

To: Members, House Health Policy Committee  
From: Laura Appel, Senior Vice President, Health Policy & Innovation  
Adam Carlson, Vice President, Advocacy  
Date: June 3, 2021  
Re: House Bills 4925-29  
Position: Support in Concept

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Michigan's system of caring for people with moderate and severe mental illness is not adequate and the administrative overhead is too great. Every region in the state operates differently and there is not standard access to services for Michigan residents. Existing community mental health service programs do a good job with services, but we must ensure appropriate, evidence-based care and quality assurance in every area of the state. Mental health services should also include substance use disorder services expertise as a standard of care.

The MHA appreciates the House Health Policy Committee's work to address the shortcomings of Michigan's public behavioral health system and is supportive in concept of the legislation's efforts to improve behavioral healthcare in Michigan. However, MHA members engaged in the provision of behavioral health services have concerns with several details in this bill package. We would welcome a workgroup on the legislation to discuss the various provisions and in some areas, make the language more specific to achieve the desired outcome.

Overall, the priorities of legislation to change the behavioral health system should be:

- Improved outcomes and satisfaction for patients served in our system.
- Reduced administrative burden.
- Increased access to services and standardization of benefits.
- Coordination of mental health and substance use disorder services.

While the legislation as drafted indicates the intent to achieve these improvements, Michigan's record of providing specialty services through its publicly financed programs is not encouraging. Stating requirements in the statute will not assure provider panels are adequate to meet the need of patients with mental illness or substance use disorders. Approximately 60 counties in Michigan have no child psychiatrist, including the entire Upper Peninsula. Many opioid medication-assisted treatment (MAT) programs require regular clinic visits to obtain the medication. But there are few MAT locations in rural areas of the state and those that do exist can be inaccessible because of cost of or lack of transportation. Even commercial health insurance plans struggle to provide psychiatric care for children with complex behavioral health needs. Any system of care will require strong regulatory enforcement to ensure an adequate number of providers throughout each region of Michigan.

*Brian Peters, Chief Executive Officer*

Ultimately, changing behavioral health care in Michigan requires changing our culture to treat mental illness, substance use disorder, and other behavioral conditions with the same investment and patient support that we work to provide to patients with life-threatening cancer, heart disease or diabetes, and permanent genetic disorders. The population of seriously physically ill patients includes patients with serious mental illness. The MHA encourages the Health Policy Committee to look at behavioral health as an integral part of the healthcare system and consider how this legislative package will move toward the true integration of treating behavioral health patients as acute care patients.