



The Massachusetts Psychiatric Society, which represents over 1600 Massachusetts psychiatric physicians, appreciates the opportunity to testify on H 3557, An Act Relative to Mental Health Benefits. We believe that this bill, which expands the type of services that psychiatrists may present for commercial insurance reimbursement, will be a part of the effort to expand access for the public to psychiatric care under insurance and will promote the integration of medical/psychiatric services with general medicine in global payment environment. Further, this bill is consistent with federal and state requirements for parity in the provision of medical services.

Most psychiatrists treat patients who suffer from chronic or relapsing psychiatric disorders, such a bipolar disorder, schizophrenia, anxiety disorders, or depression. For many of these patients, the psychiatrist is the physician that they see most frequently. We believe that the current conceptualization of the delivery of such service is outdated. The current model essentially divides outpatient medical/psychiatric service into 2 categories: brief medication visits of 10-20 minutes, often monthly, and psychotherapy visits of 25 or 50 minutes, usually delivered monthly to weekly, and often described as “meds or therapy”. The services are time based only and do not reflect the complex and varied course of psychiatric illnesses. The medical psychiatrist functions in a manner that is closer to the medical specialist than the typical psychotherapist. The nature of the service is very flexible and reflects not only time, but the complexity of the presenting problem, the need for re-evaluation of treatment planning and time needed to counsel the patient concerning their illness and life situation. Some patients who are stable, are seen very infrequently, as would be the case for a patient with well controlled hypertension. Some need to be seen more frequently if chronically ill, in a relapse phase of illness or in a life crisis.

Interestingly, Medicare allows psychiatrists to use Evaluation and Management (E&M) Codes for outpatient psychiatry and for psychiatric consultations in hospitals. These codes permit psychiatrists to bill in the same manner as any other physician who is treating chronic or relapsing illness. They delineate 5 levels of service, based on the nature of the evaluation, the complexity of the decision making, time and need for counseling about illness. Currently, most commercial insurers do not allow psychiatrists to use these codes, thereby perpetuating the “meds or therapy” model and inhibiting a re-conceptualization of

medical/psychiatric service as the management of psychiatric illness rather simply psychotherapy services as delivered by non-medical mental health professionals.

We would like to emphasize that this bill is not primarily about reimbursement. We suspect that as psychiatrists bill using E&M codes, the net amount reimbursed will not change significantly, based on current Medicare rates for the E&M versus the current “meds or therapy” codes. Rather this bill, which we feel is also consistent with the principle of Mental Health Parity, will help psychiatrists to provide service to the public that accurately responds to the clinical need of most patients with psychiatric illness. As we move forward with health care reform and, potentially, a global payment environment, this bill, we believe, can help set the stage for a smoother integration of appropriate medical/psychiatric treatment into the broader system of care.

We thank you for your time and attention.