

April 16, 2020

The Honorable Greg Abbott
Office of the Governor
P.O. Box 12428
Austin, TX 78711-2428

Dear Governor Abbott:

On behalf of the more than 450 hospitals and health systems the Texas Hospital Association represents, I want to thank you for your commitment to protect Texans and strengthen the state's response to this unprecedented health care crisis. With your direction and support, Texas hospitals have made significant changes to improve the state's response to COVID-19. It is important to note that in addition to general hospitals, Texas' behavioral health hospitals also are responding to this pandemic, and COVID-19 is exacerbating the unique challenges this community experiences every day.

Before the COVID-19 outbreak, capacity to treat Texans' acute and chronic behavioral health conditions was limited, although improving, in Texas. Currently, there are not enough inpatient beds for emergency psychiatric care, and access to community-based services is insufficient to meet the state's demand. In addition to the shortage of behavioral health workers, reimbursement for behavioral health care does not cover the actual cost of providing care. Despite this reality, we know that access to behavioral health care is critical for a comprehensive response to this public health disaster. As we continue to understand the impact of COVID-19 on our health care infrastructure, I want to make you aware of a number of new challenges our behavioral health providers are facing during this time.

- Behavioral health hospitals struggle to discharge patients due to shelters, group homes, and other placement locations either operating at reduced capacity or closed due to COVID-19. Discharging healthy patients frees up the limited supply of inpatient beds and ensures timely care for Texans who need it. Hospitals' inability to discharge exacerbates existing financial constraints, as inpatient facilities often are not reimbursed for care beyond 30 days or when patients no longer meet medical necessity criteria. Facilities that treat children under state conservatorship also experience these challenges, as foster care placements are even more scarce during this pandemic.
- The Texas Health and Human Services Commission has restricted admissions to state hospitals to prevent the spread of COVID-19. While we understand the rationale for this change, the influx of patients that would otherwise be treated at state hospitals compounds the bottleneck inpatient behavioral health facilities already experience as a result of the discharge issues and makes inappropriate use of hospital emergency departments.
- Local mental health authorities also have consolidated services and resorted to tele-health modalities, which homeless and other fragile populations cannot readily access for regular care. As access to outpatient treatment decreases, chronic, untreated conditions become acute and increase the need for inpatient care, and in some cases, readmissions. Hospitals are penalized for readmissions under the Medicaid program, and behavioral health providers will face those penalties regardless of whether or not the readmission was due to a lack of outpatient services.
- Correctional facilities also have reduced the number of inmates, allowed early release and reduced incarceration for non-violent offenders. Given that over half of all of adults who are incarcerated in the

U.S. have at least one mental health condition, we expect the demand for inpatient behavioral health care to increase as a result of the state's correctional changes.

- While increasing access to telemedicine will help fill the void of traditional in-person services for some patients, few behavioral health providers are reimbursed for telehealth services. Many health plans will cover a professional fee for a physician's telemedicine services, but hospitals may not receive reimbursement at all.
- Lastly, behavioral health patients often have no way to pay for the care they need. Many do not have private insurance nor are they Medicaid eligible. The reimbursement rate for contracted community beds rarely covers the cost of care, and hospitals often pay court costs for patients under orders of protective custody. As this population and their behavioral health needs increase as this outbreak continues, funding for behavioral health care becomes increasingly dire.

COVID-19 is threatening access to behavioral health care at a time when it may be needed most. In these unprecedented times, we cannot underestimate the physical, emotional and financial toll this disease has and will continue to have on Texas residents. I encourage you to consider these challenges as your office continues to evaluate and respond to this growing pandemic. THA echoes the American Hospital Association's concerns raised in this [letter](#) and looks forward to working with your office and our federal partners to support access to behavioral health care.

My staff and I are in constant communication with our behavioral health hospitals on COVID-19 related issues, and we welcome the opportunity to work toward solutions to these issues. Thank you again for your leadership to protect Texans and support Texas hospitals responding to COVID-19. Please let me know if you have any questions or would like any additional information.

Sincerely,



Ted Shaw
President/CEO
Texas Hospital Association

Cc: Phil Wilson, Acting Executive Commissioner, Texas Health and Human Services Commission