

Testimony on House Bill 2

Representative Matt Regier, Chair

Representative Carl Glimm, Vice Chair

Joint Appropriations Subcommittee on Health and Human Services

Montana Legislature No. 67

Randall Holom, CEO

Frances Mahon Deaconess Hospital

Glasgow, Montana

Monday, January

Support of Governor's Budget Proposal as starting point of deliberation for House Bill 2, General Appropriations Act

My name is Randall Holom and I have had the pleasure of serving as the Chief Executive Officer of Frances Mahon Deaconess Hospital serving the communities of Valley County and Northeast Montana for over 110 years. Our critical access hospital is essential to our community as a provider of health care services and as the largest private employer in our county. We employ over 278 team members and provided over 56,000 patient visits this last year alone.

I am here today to express our organization's support of Governor Gianforte's Come Back Plan budget. His priorities to strengthen our state's economy and to protect access to care in the rural communities of Montana aligns with Frances Mahon Deaconess Hospital's goal to remain economically viable and to serve our communities for the next 110 years.

Continuation of Medicaid expansion, which has provided health care coverage for thousands of Montanans and makes key investments in mental health and substance abuse services, is key emphasis of the Governor's Budget. Mental health and substance abuse services is a critical need of the citizens of Valley County and the surrounding areas of Northeast Montana. The Governor's budget will have a positive impact on serving this population.

Governor Gianforte's budget also recognizes the critical role of the inpatient and outpatient hospital supplemental payments referred to as the HUF program in providing the funding resources to support the delivery of high-quality care across Montana. This program has strengthened rural hospitals by its design to allow our state to access additional federal funds and lessening the direct burden on our local tax base.

Loss of Medicaid expansion or any change to the HUF program would very likely result in rural hospital closures and the lessening of service offerings in rural communities. Since the creation of the federal critical access hospital law in 1997, Montana has not lost a single rural hospital. Efforts of previous legislatures have supported our rural hospitals continuance and enhancement of services to their communities including a growing ageing population. During his campaign and within his Comeback Plan, Governor Gianforte has clearly spoken of the importance of supporting rural health care and rural hospitals. His plan will strengthen our critical access hospitals and the system of care in our state.

The Governor's Comeback Plan is founded on the principles on job creation and employee retention. Frances Mahon Deaconess Hospital is a major employer and economic engine of our community as can be said hospitals across the State. Further, even as an independent hospital not affiliated with a larger healthcare system, we depend on our collaborative relationships with our larger colleagues to help support access to services both in our local community as well as when we cannot provide services locally because of our lower populations not allowing a feasible means of local service line delivery. What is good for us as a small hospital is good benefits the larger tertiary collaborative partners and what is good for them supports us. We cannot step back from the good work Montana has done over the years to support our health care system.

On behalf of Frances Mahon Deaconess Hospital, I encourage you to use the Governor's budget as the building block for Montana's comeback. Anything short of his blueprint, could result in hurting the delivery of health care in our rural communities and all communities of Montana. Thank you for the opportunity to provide input into this important bill.

Dear Members of the Joint Appropriations Subcommittee,

My name is Lori Henderson. I am a nurse and a retired nursing home administrator. More importantly, I am the daughter of a man who spent the last 9 months of his life in a nursing home. The last 4 months were the Spring of 2020-the early days of the pandemic. I can't begin to tell you how the pandemic changed my dad's life and the business and lives of the nursing home staff.

As a former nursing home administrator, I recognized how the increased costs related to supplies such as personal protective equipment, sanitizer, & cleaning supplies must have had a significant impact on the nursing home's bottom line. During the last days of my dad's life we were finally able to spend time in his room. When I walked into the nursing home, they had a staff member at the door screening people –temperature taking, sanitizing and ensuring there were masks. They even had a supply of masks for visitors who didn't have one. There was extra hand sanitizer on every table and desktop.

The most striking observation of course the critical staffing shortages due to Covid. Part of this was due to staff illness or absences related to quarantine requirements. In the dining rooms, there were a few tables but most were removed to allow for social distancing. As a result, it took extra staff to pass meal trays and assist residents who needed help during meals. I honestly don't know how they made it work then and how they are continuing to make it work now.

As a daughter, I saw how hard staff worked to care for my dad. One day when he had his light on for assistance, the C.N.A. came into my dad's room, he had sweat running down his face. I chatted with him as I helped him care for my dad. They were short that day because of staff illnesses and he was trying so hard to get to the residents' lights. He wasn't complaining, he felt bad because my dad had had to wait for help. In addition to meeting my dad's care needs, the staff didn't have time to visit with him-to try and fill the gap of loneliness because we weren't allowed in the facility. I think my dad died partially of loneliness.

Members of the Committee, this is not the time to cut funds to the nursing homes. As a nursing home administrator before the pandemic, we often struggled with the costs related to the regulatory burdens, staffing shortages, and rising supply costs. There were many times when I didn't have enough money in my budget to buy replacement equipment for my aging machines and worn flooring.

I can't begin to imagine how the facilities are making it now. They are literally reeling from the burdens and challenges brought on by the pandemic. It is going to take time for them to recover as well and they need your support.

Kindest regards,

Lori Henderson, RN, BSN ,NHA & daughter



1/22/2021

RE: HB-2: General Appropriations Act

Dear Montana State Legislators,

Thank you for your sacrifices to serve in the 2021 Montana State Legislature. Thank you for your fiscal responsibility.

I am a physician and Montana state taxpayer. It is my understanding that the House Appropriations Committee has reduced the DPHHS budget from \$3 billion to \$2 billion and is deciding what is absolutely needed to put back in. I recommend that you put as much as possible back into the DPHHS budget for mental health, but probably for reasons you would not expect. Here are 4 reasons for dramatically restoring the budget:

1. **Balloon Theory.** For over 100 years, it has been proven that there is an inverse correlation between prison populations and psychiatric hospitalizations. When patients are pushed out of psychiatric hospitals or community treatment centers, the prison populations explode. Essentially, when you push in on one area of the balloon, another area of the balloon expands. Any reductions in mental health spending will result in an increase in corrections spending. This is not a choice between a hand-up (Medicaid for mental health) or a hand-out. **It is a choice between a hand-up or a hand-cuff.** Over 100 years of history in America proves this.
2. **Suicide.** Need I say more? I served for 3 years as the chair of the Montana Suicide Mortality Review Team. I know that all Montana State Legislators care about preventing suicide, so let's fully fund prevention efforts.
3. **Stewardship.** The federal government gives Montana \$9 for mental health care for every \$1 that Montana spends on mental health care. Leaving federal dollars on the table while our Montana citizens, community organizations and rural hospitals languish is bad fiscal decision-making.
4. **TMS.** Transcranial Magnetic Stimulation (TMS) therapy is a treatment that cures depression when antidepressants and psychotherapy have failed. TMS therapy was approved as a covered treatment by Montana Medicaid in late 2020. Innovative treatments such as TMS therapy will be cut if the budget at DPHHS is not restored. TMS therapy is saving lives and will keep patients out of the Montana State Hospital only if Montana Medicaid has the ability in its budget to cover this incredibly effective treatment.

Thank you for your consideration. Again, please do everything in your power to **put as much as possible back into the DPHHS budget for mental health treatment.**

If you have any questions about anything in this letter, please feel free to reach out to me on my personal cell at 406-461-5295.

Sincerely,

Leonard Lantz, MD

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