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## Testimony on SB 669, 671-674

July 15, 2020

Good morning and thank you for providing me the opportunity to speak today. I am Bret Jackson, President of the Economic Alliance for Michigan and I am here to speak about the package of bills that deal with the Certificate of Need process. We represent those around the state who receive healthcare and those that pay for it. We do not represent those that deliver healthcare. And we look for healthcare to be two things – patient centric and high value. So it is important for us to understand how healthcare is delivered and the quality and cost of those services.

We believe generally that Michigan's unique Certificate of Need process helps provide higher value care than is delivered in other states. The recent RAND hospital price study showed that Michigan has amongst the lowest hospital prices in the country and the data suggests that CON is part of that success.

You will hear that Michigan's program is good, but there is always room for improvement. And in fact we believe that is one of the keys to the success of Michigan's program. The program is constantly evaluating itself and improving as the standards adapts to the ever changing healthcare landscape.

Another key is that there is broad stakeholder representation at the table. Doctors, nurses, hospitals, nursing homes, doctors, nurses, business, consumers all have a voice at the table. There is a bill in front of you to add two public members to the commission and we welcome that as well.

My one suggestion for that bill is not related to the Commission, but the change to the Standards Advisory Committees that the Senate passed. The changes before you are meant to make it easier for the committees to be formed. We support that goal. But we want to ensure the non-medical spots on the committees have a chance to be a part of the process. We think this language will severely limit the voice of consumers, purchasers, and payers from sharing their perspectives on

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important issues. And we are more than happy to work with this committee, the bill sponsor, and anyone else to find appropriate language that accomplishes the goal of making the standards advisory committees easier to form, and preserves the input of those that receive and pay for care.

The other issue I will spend some time on is psychiatric beds. There is a lack of inpatient psychiatric care in this state. Many different stakeholders have come together to identify the issues related to what needs to be done to improve access. We have communications issues, we have huge staffing shortage issues, we have payment issues...CON is not a key issue or barrier to inpatient psychiatric care in our state. Mental health is a serious issue in our state beyond inpatient care. PTSD cases are up 73% in the last few months with men having the higher occurrences, General anxiety disorder cases are up 91% and people with Depressive disorder are up 163%. In both of those conditions, the higher prevalence of cases are found in women. Sen. Vanderwall has a scope of practice bill that we support, we would support efforts to fully integrate behavioral health into every primary care office in Michigan, and since the data shows that telemedicine visits are just as effective in treating many mental health issues as an in-person appointment, we should look at expanding the access to providers beyond our state's borders. But eliminating psych beds from CON is not a useful solution.

As for the other two bills, we generally support transparency in our healthcare system and those programs give us transparency in capital expenditures and air ambulance that we will not have otherwise. Reporting is always a balance between the cost of the administrative effort and the benefits of oversight of the use of taxpayer and purchaser dollars for services. We are on the side of transparency, but we understand the argument for limiting administrative burden.

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