

June 26, 2023

The Honorable Senator Paul R Feeney, Chair
Joint Committee on Financial Services
State House Room 112
Boston, MA 02133

The Honorable Representative James M. Murphy, Chair
Joint Committee on Financial Services
State House Room 254
Boston, MA 02133

Re: In Support of H989 and S610: An Act for supportive care for serious mental illness

Dear Senator Feeney, Representative Murphy, and Members of the Financial Services Committee:

I am writing as a parent of a son with schizophrenia and an independent mental health advocate. I have come to this new career to help families like mine have a better outcome. Had these programs been covered by commercial insurance, my son might have had the opportunity to recover rather than cycle in and out of hospitals continually worsening his condition.

Insurance companies are taking "two bites at the apple" when they require evidence-based practices but limit coverage to those parts of the practice they deem medically necessary. Coordinated Specialty Care (CSC) and Assertive Community Treatment (ACT) have a substantial body of research demonstrating that they work. ACT has been researched for over 50 years and CSC for over 15 years. The key ingredient in these programs is the multi-disciplinary TEAM that can meet people where they are – both in terms of their needs, but quite literally in the spaces where they live.

The current insurance practice of only paying for the pieces of the team that meet their criteria as medical under fee-for-service leave critical components of what delivers the actual evidence out of the program. Programs are left scrambling for funding from various sources: grants, private pay, the Medicaid Mental Health Block Grant. Not only do these approaches mean the integration of the team-based services are sprinkled around rather than cohesive, but a tremendous amount of energy is also spent by teams and their administrative staff chasing the funding and plugging the holes. That time and energy would be much better spent on helping their program participants.

We are talking here about young people. Psychosis typically onsets in teenagers and young adults aged 16-22. Without these types of programs being available, many individuals, like my son, cycle in and out of the hospital from crisis to crisis. Family members are left to watch helplessly as their child suffers without adequate care, losing more ground with each episode of illness. Not requiring commercial insurance to cover CSC and ACT programs, at a team-based rate, is a parity issue. We would not truncate services in this manner in physical health situations. Our medical system does not operate in this way for cancer, diabetes, or a heart attack. For all of these illnesses follow up and supportive care is provided to ensure an individual has the best possible outcome and focuses those supports on avoiding repeated hospitalizations.

When young people cannot access care as dependents on their parents' health insurance coverage, they end up getting treatment in **taxpayer-funded programs** usually after a substantial delay. As they live with untreated psychosis, they often lose their community, developmental and economic supports – friends, school, jobs – and consequently experience interactions with law enforcement, incarceration, homelessness, and increased utilization of social services. Not only do these interactions deplete state and local budgets, but they also result in a deterioration of the individual's condition, create functional disability, and necessitates more intensive treatment to achieve recovery. The longer these young people go without adequate treatment, the more likely they are to be chronically unemployed, have comorbid medical conditions, lose cognitive capabilities, and be enrolled in Medicaid and disability programs. This all comes at a cost to taxpayers that could have been avoided if health insurers were required to cover these comprehensive treatment programs at the onset of a crisis.

Expanding coverage by commercial insurance carriers to include evidenced-based treatments for individuals dealing with psychotic illnesses is shown to advance recovery and improve quality of life at less cost to insurers than the current practice of paying only for acute care. These young people are on their parents' insurance until age 26! Delaying this necessary care until after age 26 when the individual will pass onto the public sector-funded programs is both **cruel** and **not cost effective**. Insurers are passing the cost of treating psychosis to the taxpayer, but they are also delaying appropriate care for these young people.

For the wellbeing of our young people in the Commonwealth dealing with serious mental illness, I urge you to report favorably on **H989/S610** to provide the supportive care our loved ones and family members deserve.

Thank you for your consideration,

Monica Luke
Mental Health Advocate
Somerville, MA 02144
mhpolicy.org