



March 21, 2025

The Honorable Mohamud Noor
Co-Chair, Human Services Finance and Policy Committee
Minnesota House of Representatives
5th Floor, Centennial Office Building
St. Paul, MN 55155

The Honorable Joe Schomacker
Co-Chair, Human Services Finance and Policy Committee
Minnesota House of Representatives
2nd Floor, Centennial Office Building
St. Paul, MN 55155

Re: Legal Aid/Minnesota Disability Law Center Letter in Support of HF 2586

Dear Co-Chair Noor, Co-Chair Schomacker, and Members of the Committee:

Legal Aid and the Minnesota Disability Law Center (MDLC) thank you for the opportunity to provide written testimony regarding HF 2586.

We support the implementation of the recommendations of the Priority Admissions Task Force, including the creation of the Priority Admissions Review Panel and extending the rule that those held in jail must be admitted within 48 hours of a determination by Direct Care and Treatment that a medically appropriate bed is available in a state-operated mental health program for two additional years. The Priority Admissions Task Force worked extensively to develop consensus recommendations to address the difficult issues surrounding individuals with mental illness in need of treatment being stuck in jails with proper medical care. The Minnesota legislature should implement these recommendations as the first step in improving the critical mental health services that our state desperately needs. This bill provides a common-sense approach to addressing this issue while recognizing the financial realities of this session.

Thank you for the opportunity to submit written testimony on HF 2586.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Purrington', with a stylized, cursive script.

Jennifer Purrington
Legal Director/Deputy Director
Minnesota Disability Law Center

A handwritten signature in black ink, appearing to read 'Ellen Smart', with a stylized, cursive script.

Ellen Smart
Staff Attorney
Legal Services Advocacy Project

This document has been formatted for accessibility. Please call Ellen Smart at 612/746-3761 if you need this document in an alternative format.



March 24, 2025

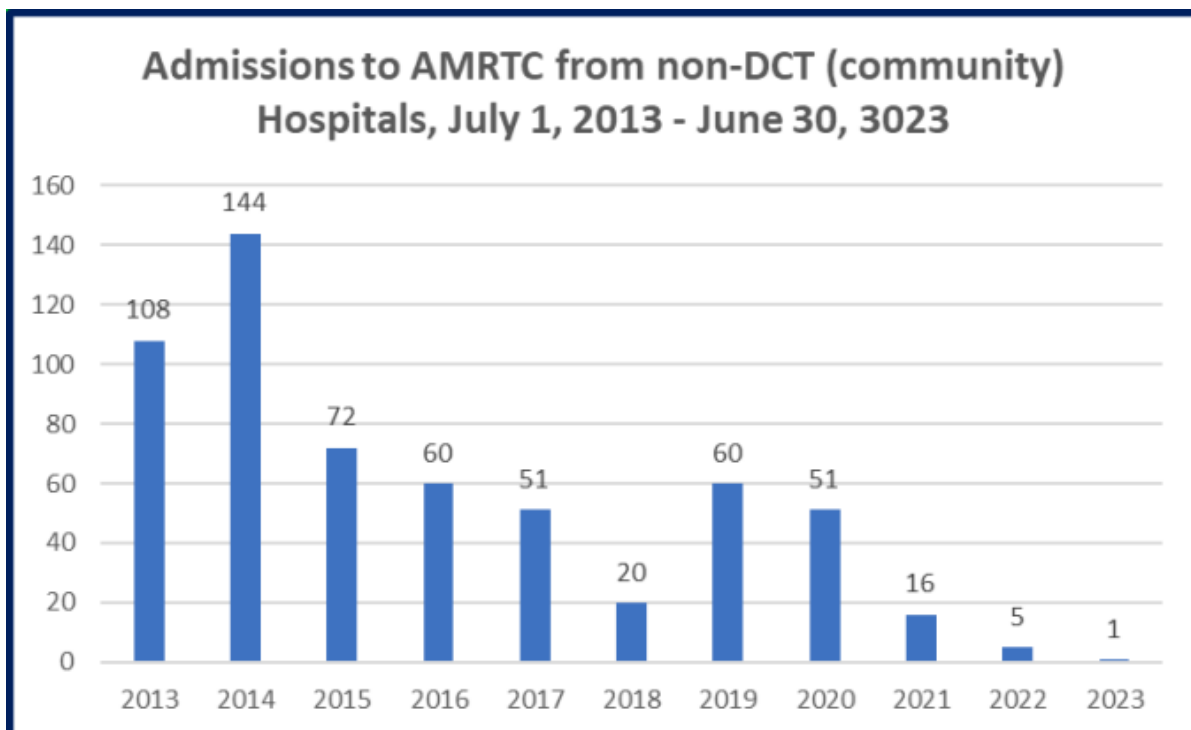
Submitted Electronically

Chair Schomacker, Chair Noor, and Members of the House Human Services Policy Committee,

We are writing to you today on behalf of the Minnesota Hospital Association (MHA) in support of HF 2596 (Frederick) and its multiple provisions representing the recommendations and ongoing work of the Task Force on Priority Admissions to State-Operated Treatment Programs.

Hospitals and health systems across Minnesota currently face immense challenges in appropriately discharging patients. In 2023, patients across the state spent roughly 195,000 avoidable days in hospitals waiting for the right level of care to become available, costing an estimated \$487 million in unpaid patient care. These avoidable days accrue due to significant delays waiting for patient transfers to nursing homes, skilled nursing facilities, rehabilitation units, mental health treatment facilities, and, notably, Direct Care and Treatment (DCT) state operated treatment programs.

Despite making up a small percentage of patients experiencing care delays, civilly committed Minnesotans awaiting admission to a state operated treatment program often require unsustainable attention and 1-to-1 care in community hospitals, often with strict security measures best suited for DCT. Such situations are becoming far more common and force hospitals to close entire units to keep care teams, other patients, and the public safe, further limiting access to already strained hospital beds in high demand. Based on the figure below from DHS, this unfortunately comes at a time when admissions from community hospitals to state-operated treatment programs are at an all-time low.



Given the immense challenges facing hospitals and their patients due to the historically high volume of avoidable days and the subsequent historically low community hospital admissions to DCT state-operated treatment programs, MHA strongly supports the following provisions in HF 2586:

- Extending the Exception to Priority Admissions Criteria for 10 Civilly Committed Individuals waiting in Community Hospitals (Section 6) – Extending this exception through 2027 will better serve civilly committed patients, free up critically needed community hospital resources to serve more patients, reduce violence and staff harm, and begin to address the ever-mounting number of avoidable hospital days across the state.
- Extending the Medically Appropriate Priority Admission Criteria (Section 3) – Extending the criteria through 2027 will productively shift the admissions process away from a patient’s physical location towards care-based need and who will be best served via DCT admission. This puts the individual patient first and prioritizes limited resources based on best medical practices for care.
- Continue the Priority Admissions Review Panel and Establishing a Dashboard for DCT to Track Admission Waitlists (Sections 4 & 5) – both the Review Panel and Dashboard will further strengthen the ability for all stakeholders to generate better data and efficiently use limited resources.

We also urge the legislature to understand that additional capacity at DCT is desperately needed and dedicated funding to expand access and workforce is necessary to successfully provide the services needed for all patients in need of care in state operated treatment facilities

We look forward to working with Representative Frederick, key stakeholders, this Committee, and the full legislature to carry HF 2586 forward in order to ensure that all patients receive the care they need where and when they need it, whether that be in a community-based setting or in a state operated treatment facility.

Sincerely,



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