

Good day,

My name is Dr. Dionne Hart. I was a member of the Task Force on Priority Admissions to State-Operated Treatment Programs. For background purposes, I serve as the AMA Representative to the National Commission on Correctional Health Care Board of Representatives and hold elected leadership roles within the Minnesota Psychiatric Society, Minnesota Medical Association, and the American Psychiatric Association. As a member of the Board of Trustees of the Minnesota Medical Association, I co-chaired a task force focused on the issue of Emergency Department Boarding (see attachment). In addition to my participation in organized medicine, I have almost 17 years of work experience in corrections and 20 years of experience in both an emergency department and a state operated hospital. Based upon my wealth of professional experiences as both a patient advocate and treating patients in correctional facilities and community settings, I strongly support the recommendations of the House Public Safety Finance and Policy Committee HF 4366/SF4460 as written.

As a member of the task force, we grappled with inevitable tensions around incentives, payment, and authority, but unanimously agreed to the recommendations in the report. While all the recommendations have significant merit, I wish to highlight the most crucial steps to take ASAP.

1. Lack of access to Direct Care and Treatment (DCT) beds has resulted in an untenable position for the hospitals in our state. ED boarding and lengths of stay numbering in years has critically impacted access by all others who need it.
2. Increasing access to services operated by DCT in the community is key to future success in the area of mental health care for those who need it most. It is abundantly clear that Minnesota needs to do what it can NOW while simultaneously also planning the process to build and support more as circumstances allow.
3. We must change the priority admission law now to allow for better access and efficiency of DCT beds while more capacity, including physical beds and an adequately trained and supported

workforce, is built. This means authorizing psychiatric physicians to use their clinical criteria/judgment to determine which patients to transfer first for safety and which patients will not benefit from transfer and recommend more appropriate dispositions based upon their clinical judgment. This process is the standard of care for individuals with physical health concerns and individuals living with mental health disorders have a right to treatment using that same community standard of care.

4. Jails and prisons are the largest providers of psychiatric treatment in the United States and not an insignificant mental health provider in the state of Minnesota, it is imperative that we fulfill the constitutional obligation to provide mental health treatment to people living with mental health disorders confined to correctional facilities. Therefore, it is imperative that prescribed (oral or injectable) psychotropic medications are administered to these individuals living with mental health disorders as recommended by their physician or mental health provider when they are confined to jails without delay, while simultaneously beginning the process of obtaining a waiver to allow Medicaid to pay for it. To achieve this objective, it is imperative that we also support educational opportunities for physicians in training and practicing physicians and mid-level providers to increase their capacity to provide this critical treatment.

Respectfully submitted,

Dr. Dionne Hart

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