involuntary admission requirement on existing programs could unintentionally create an incentive for hospitals to reduce bed size in their psychiatric units, which would further overload an already overburdened system. To illustrate our concerns, at JHBMC, in any given year, 1,100-1,200 patients come through our medical center in the ED, or on a medical-surgical floor, who require psychiatric admission. JHBMC's 20-bed inpatient unit that currently only takes voluntary patients has the capacity to accommodate about 600 of these admissions given current levels of acuity. If JHBMC were required to take involuntary patients, its unit acuity would increase, length of stay would increase, and JHBMC therefore would take fewer admissions overall. At the same time, a requirement to take involuntary admissions would lead to a backlog of voluntary patients waiting for beds in JHBMC's ED or on medical-surgical unit. In addition, our current unit's ability to care for medically complex and medically fragile psychiatric patients would be impaired by the presence of the disruptive behaviors of involuntary patients.

JHHS would be more receptive to a standard that new programs (that do not currently operate a psychiatric program and would therefore need CON approval in order to establish a program) be required to admit involuntary patients. This is because the construction or reconfiguration involved in the establishment of a new program could include a plan for the appropriate infrastructure, be

vetted via the CON process, and therefore ensure that involuntary patients could be safely accommodated.

Patient Rooms

JHHS understands and appreciates the stated preference for single-occupancy, or private rooms, conveyed in Standards (3)(a) and (3)(b). JHHS merely reiterates that it is crucial that applicants be given the opportunity to "provide evidence demonstrating that, under the specified circumstances presented by the proposed project, semi-private patient rooms are appropriate." In order to transition from semi-private to private rooms, without reducing capacity, additional square-footage is needed. This is not always feasibility. Given that, applicants must be permitted to utilize semi-private patient rooms in order to avoid access restrictions.

Conclusion

While our comments focus on the recommendations related to involuntary admissions and single occupancy rooms, considering the unmet need for intensive psychiatric care and the poor financial incentives to provide inpatient psychiatric services, JHHS continues to question whether a CON should be required for any existing Maryland hospital to open or expand both voluntary and involuntary psychiatric beds.

Sincerely,

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