June 21, 2021

The Honorable Julian Cyr  
Chair, Joint Committee on Mental Health, Substance Use, and Recovery  
24 Beacon Street, Room 312-E  
Boston, MA 02133

The Honorable Adrian Madaro  
Chair, Joint Committee on Mental Health, Substance Use, and Recovery  
24 Beacon Street, Room 134  
Boston, MA 02133

RE: Testimony in support of H.2065, An Act to update mental health parity

Dear Chair Cyr, Chair Madaro, and Honorable Members of the Joint Committee on Mental Health, Substance Use, and Recovery:

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for strong and steadfast leadership in advancing the health of people with behavioral health conditions and their families across the Commonwealth. I am writing to respectfully submit this testimony in support of H.2065, An Act to update mental health parity, filed by Rep. Ruth Balser. Please note that MAMH also supports a related bill, S.675, An Act relative to mental health parity implementation, filed by Sen. Cindy Friedman. Both pieces of legislation would improve enforcement of existing parity laws and take important steps to remove barriers to behavioral health care.

Formed over a century ago, MAMH is dedicated to promoting mental health and well being, while preventing behavioral health conditions and associated disability. We are committed to advancing prevention, early intervention, effective treatment, and research for people of all ages. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. This includes discrimination affecting not only people with behavioral health conditions, but also people who face unequal burdens and barriers to the protections and benefits of citizenship due to their race, ethnicity, gender identity, or disability status. MAMH has a demonstrated track record of furthering its mission by convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise to inform public policy, service delivery, and payment methodologies.

MAMH is also an Executive Member of the Children’s Mental Health Campaign (CMHC). The CMHC is a large, statewide network that advocates for policy, systems, and practice solutions and shared responsibility among government and institutions to ensure that all children in Massachusetts have access to resources to prevent, diagnose, and treat mental health issues in a timely, effective, and compassionate way.

MAMH is grateful for Rep. Balser’s leadership in filing H.2065, An Act to update mental health parity. Mental health parity, at its core, is a social justice issue. The purpose of parity legislation is to ensure insurance coverage
for mental health and substance use conditions that is equal or equivalent to coverage for physical health conditions. Parity statutes aim to protect people with behavioral health conditions from discriminatory treatment and ensure access to critical services and supports.

Parity is the law and justice is overdue for people who need behavioral health services. Despite passage of the parity legislation at both the state and federal levels, coverage and access to mental health and substance use services remain more restrictive than coverage and access to physical health services. In November 2019, a landmark 2017 Milliman Research Report was replicated and again found nonquantitative treatment limitations (NQTLs) as a “key trouble area” in the enforcement of parity statutes. The study specifically identified disparities in both out-of-network utilization patterns and reimbursement rates (proxies for network adequacy and provider fee level NQTLs) for behavioral health providers in comparison to medical/surgical providers. Both national and Massachusetts state-level data reveal disparities and concerns related to NQTL compliance. In fact, the 2019 study found widening disparities in network use (insured people being forced to go out of network to find practitioners available to treat them) and in provider reimbursement (behavioral health clinical providers’ reimbursement was found to be even lower compared to their professional peers paid for physical health treatments).

Similarly, in 2018 The Kennedy Forum released a technical paper assessing the relative strength of state parity laws in ensuring effective parity enforcement. The Satcher Health Leadership Institute at the Morehouse School of Medicine and The Kennedy Forum developed a Statutory Coding Instrument (SCI) that evaluated state laws across 10 dimensions, including coverage of mental health and substance use services, requirements for NQTLs, state agency enforcement and reporting, etc. Massachusetts scored a 61 out of a total of 100 points, earning a grade “D.” Fifteen states currently score better than our Commonwealth, including Alabama, Kentucky, and Texas. I know we can do better, and H.2065 helps us do just that.

The Massachusetts Office of the Attorney General has also taken legal action for violations in the Commonwealth. In December 2018, Aetna Health Insurance Company and two affiliated companies reached an agreement with the Attorney General’s Office to help members access mental health and substance use services. Part of the agreement requires Aetna to disclose to its members that it does not require prior authorizations for routine behavioral health visits, and to disclose to its members any circumstances where it does require prior authorizations for any behavioral health services. The ruling helps ensure transparency and addresses once discriminatory barriers for people with behavioral health conditions and their families.

In February 2020, the Massachusetts Attorney General reached settlements with Harvard Pilgrim Health Care and United Behavioral Health d/b/a Optum; Fallon Community Health Plan and Beacon Health Strategies; AllWays Health Partners; Blue Cross Blue Shield of Massachusetts; and Tufts Health Plan for violations of the Mental Health Parity and Addiction Equity Act. The settlements include a range of assurances that the companies will improve access to behavioral health care, including changing how they determine reimbursement rates for outpatient behavioral health services; limiting prior authorization requirements; and making extensive changes to improve the accuracy of their provider directories. In addition, the companies paid $1 million to a fund to expand programs to prevent substance use conditions and increase access to behavioral health services.

MAMH strongly supports H.2065, An Act to update mental health parity as it requires the Group Insurance Commission and commercial health insurance plans to provide mental health benefits on a nondiscriminatory basis, including diagnosis and medically necessary treatment of any mental health condition and autism spectrum conditions as described in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

MAMH is proud to stand with Children’s Mental Health Campaign in support of H.2065. This broad-based support points to the timeliness and urgency of this bill and the critical need it addresses in our Commonwealth.
Please do not hesitate to be in contact should you have questions, would like additional information, or if MAMH can serve as a resource to your critical work at dannamauch@mamh.org and jessicalarochelle@mamh.org. I urge you to report H.2065, *An Act to update mental health parity* favorably out of Committee. Thank you.

Sincerely,

Danna Mauch, PhD  
President and CEO

Jessica Larochelle, MPH  
Director for Public Policy and Government Relations

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