Under the Massachusetts Mental Health Parity Law, insurers are required to provide the full range of inpatient, intermediate, and outpatient services to its policyholders. Private insurance companies, however, have failed to comply with parity and are refusing to cover necessary wraparound services. As a result, individuals are being forced to either pay the steep premiums, seek costly secondary MassHealth insurance, or forgo treatment that may be necessary for the well-being of their child. Bill H.488, An Act to increase access to children’s mental health services in the community, will require private insurers to provide coverage for community and home-based behavioral health care services to children with mental health disorders by private insurance. Families under commercial insurance will have access to the same community-based services as those covered under MassHealth.

The Bill

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

Elevator Speech

Hello, our names are Maegann Stafford and Sage Rosenthal, and we are Brandeis University students with a sincere passion for mental health. It is the responsibility of the Commonwealth to ensure that all children, especially those with a serious emotional disturbance, have the opportunity to receive the services they need to live a meaningful life. We are concerned with the 79% of children in our country that do not receive treatment for their mental health disorders. About 1 in 5 children and adolescents experience symptoms of a diagnosable mental health disorder each year. By not providing this already vulnerable community treatment, we are placing them at an even greater life-threatening risk. Currently, private insurers do not cover “wraparound services” and the lack of coverage for these community/home-based services are forcing families to pay premiums or seek secondary MassHealth insurance. Community/Home-based services are a successful treatment option that allow children with serious emotional
disturbances to grow up at home with their families to achieve positive outcomes. We ask that the committee on financial services please vote Bill H.488 favorably from committee. Thank you.

Excerpts from the Storybook

Expert Testimony from Dr. Cunningham, Professor of Psychology at Brandeis University: “Research demonstrates that the earlier we provide support and intervention to children who are either at risk or already demonstrating evidence of a disorder, the better their long-range outcome.”

Expert Testimony from Courtney Chelo, Children’s Behavioral Health Project manager at the CMHC: “This money is getting spent either way, and it makes far more sense to spread it out, cents on the dollar, across a population covered by commercial insurers, rather than by having it shift to state and onto families in a really direct way.”

House Ways and Means Script

Good afternoon, and thank you for the opportunity to speak with you about an important mental health issue affecting our community. Our names are Maegann Stafford and Sage Rosenthal, and we are conscientious students of Brandeis University who desire to achieve positive change through our commitment to social justice. It is the responsibility of the Commonwealth to ensure that all children, especially those facing mental health challenges, have the opportunity to receive the services they need to live a meaningful life.

There is a Spanish proverb that says “De malen costumbres nacen buenas leyes,” meaning all the good laws are originated from bad customs, and it couldn’t be more truthful.

Under the Massachusetts Mental Health Parity Law, insurers are required to provide the full range of inpatient, intermediate, and outpatient services to its policyholders. Private insurance companies, however, have failed to comply with parity, and are refusing to cover necessary wraparound services. As a result, individuals are being forced to either pay the steep premiums, seek costly secondary MassHealth insurance, or forgo treatment that may be necessary for the well-being of their child.

Unfortunately, the ambiguity of the kinds of services considered “medically necessary” has created a loophole that private insurers have managed to exploit to evade their responsibilities and ultimately maintain their profitability.

This must be remedied, and can be remedied if you each commit to the principles of social responsibility and “ask what you can do.” You can support H.488: “An Act to increase access to children’s mental health services in the community.” Although it was voted into study by the Joint Committee on Financial Services, we fully expect the substance of the legislation to be incorporated into a larger bill on children’s mental health in the coming months. We’re confident because of the sheer magnitude of the problem, and the consequences of inactivity are severe. It’s simply not fair that families, taxpayers, and the Commonwealth should be overburdened because the insurance companies won’t pay their share. They need to be held accountable!

Community/home-based services have proven to be successful treatment option that allow children with serious emotional disturbances to grow up at home with their families to achieve positive outcomes. Courtney Chelo, Project Manager at the Children’s Mental Health Campaign said, “This money is getting spent either way, and it makes far more sense to spread it out, cents on the dollar, across a population covered by commercial insurers, rather than by having it shift to state and onto families in a really direct way.” She’s exactly right!

Opponents will claim that this mandated benefit will not reduce overall health care costs, but instead unduly penalize private insurance providers, and limit the freedom of employers to provide health benefits as they see fit. It has been estimated that insurers will pay an additional cost of $28.34 per member per month because of these mandates, and mandated benefits already account for roughly $2.1 billion (6.45%) of total medical expenses. However, there are a few flaws with these assumptions, so allow me to paint a more realistic picture of the situation. Healthcare costs have increased steadily over the past decades, and they don’t appear to be slowing down any time soon. So, sure, premium costs have risen, but they rise every year as healthcare continues to become more and more affordable.

What the insurance companies are misunderstanding is that the long-term benefits of offering mandated benefits to consumers, equates to improved preventative care and fewer costly emergency services. In terms of mental health, offering consumer and home based treatment options will minimize the need for costly hospitalizations and in-patient treatment facilities which are typically the first health access points in the event of a serious emotional disturbance. Businesses can reduce cost elsewhere or implement cost-sharing strategies whereas average, hard-working families are being forced to bare a significantly greater percentage of the costs. While I understand the dilemma of wanting to respect the interests of the business community, you were elected by the people and it is their interest you have sworn to protect.

Chairman Sanchéz we’re familiar with your past efforts for healthcare equality, such as H.622 and H.2222, and we ask that you continue to be a champion of mental health issues. Additionally, we ask that you please persuade the
committee to both support and follow the substance of H.488, as it evolves or is incorporated within other health reform legislation. It is imperative that you continue honoring your civic duty and protect those who are most vulnerable, especially since their vulnerability is often magnified by other confounding factors such as their race, ethnicity, age, gender, or socio-economic status.

We sincerely appreciate you taking time from your busy schedule to hear our perspective on this important issue.

**Letter to the Legislator**

We were happy to hear your speech at the end of January about your commitment to mental health issues in early childhood in the remaining few months of the legislative session. As your team works on the remaining legislative bills, we encourage you to include bill H.488, “An Act to increase access to children’s mental health services in the community.”

This legislation is not only close to our hearts, but to all those families who are suffering without mental health service coverage for their children. Currently, children of the Commonwealth with private insurance cannot easily access community-based services such as outpatient therapy, mobile crisis intervention, in home therapy, and other services. Children under MassHealth insurance are already able to receive these services, but families under commercial insurance are forced to either go without care, or pay for “secondary” MassHealth insurance to obtain these critical services.

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, because without the appropriate treatment, children may experience delayed development.

Not only will this legislation help provide necessary services for children to live a meaningful life, but also in long-term, this bill will be cost-saving. By providing wraparound home-based care to children, there will be an increased emphasis on preventative care that will ultimately minimize hospitalization. Therefore, commercial insurers should welcome the opportunity to decrease the need for costly hospitalizations.

Despite this problem having major consequences to family, Massachusetts is already providing these services through MassHealth. It is about time that private insurance companies catch up to MassHealth, and unburden both the state and families in the Commonwealth. We ask that you recognize the immense burden these families face daily in maintaining their children’s lives, and include bill H.488 to the remaining legislation regarding children’s mental health.

**Campaign Journal**

**Sage**

**Meeting with Chairman Senator Eldridge’s office**

Maegann and I went to the joint committee of financial services office to try and gain some insight as to why this piece of legislation was sent to study. We were hoping that this information will either help us fight to push this bill forward in other legislations through understanding its flaws, or fighting the opposition money conversation. We spoke with the scheduler and staffer who sat at the front desk. He unfortunately did not work directly with our piece of legislation, but he was able to provide us with some insight and a further connection in the committee that we had a later meeting with.

He explained that Senator Eldridge, Chairman of the Joint Committee of Financial Services, very much supports children mental health bills and provided this bill a “favorable report,” but it could have not been passed because of money or sometimes bills need more than one term to be pushed forward. We found out the reason this bill was not voted out favorably was because the House Chairman of the Joint Committee would not agree to move this legislation forward.

Through this meeting we gained some insight on what happened to our bill, and created a new connection with Ryan Gelman who is a Legislative and Budget Director in the office of Senator James B. Eldridge. We later connected with Ryan via email and scheduled a meeting with him for our next State House visit on Wednesday 3/28. Both of these meetings became instrumental in the remaining weeks we had in this class. I felt both men were incredibly willing to help and hear us out, as well as provide advice.

**Updates**

As of July 18, 2018, the bill had been sent to study. See H.4778.