

October 24, 2022

[Sent electronically]

Dear Member of the Illinois Congressional Delegation:

On behalf of our more than 200 member hospitals and nearly 40 health systems, the Illinois Health and Hospital Association (IHA) thanks you for your work to advance legislation to better meet the nation's behavioral health needs and challenges. Illinois hospitals and health systems are experiencing rising demand for behavioral health services as patients, including increasing numbers of children and adolescents, deal with anxiety, depression, substance use disorder and other behavioral health conditions.

As you consider end-of-year legislation, IHA appreciates the opportunity to share key challenges Illinois hospitals and health systems are experiencing as they work to care for patients who need behavioral health services, and to urge federal action to improve patient access. Among the numerous and complex challenges facing Illinois hospitals in this area are the issues of patient "boarding," severe workforce shortages, and the limited number of psychiatric beds.

Patient "Boarding" in Hospitals

The practice of boarding occurs when patients remain in an acute care setting or emergency department (ED) while they await the availability of a psychiatric treatment bed or transfer to community placements, such as nursing or residential facilities. Illinois hospitals report that patient boarding has increased dramatically in recent years due to a rise in the number of patients seeking emergency behavioral health treatment. In Illinois, patients may wait days or even weeks in medical or psychiatric acute care settings, with pediatric patients often experiencing the longest wait times. Patient boarding results in a delay of the provision of care in the most appropriate setting, while simultaneously placing additional strain on healthcare workers and financial stress on hospitals. Currently, almost no payers reimburse providers or clinicians any amount for the time patients spend boarding in a hospital ED.

As Congress drafts end-of-year legislation, IHA urges you to **require payers to share financial responsibility for the time and resources spent caring for patients in acute care settings as they await placement in the most appropriate setting.** Additionally, IHA urges Congress to **address burdensome, outdated, and often harmful prior authorization practices used by certain health plans.** While we acknowledge prior authorization can be an appropriate tool to ensure best clinical practices are used in the provision of care, it is frequently abused by health plans, including Medicare

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Advantage plans, and it contributes to physician and other healthcare worker burnout, delays in patient care, and increased costs to the healthcare system. IHA applauds House passage of the ***Improving Seniors' Timely Access to Care Act (S. 3018/H.R. 3173)*** to streamline the prior authorization process in Medicare Advantage (MA) plans and urges the Senate to advance this important legislation.

Workforce Shortages

The pandemic has taken a heavy toll on our nation's healthcare heroes, making burnout and trauma among the top reasons many are leaving the profession. Yet even before the pandemic, the demand for healthcare services exceeded the supply of workers.

According to the Association of Academic Medical Centers, by 2034, the U.S. demand for physicians will exceed supply by a range of 37,800 to 124,000.¹ According to the Health Resources and Services Administration, approximately 9.84 million Illinoisans live in areas that have shortages of psychiatrists.² In fact, Illinois is projected to have the second highest deficit in skilled and semi-skilled mental health workers in the country by 2026. If current trends hold, our state will need approximately 8,353 more of these mental health workers to meet demand for services, which is expected to increase by 10% during this time.³ To help alleviate current and future shortages, IHA urges Congress to take the following actions:

- **Pass the *Opioid Workforce Act/Substance Use Disorder Workforce Act (S. 1438/H.R. 3441)***, introduced by Rep. Brad Schneider (IL-10), to add 1,000 Medicare-supported graduate medical education (GME) positions in addiction medicine or pain management, and the ***Resident Physician Shortage Reduction Act (S. 834/H.R. 2256)*** to increase the number GME positions by 14,000;
- **Advance draft legislation (*Behavioral Health Workforce of the Future Act*)**, released by the Senate Finance Committee to add 400 new Medicare-funded residency positions in psychiatry and psychiatry subspecialties;
- **Increase funding for the Children's Hospital GME program** to support federal investment in physician training for children;
- **Pass the *TRAIN Act (S. 1568/H.R. 4407)*** introduced by Rep. Darin LaHood (IL-18) to restore funding to nursing and allied health programs;
- **Pass the *Conrad State 30 and Physician Access Reauthorization Act (S. 1810/H.R. 3541)***, introduced by Rep. Schneider to allow visa flexibility for foreign doctors studying in the U.S. if they practice in a medically underserved area for at least three years;

¹ Association of American Medical Colleges, *The Complexities of Physician Supply and Demand: Projections From 2019 to 2034* (June 2021).

² Bureau of Health Workforce, Health Resources and Services Administration, U.S. Department of Health & Human Services, *Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary* (Oct. 2022).

³ Mercer, LLC, *US Healthcare Labor Market* (Sept. 2021).

- **Pass the *Healthcare Workforce Resilience Act (S.1024/H.R. 2255)***, introduced by Sen. Dick Durbin and Rep. Schneider to expedite the visa authorization process for qualified international nurses and physicians;
- **Strengthen the National Health Service Corps program** including by passing the ***Strengthening America's Health Care Readiness Act (S. 54)***, introduced by Sen. Durbin, which includes a particular focus on diversifying the workforce, and the ***Rural America Health Corps Act (S. 924/H.R. 2130)*** to create a loan repayment program focusing on rural areas; and
- **Pass the *Future Advancement of Academic Nursing (FAAN) Act of 2022 (S. 246/H.R. 851)***, introduced by Rep. Lauren Underwood (IL-14) to support nursing education.

Reduced Availability of Psychiatric Beds

Over the past several decades, the number of psychiatric beds has steadily decreased, contributing to the sharp increase in the number of emergency department visits for behavioral health services. Nationwide, the number of state-funded psychiatric beds per capita declined by 97% between 1955 and 2016. In Illinois, the number of overall licensed hospital psychiatric beds decreased by 158 between 2017 and 2021.^{4,5} To help mitigate this challenge, we urge Congress to bolster the behavioral healthcare workforce including by lifting the cap on Medicare-funded residency slots, increasing funding for CHGME, and continuing to increase investment in workforce loan forgiveness programs.

Again, IHA thanks you for your ongoing work on behalf of our state, and we look forward to working with you to ensure the healthcare system is prepared to meet the behavioral health needs of our communities. Please contact Sarah Macchiarola, Vice President of Federal Policy & Government Relations with any questions or for additional information.

Sincerely,

A.J. Wilhelmi
President & CEO
Illinois Health and Hospital Association

⁴ Illinois Health Facilities & Services Review Board, *Inventory of Health Care Facilities and Services and Need Determinations 2017: Hospital Services* (Sep. 2017).

⁵ Illinois Health Facilities & Services Review Board, *Inventory of Health Care Facilities and Services and Need Determinations 2021: Hospital Services* (Oct. 2021).