Studies have shown that mental disorders have a high prevalence rate; half of all lifetime mental illnesses display themselves by age 14, and three quarters are displayed by age 24. Currently, children of the Commonwealth with private insurance experience a barrier to accessing community-based services, which can consequently be detrimental to their mental health. “An Act to increase access to children’s mental health services in the community” requires an expansion of coverage for families and children in need of care with commercial insurance. Expanding access to community-based services for children and adolescents with mental health disorders will ensure a brighter, healthier future.

The Bill
H.488: An Act to increase access to children's mental health services in the community

Elevator Speech
As a community, the Commonwealth is responsible for the future of its children. Studies have shown that mental disorders have a high prevalence rate; half of all lifetime mental illnesses display themselves by age 14, and three quarters are displayed by age 24. Therefore, it is important to intervene and treat these children at a young age. Without the appropriate treatment, children may experience delayed development. Currently, children of the Commonwealth with private insurance experience a barrier to access community-based services such as outpatient therapy, mobile crisis intervention, in home therapy, intensive care coordination, family support and training programs and therapeutic mentors. These families are forced to apply for secondary insurance through MassHealth in order to receive the care that should be provided through their primary insurance.

Community-based services can alleviate the financial burden that often comes with institutionalized care. Bill H.488, “An Act to increase access to children’s mental health services in the community,” requires private insurance to expand coverage to include less-expensive community based care.

Please hold a hearing on this bill as soon as possible and vote this bill out of committee favorably to ensure a brighter, healthier future for our children.
Health Initiative. This places a cost burden on families and as premiums for MassHealth in order for their children to required to pay premiums for their private insurance, as well for “secondary MassHealth” insurance. Currently, parents are not eligible to receive the care with coverage, unless they apply MassHealth Medicaid program. Since implementation, there has been much higher success rate in the treatment of children’s mental health disorders in the Commonwealth. Because the community-based services already exist, implementation of this bill would be relatively straightforward. These services should be available to all children.

If implemented, this bill will expand private insurance coverage and eliminate the financial burden on MassHealth, as MassHealth providers will no longer need to pay for both primary and private insurance holders. This will help control the rapid growing health care costs, as the finances will now be on private insurance companies rather than the federal and state budget.

We understand that the private insurance companies may be reluctant to pay the costs of the community services. This is a relatively small population and the Commonwealth should pool the financial risk that insurance companies are concerned with. These services are significantly less costly than the often-repeated hospitalization and institutionalized care, which can range from $30,000 to $50,000 for one month in an institutionalized care facility. Facilities are multifaceted with care including housing, food, and hygiene along with the necessary therapeutic measures, which contributes to the high cost as compared to community-based services. If treated early with preventative care, proper diagnostics and the home and community based treatments, the disease will likely be kept in a manageable state, eliminating the high cost for emergency situations.

As a community, we must all understand the imperative nature of this bill. It is our responsibility to ensure not only is this care accessible, but that it achieves the quality of care our population and these families deserve. We kindly ask of you to speak with the members of the committee and ask them to make this bill a priority and vote it out of committee favorably. Thank you.

Our names are Leah Friend and Zoe Rothblatt and we are passionate about implementing change for children with mental health disabilities. As a community, the Commonwealth is responsible for the future of its children and their well-being. Mental health disorders are extremely prevalent, affecting approximately one in every five children, causing moderate to severe functional impairments. Community and home-based services such as outpatient therapy, mobile crisis intervention, in-home therapy, intensive care coordination, family support and training programs and therapeutic mentors are a key component of the treatment for mental health disorders. When patients were asked by the Department of Public Health in Massachusetts what challenges they encounter when accessing mental health care, many answered that there is a lack of access to outpatient care, resulting in a barrier to treatment. This is concerning because patients invest in a higher level of service they may not need, simply because of the lack of access.

“An Act to increase access to children’s mental health services in the community” strives to eliminate these barriers and expand coverage to ensure children receive the proper care. With your support of this bill, we can ensure a brighter, healthier future for our community’s children.

Commercial health insurance companies cover less, if any, of the community-based services as compared to the MassHealth Medicaid program. Private insurance holders are not eligible to receive the care with coverage, unless they apply for “secondary MassHealth” insurance. Currently, parents are required to pay premiums for their private insurance, as well as premiums for MassHealth in order for their children to receive wraparound care through the Children’s Behavioral Health Initiative. This places a cost burden on families and on the state of Massachusetts. MassHealth is a state program funded by a state budget and must provide coverage for families that do not directly participate in their insurance program. This bill will require commercial insurers to cover these community and home-based behavioral health care services for children. The caretakers of the children will no longer be burdened with secondary insurance costs in order to receive this care, or worse, not receive it at all.

In 2001, a 13-year-old resident of Massachusetts with intensive mental health needs filed a complaint stating that she and other Medicaid eligible children did not receive preventative care or treatment. They were hospitalized rather than treated in the community. They had to leave their families and community, while receiving care that was not tailored to their needs. MassHealth was found in violation of federal law and forced to create an integrated mental health care system. This system now consists of community and home based care for those in the MassHealth insurance program. Since implementation, there has been much higher success rate in the treatment of children’s mental health disorders. Because the community-based services already exist, implementation of this bill would be relatively straightforward. These services should be available to all children.

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As a community, we must all understand the imperative nature of this bill. It is our responsibility to ensure not only is this care accessible, but that it achieves the quality of care our population and these families deserve. We kindly ask of you to speak with the members of the committee and ask them to make this bill a priority and vote it out of committee favorably. Thank you.

Dr. Stuart Altman - Professor of Health Policy, Economist, Brandeis University

“This is a relatively small population and the Commonwealth should pool the financial risk that insurance companies are concerned about.”

Dr. Cunningham - Professor of Psychology, Brandeis University

“Empirical research on intervention with children in need has demonstrated that the more you can build supports for them into all levels of everyday community life, the more successful their long-range outcome is.”

Senator Spilka, as Chair of the Joint Committee on Ways and Means and sponsor of legislation to promote transparency, best practices, and better outcomes for children and communities, we are reaching out to inform you of the importance of a similar bill.

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We understand that the private insurance companies may be reluctant to pay the costs of the community services. This is a relatively small population and the Commonwealth should pool the financial risk that insurance companies are concerned with. These services are significantly less costly than the often-repeated hospitalization and institutionalized care, which can range from $30,000 to $50,000 for one month in an institutionalized care facility. Facilities are multifaceted with care including housing, food, and hygiene along with the necessary therapeutic measures, which contributes to the high cost as compared to community-based services. If treated early with preventative care, proper diagnostics and the home and community based treatments, the disease will likely be kept in a manageable state, eliminating the high cost for emergency situations.

As a community, we must all understand the imperative nature of this bill. It is our responsibility to ensure not only is this care accessible, but that it achieves the quality of care our population and these families deserve. We kindly ask of you to speak with the members of the committee and ask them to make this bill a priority and vote it out of committee favorably. Thank you.
Letter to the Legislator

As the Senate Chair of the Joint Committee on Children, Families and Persons with Disabilities, we know that you are committed to the future of the Commonwealth’s children. Expanding access to mental health services will ensure a livelihood of sustained health and well-being over time.

Studies have shown that mental disorders have a high prevalence rate; half of all lifetime mental illnesses display themselves by age 14, and three quarters are displayed by age 24. Therefore, it is important to intervene and treat these children at a young age. Without the appropriate treatment, children may experience delayed development. Currently, children of the Commonwealth with private insurance experience a barrier to access community-based services including outpatient therapy, mobile crisis intervention, outpatient addiction programs, in-home therapy, intensive care coordination, family support and training programs, in-home behavioral services, and therapeutic mentors. These families are forced to apply for secondary insurance through MassHealth in order to receive the care that should be provided through their primary insurance. MassHealth is required to cover such services for their participants as a result of federal mandate. The programs are well established and should be easily accessible to all children.

H.488, “An Act to increase access to children’s mental health services in the community,” requires private insurers to cover community-based care or wraparound services for children and adolescents. We understand that the private insurance companies may be reluctant to pay the costs of the community services. However, these services are significantly less costly than the often-repeated hospitalization and institutionalized care. If a child is not receiving the proper services, the illness may progress, which may lead to hospitalization, resulting in a large bill for the insurance provider. However, if treated early with the wraparound services, the disease will likely be managed, eliminating the high cost for emergency situations. This bill will not only be more fiscally responsible but will also ensure a brighter healthier future for vulnerable children of the Commonwealth.

We kindly ask of you to make this bill a priority and promote its importance. Please contact your colleagues to encourage the establishment of a hearing. With the passing of this bill, we are bound to see an increase in healthy youth and families.

Excerpts from Campaign Journals

Leah

The second time we met Rep. Balser was more spontaneous. We reached out to her office, but we never received a confirmation that she was able to meet. Amidst our exploration of the State House to meet with other legislators, we ran into Rep. Balser in the hallway. We graciously stopped her and began an impromptu discussion about the bill. After only meeting once, she remembered who we were and despite the fact she was attending a meeting, she was enthusiastic in engaging with us. We inquired about any updates or foreseeable hearing dates. She stated there were no recent updates. We asked a few follow up questions and noted the side of the opponents. After doing so, she offered that she would send us the testimony of the opposing side. After our conversation, we followed up with a thank you, and she forwarded along the opposition’s testimony from the insurance companies. This was very important as it expanded our knowledge of the opposing side, allowing us to brainstorm alternative responses. Zoe and I read through the testimony and found it widely fascinating.

Zoe

The Children’s Mental Health Campaign is a coalition that is dedicated to creating change for the children’s mental health care system. This coalition supports H.488; they have created a fact sheet and summary of the bill. We reached out to Courtney Chelo; her name was listed on the website as contact information. …Eventually we thought it best to set up a time for a phone meeting. Leah and I spoke briefly with her on the phone, as Courtney did not have much time to spare. …She spoke about the importance of the implementation of this bill. A big notion she kept highlighting was that the wraparound services has been extremely successful for the children on Medicaid, and it should therefore be seen as a model for mental health care. Courtney is passionate about the passing of the bill and was excited to hear that we are working on it. She encouraged our state house visits. She continuously mentioned the urgency and necessity of these services. Overall it was a good phone call, I wish we had opportunity to be more involved in the coalition, however it was difficult to coordinate.

Update

As of September 14, 2017, the bill is waiting in the Joint Committee on Financial Services.

For more information

View the Bill:
malegislature.gov/Bills/190/H488

Children’s Mental Health Campaign:
childrensmentalhealthcampaign.org