ABH
ASSOCIATION FOR BEHAVIORAL HEALTHCARE

251 West Central Street
Suite 21
Natick, MA 01760

T 508.647.8385
F 508.647.8311
www.ABHmass.org

Lydia Conley PRESIDENT / CEO
Bruce L. Bird, Ph.D. CHAIR

March 18, 2022

Dr. Stuart Altman, Chair
Board of Commissioners
Massachusetts Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

Dear Dr. Altman and Members of the Board:

The Association for Behavioral Healthcare (ABH) is a statewide association representing eighty community-based mental health and addiction treatment provider organizations. Our members are the primary providers of publicly-funded behavioral healthcare services in the Commonwealth, serving approximately 81,000 Massachusetts residents daily, 1.5 million residents annually, and employing over 46,500 people. Thank you for the opportunity to submit written testimony on the potential modification of the health care cost growth benchmark for this fiscal year.

ABH supports the Health Policy Commission's efforts and those of other stakeholders to slow the growth in overall health care spending. It is important, however, that policy makers and payers recognize the importance of behavioral health treatment in not only improving the quality of health care in the Commonwealth, but also as being critical to controlling increasing medical costs. These services are continuously undervalued; while individuals with behavioral health diagnoses drive a significant majority of total healthcare costs in the country, behavioral health services represent only a small fraction of total spending.[1] Increased investment in community-based behavioral health services can decrease the amount the Commonwealth spends on their costliest individuals.

We urge the Health Policy Commission to further examine current spending levels on behavioral health services, the settings in which the Commonwealth is investing, and strategies for targeting the highest cost behavioral health patients. Adequately valuing these services enhances our understanding of costs and acknowledges the importance of mental health and addiction treatment to the overall health and wellbeing of our Commonwealth residents.

In a recent survey conducted of ABH outpatient mental health providers, ABH found that a lack of investment is causing a workforce crisis that is crippling our members' ability to provide care and causing significant access delays in mental health treatment. These trends increase

[1] Davenport, Stoddard; Gray, T.J.; Melek, Steve. How do individuals with behavioral health conditions contribute to physical and total healthcare spending? August 13, 2020. Milliman Research Report.

prescriber wait times and threaten to close programs. Consequently, individuals with severe and persistent mental illness do not have access to vital, cost-effective, and medically necessary services. We found that:

- In 2021, for every ten master's level clinician hired, approximately 13 are leaving;
- 67% of respondents report it taking nine months or more to fill a psychiatrist position;
- 92% reported at least one vacancy for a mental health clinician;
- Nearly 14,000 individuals are on waitlists to receive outpatient services; and
- Children and adolescents spend an average of 15 weeks on a waitlist before starting ongoing therapy.

As a result, ABH proposed the following key recommendations:

- Rebalance health care expenditures towards behavioral health care;
- Commercial and public payers should increase outpatient clinic rates to improve short- and long-term access;
- The Commonwealth should implement a behavioral health workforce data collection and planning strategy;
- Commercial plans must reimburse for supervised master's prepared clinicians in clinic settings;
- The Commonwealth should leverage its leadership and purchasing power as employer and health plan purchaser;
- Expand student loan repayment programs for the clinic-based workforce; and
- Private and public plans should take immediate steps to reduce redundant or outdated administrative and documentation requirements.

We have gone into further detail on some of the relevant recommendations below.

Rebalance Health Care Expenditures Towards Behavioral Health Care

Such proposed adjustments require targeted and strategic investment in behavioral healthcare. **ABH supports the Governor's recently filed healthcare recommendation in *An Act investing in the future of our health*,** to increase investment in primary and behavioral healthcare by increasing base spending by 10% a year for the next three years, while remaining under the health care cost growth benchmark. We also believe the Baker-Polito Administration's proposed Behavioral Health Roadmap and accompanying Community Behavioral Health Center model lays a foundation for significant rebalancing of healthcare resources toward behavioral healthcare.

Increase Rates and Coverage to Improve Short- and Long-Term Access

Many vacancies in behavioral health settings can be attributed to the gap in pay between salaries in the behavioral healthcare system and acute care hospitals. On average, a licensed clinician earns $20,000 more annually in a hospital setting than in the community-based behavioral health treatment system. As the Commonwealth continues to elevate issues of parity within the context of the delivery of behavioral health and physical health services, we urge recognition and action around continued disparities in wages paid to staff in those settings. There is no reason that wages in behavioral health settings should not be on par with wages paid in physical health settings.

ABH and our members know that an individual's behavioral health needs do not dissipate if needs are not addressed in the community, but instead show up in other settings – such as

emergency departments or acute inpatient hospitals. Reliance on such downstream levels of care is short-sighted, costly, and not always clinically appropriate. Further, it runs counter to federal standards requiring that people with disabilities be treated in the most integrated and least restrictive setting appropriate, as set forth in the landmark *Olmstead* decision. A robust outpatient, community-based system that delivers high-quality and timely mental health and addiction treatment must be the backbone around which all other behavioral health services are built.

Increased investments in community behavioral health care services will lead to significant savings on medical spending. As you know, prevalent data shows that the cost of treating medical conditions for individuals with co-morbid medical and behavioral health diagnoses is three- to six-times higher than treating individuals with who do not have a co-morbid behavioral health condition.[1] In Massachusetts, readmission rates are 50-94% higher among patients with behavioral health comorbidities and hospital stays are 14% longer, on average.[2]

In addition to increased rates, coverage must also be expanded. **ABH believes strongly that all health insurance payers, particularly commercial insurers, should be required to cover more diversionary and recovery-focused services for individuals with mental health and substance use disorders.** In the commercial space, the wide market variation in reimbursement for behavioral health services across commercial health insurance plans, particularly during a behavioral health emergency, is unacceptable and leads to longer waitlists and decreased access. Our members operate several services across the care continuum - from Emergency Service Programs (ESPs) and crisis stabilization to residential recovery services - that are currently inaccessible to those with commercial insurance. Commercial insurers should adopt transparent reimbursement practices that prioritize access and quality as well as explore innovative payment and service delivery models to offer rapid access.

Steps taken by the Legislature to mandate commercial coverage of ESP services and by the Baker-Polito Administration to create a behavioral health insurer surcharge to supplement delivery of behavioral health crisis services are both methods that support the delivery of behavioral health crisis services to commercially-insured individuals.

Reimburse for Supervised Master's Prepared Clinicians in Clinic Settings

The care delivery system has been impeded by different rules for different payers, and a number of individuals on waitlists for outpatient services are waiting for a licensed clinician due to insurance coverage restrictions on who they can see. MassHealth and certain commercial plans have already recognized the value of allowing for Master's-prepared clinicians, under the supervision of a licensed clinician, to provide services. Legislation proposed by the Baker-Polito Administration and the Senate would require commercial plans to reimburse for license-eligible clinicians when working under supervision. Requiring standardization across payers for clinicians' eligibility to provide service would help ensure that individuals can access timely services regardless of their health plan.

Support Payment Methodologies and Models that Support Coordination of Primary Care Services with Behavioral Healthcare

ABH supports integrated care models that bring behavioral healthcare into primary care settings, and believe that this will enable more people to engage in mental health and substance

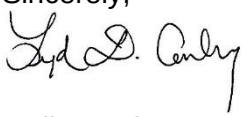
[2] Center for Health Information and Analysis. Behavioral Health & Readmissions in Massachusetts Acute Care Hospitals, October 2020.

use services as well as decrease stigma associated with addressing behavioral health. However, many of our provider groups deliver specialty behavioral health services, including services that provide longitudinal treatment and diversionary services for individuals with mild to serious disorders.

Many of these services are not well suited to primary care offices. Efforts must be made to coordinate and link these behavioral health services with primary care, so that an individual can access specialty, patient-centered care when clinically appropriate. This includes the promotion of payment methodologies that support specialty behavioral health partners. In many collaborative care models, the specialty system partnering with primary care is not adequately resourced. In addition, payment methodologies and regulatory strategies should support bidirectional integration, as many individuals with moderate to serious behavioral health disorders prefer to access their care through specialty behavioral health providers that are skilled in meeting their unique needs.

Thank you for your consideration of the issues raised in this letter. I am available at your convenience if you have any questions.

Sincerely,



Lydia Conley
President/CEO