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February 12, 2024

Senator Robert Clements, Chair, and Members of the Appropriations Committee
State Capitol, Lincoln, NE

RE: LB943 (Dorn) – Change appropriations to the Department of Health and Human Services for behavioral health aid

SUPPORT – *Please include this written testimony from the League of Women Voters of Nebraska as part of the public hearing record for LB943.*

Dear Senator Clements and Members of the Appropriations Committee:

The League of Women Voters believes that every U.S. resident should have access to a basic level of care that includes mental health care. Further, the League believes that every U.S. resident should have access to affordable, quality in- and out-patient behavioral health care, including needed medications and supportive service that is integrated with, and achieves parity with, physical health care.

Nationally, between 2007 and 2016 the proportion of emergency department visits for mental health increased from 6.6% to 10.9%.¹ For pediatric patients and young adults, a recent study found that while emergency visits have remained relatively stable over the last decade, there has been a 5 fold increase in the proportion of visits for suicide-related symptoms, indicating a dire need to increase crisis support systems.²

In the case of children with developmental and behavioral disorders, the Minneapolis Star Tribune reported on a child in Minneapolis who has been boarded in the emergency room for several months, as foster and group homes can't handle him and keep sending him back to the ER – the one place obliged by law to take him.³ They reported staff at the hospital have been injured and stuck in a cycle of confrontation with the child.

The law requiring hospitals to treat every patient who arrives also requires “appropriate” transfers of patients, but in the case of these children, that means sending them to a group home or treatment center which are often full and have waiting lists.

Patient boarding is generally known as the holding of a patient in the emergency department while waiting on an inpatient mental health bed. The wait time can be exacerbated if the hospital needs to transfer the patient to an outside facility for treatment. Boarding of patients with mental health concerns in the emergency departments is associated with longer patient visits, increased costs for the hospital and less availability of the emergency departments to care for other patients.⁴

Senator Dorn's bill would increase funding for behavioral health supports and direct the funding to the six behavioral health regions in Nebraska to help move those who are having mental health crises out of emergency departments and into crisis stabilization programs. The League of Women Voters of Nebraska asks that you advance this bill to General File for full debate.

Sincerely,

Angela Gleason, Co-Director, Disability and Behavioral Health, LWVNE
Mary Kelly, Disability and Behavioral Health Action Team, LWVNE

¹Theriault, K. M., Rosenheck, R. A., & Rhee, T. G. (2020). Increasing Emergency Department Visits for Mental Health Conditions in the United States. *Journal of Clinical Psychiatry*, 81(5).
<https://pubmed.ncbi.nlm.nih.gov/32726001/>

²Bommersbach, T.J., McKean, A. J., Olfson, M., & Rhee (2023). National Trends in Mental Health-Related Emergency Department Visits Among Youth, 2011-2020. *JAMA* 329(17).
<https://jamanetwork.com/journals/jama/fullarticle/2804326>

³Olson, J. (2022, October 26). For Kids With Severe Behaviors, Hospital ERs Increasingly Becoming De Facto Homes. *Minneapolis Star Herald*. Available from *Disability Scoop*:
<https://www.disabilityscoop.com/2022/10/26/for-kids-severe-behaviors-hospital-ers-increasingly-becoming-de-facto-homes/30100/>

⁴Nicks, B. A., & Manthey, D. M. (2012). The Impact of Psychiatric Patient Boarding in Emergency Departments. *Emergency Medicine International*. <https://pubmed.ncbi.nlm.nih.gov/22888437/>