

## Behavioral Health – 2023 Legislative Brief

*Duke supports comprehensive access to resources for our behavioral health patients to ensure that they receive the right care at the right time in the right place. Everyone deserves access to high-quality healthcare, which includes behavioral healthcare.*

### Legislative Priorities

Duke supports policies that improve access regardless of insurance status and address the root causes of inequality for behavioral health patients, including:

- Fully fund all existing in-patient facilities, including the 3-way bed program for uninsured patients
- Allocate federal dollars from the American Rescue Plan to provide expanded access to community-based behavioral health services, with an emphasis on early intervention and treatment
- Greater state enforcement of federal behavioral health parity laws that require insurers to cover behavioral health services on par as other covered health benefits, including robust provider networks and equitable reimbursement formulas for cash-strapped providers

### Context & Insights

North Carolina's behavioral health system needs reform to adequately serve the increasing number of patients struggling with mental illness. As of 2021, 35% of adults in North Carolina reported symptoms of anxiety or depression, a higher number than the national average of 31.6%.<sup>1</sup> North Carolinians also suffer from substance use disorder at a higher rate than their national counterparts, with drug overdoses in the state doubling from 15.7 per 100,000 in 2015 to 31.3 per 100,000 in 2020. These significant numbers mean that mental illness and substance use disorders are common, though accessing treatment is confusing, complex, and for some, expensive.

Without comprehensive community-based treatment to provide necessary medical care for these often-stigmatized chronic illnesses, North Carolinians in crisis often turn to hospital emergency departments as a last resort, making for a crisis-based system that forces police officers and hospitals to be the first line of triage. Once in the ED, patients wait — sometimes weeks or months — as they compete for the scarce number of psychiatric and substance abuse beds where they can receive the specialized treatment they need. Oftentimes, this cycle is repeated due to a lack of accessible, high-quality, behavioral health outpatient providers.

North Carolina's hospitals and health systems work to care for all who need help, but often the emergency room is not the right setting of care. The ED boarding crisis of psychiatric patients serves as a highly visible symptom of the drivers of inequity for behavioral health patients. Unfortunately, delayed care and negative treatment outcomes will continue to be the norm until we change the way behavioral health care is delivered in North Carolina.

Duke supports a parallel strategy of addressing both the short-term challenges faced by patients and providers and long-term drivers that keep those inequities in place. Duke believes in a healthcare system that has high-quality care that is accessible for all North Carolinians. This includes behavioral healthcare, and North Carolinians deserve more than they are getting from our current system.

### Key Issues

- The current behavioral health crisis in our state is putting an increased burden on hospital emergency departments, the most expensive places for care, and the least effective for treatment of behavioral health patients.

- Behavioral health care remains relatively inaccessible and unaffordable for many, leaving patients without the care they need. Behavioral health care in North Carolina is particularly inaccessible for those who lack health insurance. Despite making up less than a fifth of the state population, uninsured individuals made up over a quarter of behavioral health-related ED discharges in 2021. Medicaid recipients also made up a disproportionate amount of both ED and inpatient discharges.
- Now is the time for investment in our behavioral healthcare system as the coronavirus pandemic has brought a surge of behavioral health patients. Although overall utilization declined in NC during COVID-19, the proportion of discharges related to behavioral health has increased.
- The current behavioral health system is failing our youngest behavioral health patients, leading to negative patient outcomes.
- Behavioral health illnesses have not been given equal treatment as a legitimate physical health condition that is worthy of prompt, efficient and cost-effective care in North Carolina even though, just like physical illnesses, mental illness can be successfully treated with medication and some form of therapy.