

House Behavioral Health Policy Division: Written Testimony HF2128 (4/7/2021)

Madame Chair, committee members:

My name is Asfia Qadir and I am a Child/Adolescent Psychiatrist at PrairieCare. I would like the committee to note that prior to the pandemic, we were grappling with the epidemic of teen suicide, now worsened by the pandemic.

The hospital moratorium provision in Article 3, Section 45 beginning at line 190.26, as it currently stands, systematically excludes PrairieCare, a hospital that provides psychiatric care to children and adolescents. This is more than an oversight. PrairieCare is the only hospital that has proven its commitment to providing psychiatric beds for children and adolescents. This means adding 71 hospital beds, navigating the financial and legislative processes to do so, and hiring staff to mobilize those beds – all efforts that reduce systemic healthcare inequities. We have added more beds than every single other MN hospital combined. We are doing our part, yet our hospital is excluded from this bill. Representative Fischer has language ready that would eliminate this disparity.

Earlier this year PrairieCare made the decision to add an additional 30 beds to meet the unprecedented need within our communities in crisis reeling from the epidemic of teen suicide and the pandemic. Based on the current bill before you, these beds would not be available for use until summer of 2023. That is a systemic delay in crisis resources. Allowing PrairieCare to take advantage of the expedited process contained in the bill would move the availability of these beds up by a full year, allowing us to reach an additional 1,170 patients.

Having trained at St. Mary's ED in Rochester for years, I can tell you personally that it is heart-breaking to obtain consent from parents to place their son or daughter 120 miles away in a crisis, knowing they won't be able to be there with them. In pediatric medicine, it is standard of care that caregivers are an integrated part of treatment in the hospital. The lack of bed availability for suicidal youth in MN has all but obliterated this standard of care. Today there are 3 beds available in the entire state and these are on "mixed units" – where minors are hospitalized on units together with adults in psychiatric crisis. From a clinical standpoint, this option is sub-optimal at best and contraindicated at worst.

When my patients reflect on how they experience their lives right now, they speak of losses and uncertainties, compounded by racial trauma and the pandemic. They also speak of a sense of hope *anyway* that maybe now that they are in treatment, things could get better. It is humbling to think that this committee has the capacity to engender hope through direct policy for the most vulnerable among us, our youth in crisis.

The measure of a civilized society is the degree to which it chooses to protect and make provision for its most vulnerable. I trust this committee to deliberate on these issues in earnest and to include PrairieCare in the bill. Madame Chair, this is a time for inclusion, not exclusion. This is an opportunity to reduce systemic inequities that can save lives. Let's show our youth that in fact their world *is* a place of safety and of provision and that when they reach out for help, they can depend on us to take meaningful action, that we paid attention, that we did our part. Thank you for your consideration.

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