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Submitted electronically via email.

Representative Aaron Michlewitz, Chair
House Committee on Ways & Means

Michael J. Rodrigues, Chair
Senate Committee on Ways & Means

Representative Daniel J. Hunt, Chair
House Committee on Federal Stimulus &
Census Oversight

Senator Cindy Friedman, Vice-Chair
Senate Committee on Ways & Means

Representative Todd Smola, Ranking Member
House Committee on Ways & Means

Senator Patrick O'Connor, Ranking Member
Senate Committee on Ways & Means

RE: ARPA Spending Legislation

Dear Chair Michlewitz, Chair Rodrigues, Chair Hunt, Ranking Member Smola, Vice-Chair Friedman, and Ranking Member O'Connor:

On behalf of the Conference of Boston Teaching Hospitals, I am writing to express our profound gratitude for your efforts to complete American Rescue Plan Act (ARPA) spending legislation, and to thank you for your leadership, support, and collaboration during this crisis. We particularly appreciate your continued focus on assisting hospitals and other providers in meeting the pressing needs of our most vulnerable patients and communities in responding to this pandemic.

As you may know, the Conference of Boston Teaching Hospitals is a non-profit organization dedicated to supporting the full mission of Greater Boston's teaching hospitals: providing world-renowned clinical care; training the next generation of physicians, nurses, and allied health care professionals; discovering and advancing new treatments and cures; and responding to the public health needs of our community. We are particularly honored to provide support to these hospitals as the emergency management coordinator for Region 4C, working closely with the city's Stephen J. Lawlor Medical Intelligence Center (MIC) on an around-the-clock basis during this pandemic.

As you enter conference negotiations on the House and Senate-passed bills, we wanted to share the priorities of Greater Boston's academic medical centers and teaching hospitals, who continue to be on the frontlines of battling the COVID-19 pandemic and responding to a myriad of issues, including significant hospital capacity constraints, unprecedented emergency department visits and high-acuity patients, staffing challenges, persistent COVID+ admissions with high acuity, difficulty discharging patients due to continued staffing and COVID+ staffing outbreaks across all post-acute settings, and a behavioral health crisis that has worsened throughout the pandemic.

ARPA's spending outlays present a unique chance to invest in the Commonwealth's health care delivery system to improve its resilience, capacity, equity, and preparedness for the future.

Support for the Acute Hospital Trust Fund

We deeply appreciate both chambers' efforts to dedicate ARPA funds to supporting acute care hospitals as we continue to strive to meet the needs of our patients. As you know, COBTH's hospitals endured unprecedented financial strain that resulted from the pandemic, when scheduled procedures were cancelled and our patients delayed care in an effort to avoid exposure to COVID-19. We also incurred significant increased costs of operating during the pandemic and responding to an unprecedented public health emergency. Our efforts included:

- Canceling elective procedures to ensure adequate general care and intensive care capacity in our hospital facilities;
- Deploying everything in our power to increase testing capacity across all neighborhoods and populations, consistent with CDC guidelines;
- Leaving no stone unturned in securing needed hospital resources including drugs, medical devices, protective equipment for our employees, and food supply;
- Securing adequate transportation to ensure our employees could continue to provide care;
- Unleashing the full power of our research enterprises to identify potential treatments, vaccines and therapeutic strategies to heal each and every patient in our care;
- Prioritizing the health and safety of our workforce with continuous monitoring for potential "hotspots" or areas where our employees and communities are challenged, and working to secure alternatives for those unable to return home;
- Adding capacity to our staff with new graduates of physicians and nurses, as well as volunteers, retirees and foreign-trained medical professionals;
- Harnessing the skill and resiliency of our workforce in deploying those skills to meet new and otherwise unmet needs;
- Partnering with skilled nursing facilities and long-term care facilities on care management and employment strategies;
- Deploying every available technology and resource – including telehealth and telephone --to continue to care for patients in their homes and in safe environments;
- Reaching out to colleagues in New York, Washington, Italy, and elsewhere – across the country and across the world – to understand the lessons learned across the full spectrum of the COVID-19 disease: prevention, treatment, diagnosis, and mitigation;
- Working together to stand up a host of facilities to help our most vulnerable patients needing isolation, respite, and post-acute care;
- Collaborating around-the-clock, day-in and day-out to ensure that each of us and all of us have the resources we need to take the best care of our patients; and
- Telling our stories to local, state and national leaders and advocating for the resources we needed to provide the best possible care to our patients and to keep our workforce strong.

We urge the conference committee to include the House's \$250 million for a hospital relief trust fund. While our hospitals have received some federal and other state relief, very significant gaps remain that could be addressed by this funding.

Behavioral Health Investments

We are also appreciative of the significant behavioral health investments proposed in both pieces of legislation. Much of the ongoing hospital capacity constraint issues can be attributed to an influx of acute behavioral health patients arriving in our emergency departments and being forced to “board” in our emergency departments or on medical/surgical floors while waiting for the appropriate psychiatric bed or other level of mental health care. Last week’s Massachusetts Health & Hospital Association Behavioral Health Boarding Metrics report showed 564 patients boarding in Massachusetts, including 138 in Region 4C (Boston) alone. These numbers include 167 pediatric boarders (age 0-17) across the Commonwealth, and 72 in Region 4C, illuminating how severe this crisis is for children and adolescent, as well as those striving to provide needed services to this vulnerable population. These delays in appropriate care are unsustainable for patients and providers alike, and significant investment is required to meet the needs of patients throughout the Commonwealth.

Overall, we support the larger investment of \$400 million in the Senate legislation, as we have seen firsthand the need for substantial investments in this area. We strongly support the efforts in both bills to dedicate significant funding to workforce development programs, including student loan repayment, tuition reimbursement, certification programs, and training, and urge maximum flexibility in expending these funds to recruit and retain the workforce of our future. These workforce investments are critical to ensuring the Commonwealth can meet its overarching goal of achieving health equity and effectively responding to the behavioral health needs of all of its residents.

To expand available psychiatric inpatient beds, we are strongly supportive of the House’s proposal to reimburse providers for the one-time costs associated with opening new behavioral health and substance use disorder beds. These startup costs can be financially prohibitive for institutions that may otherwise have both the commitment and the capacity to open new beds, and this reimbursement of startup costs could meaningfully incentivize bringing new beds online. Unfortunately, as behavioral health care continues to be dramatically under-reimbursed across all payers, institutions are unlikely to make up these costs through providing care.

We also strongly support the addition of a representative from the Massachusetts Health and Hospital Association to the behavioral health advisory commission created in the Senate bill, and would welcome the opportunity to include a representative from the Conference of Boston Teaching Hospitals as well.

Supporting Boston MedFlight

Seven of COBTH’s 12 members hospitals are members of the Boston MedFlight consortium, working collaboratively with Boston MedFlight to ensure that all patients throughout the Commonwealth have needed access to high level tertiary and quaternary care whenever needed, 24/7/365. Boston MedFlight is a non-profit organization that provides both air and ground critical care transport across the entire Northeast and beyond, with dedicated hangars in Bedford, Mansfield, Lawrence, and Plymouth. Boston MedFlight is significantly under-reimbursed across payers and has been essential to the Commonwealth’s effective COVID-19 response. Boston MedFlight continues to be instrumental as our hospitals face unprecedented capacity constraints.

COBTH strongly supports at least a \$1 million investment in Boston MedFlight as included in the House legislation, which will help the organization remain at the cutting edge of needed critical care transport and enable us to continue to meet the needs of patients in every corner of our Commonwealth.

Thank you for your consideration of our comments and your continued attention to the priorities of the Massachusetts Health and Hospital Association, which we strongly endorse. Please do not hesitate to be in touch with any questions or if we can provide additional information on these or other matters.

Sincerely,



Patricia McMullin
Executive Director
Conference of Boston Teaching Hospitals



Anna Esten
Government & Community Affairs Specialist
Conference of Boston Teaching Hospitals