

PSYCHIATRIC BEDS

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Senate Bill 673 as referred to second House committee

Sponsor: Sen. Curtis S. VanderWall

1st House Committee: Health Policy

2nd House Committee: Ways and Means

Senate Committee: Health Policy and Human Services

Complete to 12-15-20

Analysis available at
<http://www.legislature.mi.gov>

SUMMARY:

Senate Bill 673 would amend Chapter 1 (Department of Mental Health) of the Mental Health Code to require that a psychiatric hospital or psychiatric unit accept *public patients* and maintain 50% of the beds for public patients as a condition of licensure.

Public patient would mean a person approved for mental health services by a community mental health services program (CMHSP). Public patient would include a person admitted as a patient pending certification by a psychiatrist, a person being detained pending examination, or a person under court-ordered hospitalization because he or she is deemed a risk to self or others.

Under the bill, beginning June 1, 2020, a psychiatric hospital or psychiatric unit would have to submit an annual report to the Department of Health and Human Services (DHHS) as part of the application for license renewal. The report would have to include data from the previous calendar year on all of the following:

- Total patient days of care provided to public patients.
- Total beds available.
- Total patient days of care.

DHHS could use the report or a departmental investigation to determine whether a psychiatric hospital or psychiatric unit maintains 50% of beds available to public patients.

MCL 330.1100c and 330.1137 and proposed MCL 330.1137a

FISCAL IMPACT:

Senate Bill 673 would not have an immediate fiscal impact on the state and local units of government (specifically the 46 CMHSPs), but could increase costs by an indeterminate amount to the degree in which additional beds become available to the CMHSPs, and to the degree in which the CMHSPs utilize these beds. Any additional inpatient utilization costs would be partially offset with lower emergency department utilization and lower outpatient/community services utilization.

Section 308 of the Mental Health Code requires the state, subject to appropriations, to pay 90% of the net CMHSP costs.

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