OPPOSE HB 6022

Don't Fix What Isn't Broken. Solve the Real Problem.

WHAT MAKES A GOOD POLICY?

IMPROVE CARE AND MAKE THINGS EASIER FOR PATIENTS

LOWER THE COSTS OF CARE

CUT THROUGH RED TAPE AND BUREAUCRACY

HB 6022 FAILS ON ALL THREE

HOW THE SYSTEM WORKS RIGHT NOW

LOCAL CMH
Single Point of Contact

FAST RESPONSE
Screening Within Three Hours

SUCCESS
98.5% Urgent Screenings on Time

TRUSTED
16,000 Annual Screenings

PROVEN AND RELIABLE

WHAT BILL HB 6022 CAUSES CONFUSION

SEVERE
Local CMH

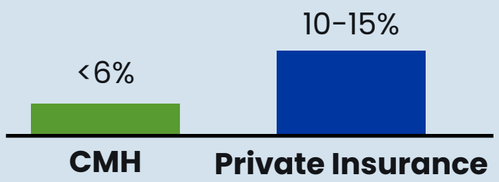
MILD
Bureaucratic Path

- Track Down Insurance
- Call Specific Company
- 8+ Plans in Some Areas

WHY THIS BILL HURTS FAMILIES

A WORSE EXPERIENCE FOR PATIENTS
- Splits a Working System
- Too Many Handoffs
- Dangerous Delays

HIGHER COSTS FOR TAXPAYERS



ENDLESS RED TAPE
- Too Many Rules
- Wasted Doctor Time
- Increased Admin Costs

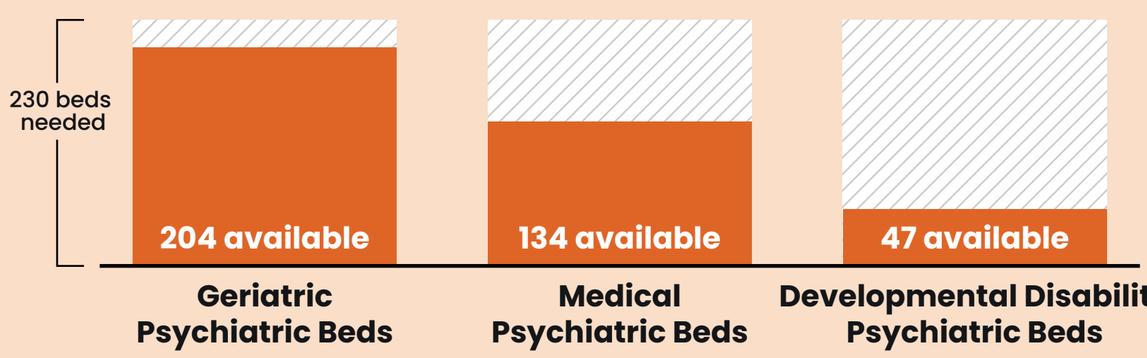
THE REAL PROBLEM LACK OF AVAILABLE INPATIENT BEDS

MICHIGAN IS CRITICALLY SHORT ON BEDS

Michigan Average
19 beds/100K people

National Average
30 beds/100K people

RECENT STATEWIDE PSYCHIATRIC BED NEED VS. SUPPLY



Community Mental Health Association of Michigan

MAC
MICHIGAN ASSOCIATION OF COUNTIES

MICHIGAN SHERIFF'S ASSOCIATION