The Massachusetts Medical Society (MMS) is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, for a better health care system, and on behalf of physicians, to help them provide the best care possible. The Medical Society believes that the enjoyment of the highest attainable standard of health is a basic human right. Treating mental health care differently or less than physical health undermines this principle, endangers patients, and perpetuates stigma that our entire health care system has worked tirelessly to overcome.

Patients in Massachusetts enjoy strong legal protections to ensure parity between their coverage of physical and mental health care through both federal and state mental health parity laws. Despite the existence of laws requiring parity in coverage, mental health care services for too long have remained second class to physical health. The Medical Society shares growing concern that a lack of enforcement of these laws has inhibited the realization of mental health parity that many of these laws sought to achieve upon their passage. We believe H.1041/S.675 is an important step forward in assuring strong mental health parity in the Commonwealth.

These identical bills would not amend existing mental health parity laws; rather, they would increase reporting by health insurers of information that would more easily allow for enforcement of violations of existing mental health parity laws, and would require the Division of Insurance, the primary authority of enforcement of these laws, to comprehensively enforce these laws and report on the results.

As we move further in time past the initial passage of mental health parity legislation, many of the most obvious examples of mental health parity violation have been corrected. What remains of potential mental health parity violations is often thought to involve the nonquantitative aspects of mental health coverage that are less obvious and less easy to prove. This legislation is important as it prompts the disclosure of information that can help detect these softer, more nuanced violations that still have a detrimental impact on patient access to comprehensive mental health care.
As the entire health care system works to make strides to improve the provision of comprehensive, integrated behavioral health, it is important that we continue to ensure that mental health parity laws are enforced to their fullest potential. Giving the state additional tools to monitor and enforce compliance with parity laws is a significant step toward removing barriers and improving access. For these reasons, the Massachusetts Medical Society urges favorable reporting of H.1041/S.675.

Additionally, it is the Medical Society’s goal that all people will achieve optimal health and wellbeing through patient engagement and improved health literacy, and equal access to timely, comprehensive, affordable, high-quality, integrated health care throughout their lives. To that end, MMS supports efforts to integrate behavioral health care to improve access. Quality mental health treatment can be difficult to access – often people engage with the primary care provider, but are unable to access appropriate behavioral health care for multiple reasons, including long wait lists or shortages of mental health providers, as well as inadequate mental health provider networks. A collaborative care model provides timely access to effective mental health care in primary care with a care team led by the primary care provider (PCP), including a behavioral health care manager and consulting psychiatrist. Patients further benefit from receiving care in collaborative care models through improved coordination between primary care and behavioral health care providers. H.1057 would improve access to behavioral health care by requiring insurers to provide reimbursement for mental health and substance abuse disorder benefits that are delivered through the psychiatric collaborative care model. While several carriers and the MassHealth program have begun reimbursing billing codes used in this model, this legislation will help facilitate comprehensive adoption of the collaborative care model by providers by requiring such coverage across all carriers. For these reasons, MMS also urges a favorable reporting of H.1057, An Act Relative to Collaborative Care.