



The Massachusetts Psychiatric Society, which represents over 1600 psychiatrists practicing in the Commonwealth, appreciates the opportunity to testify in support of H. 3558 An Act Relative to access to mental health and substance abuse services.

This bill would require that citizens in need of mental health and substance abuse services, as well as professionals who provide such service, have full and transparent access to criteria established by insurers that affect the care delivery. As we operate in an environment of nearly universal health care in Massachusetts, delivered largely in the private sector, increasing numbers of citizens will be seeking mental health and substance abuse care. Access to such care has expanded significantly under Federal and State mental health parity laws. Given the array of insurers with differing criteria for the delivery of care, it becomes essential that citizens and providers be in a position to understand with clarity criteria by which medical necessity decisions are made. This bill requires insurers to develop utilization review criteria that are scientifically derived and evidence based, to include participating providers in the development of such criteria, to file reports annually to the Joint Committee on Mental Health and Substance Abuse concerning grievances received and to empower the Office of Patient Protection to review challenges to such criteria.

An important aspect of the new health care environment is the emphasis on consumer driven health care. If we are to empower our citizens to make wise choices, in terms of quality, access and affordability of care, it is essential that they have at their disposal clear and transparent information concerning that care. Insurance plans may differ widely in the manner in which they authorize treatment and make criteria known to the public. In addition to the complexity of decision-making that characterizes any medical matter, in mental health we continue to face significant stigma, that inhibits open discussion about and advocacy for care. Citizens are less likely to seek to resolve problems of access aggressively because of stigma. Outpatient mental health care continues to be delivered in large measure by independent individual providers, who cannot as a practical matter advocate individually when information is opaque. These providers rely on their professional societies to monitor issues concerning medical necessity criteria, utilization review criteria and access to care. This bill would help the public to be more informed, to help professionals participate in the scientific review of utilization management and

medical necessity criteria, and to guarantee that the public has recourse to the Office of Patient Protection to challenge decision making by insurers.

A marketplace mechanism for quality improvement and cost control requires an informed public and transparency on the part of large institutions such as health plans. This bill will further these ends. We urge you to pass it.

We are grateful for the opportunity to testify on this matter and thank the committee for their time and attention.