



MAMH PRESS STATEMENT – Senate Bill 2519, An Act Addressing Barriers to Care for Mental Health
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The Massachusetts Association for Mental Health (MAMH), an executive member of the Children’s Mental Health Campaign, has for over a century promoted understanding of behavioral health conditions and advocated for access to effective treatment. MAMH has challenged discrimination against children and adults at risk for or affected by behavioral health conditions that undercut their full inclusion in the life and resources of our communities. Discrimination has for too long driven disparities in insurance coverage and healthcare access for these children, adults, and their families.

Senate President Spilka, Health Care Financing Committee Chair Friedman, and Mental Health, Substance Use, and Recovery Committee Chair Cyr are to be commended for mental healthcare reform legislation that prominently prioritizes improved access to effective care. MAMH applauds the Senate’s actions today. Senate Bill 2519 (S.2519), *An Act addressing barriers to care for mental health* is a significant step forward to implement the promise of parity and frame fairer terms for insurance coverage, benefits administration, provider reimbursement, and plan reporting.

For example, S.2519 tackles workforce challenges from education debt to reimbursement rates and administrative burdens that keep too many clinicians from participating in public and private insurance, thus making it hard for individuals and families to find the right care when they need it.

S.2519 increases accountability for applying medical necessity criteria in managing care to ensure that criteria are comparable to those used to manage physical healthcare and not applied more stringently to mental health and substance use treatment benefits. In addition, the bill requires payers to remove barriers to “same day services,” enabling patients who are often in poverty, lack private transportation, and have multiple chronic health conditions to see both their primary care team and their behavioral health clinician on the same day, possibly at the same clinic for more comprehensive and better integrated care. While doing this, the bill also addresses the inequities in reimbursement to behavioral health providers, requiring insurers to establish a base fee schedule so that behavioral health providers are not paid less than to primary care providers for the same office based service.

Special attention is paid to improving timely access to effective care for children and adolescents, recognizing that 50% of all mental health conditions have their onset by age 14 and 75% have their onset by age 24. The bill exhorts public and private insurers alike to end any discrimination in the diagnosis and treatment of mental, behavioral, emotional, or substance use disorders affecting children and adolescents under the age of 19. To facilitate treatment access, the bill calls for a pilot program of Tele-Behavioral Health services in schools using secure interactive video conferencing technology. S.2519 removes prior authorization for acute mental health treatment, eliminating a barrier to care that creates longer waits in emergency rooms and delays resolution of mental health crises for children and families across the Commonwealth, while also requiring expedited review of cases for children who are boarding in emergency departments.

S.2519, with provisions to clear financial and administrative hurdles for both patients and practitioners cements the recognition that behavioral health is essential to the health and welfare of all children, adults, their families, and communities. Equitable treatment for children, adolescents and adults with these conditions is not only fair but also smart. Thank you.

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