

July 18th, 2023

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

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

RE: Testimony in Support of H989/S610 - An Act for supportive care for serious mental illness

Dear Chair Feeney, Chair Murphy, and Members of the Joint Committee on Financial Services,

I am writing to express NAMI Massachusetts' strong support for **H.989/S.610**, *An Act for supportive care for serious mental illness*. This bill highlights the urgent need to address the challenges faced by individuals with untreated psychosis and their families in accessing comprehensive treatment programs.

NAMI Massachusetts is a grassroots nonprofit whose base includes individuals with mental health conditions, their families, and caregivers. We witness firsthand the obstacles encountered in our mental health system and the challenges faced in accessing appropriate and effective treatment. That is why we advocate for comprehensive and evidence-based care to ensure the well-being and recovery of those living with mental health conditions.

H.989/S.610 is a necessary step toward improving mental healthcare in our state. By requiring commercial health insurers to cover Coordinate Specialty Care (CSC) and Assertive Community Treatment (ACT) programs for individuals with untreated psychosis, we can address critical gaps in the current system and provide individuals with the comprehensive and specialized care they require during a critical period of their lives.

A first episode of psychosis (FEP) refers to the initial occurrence of symptoms, which can manifest at any age, but are most prevalent in late adolescence and early adulthood. Without a treatment team or a care plan, many individuals cycle in and out of the hospital from crisis to crisis, derailing their social, academic, and vocational development. Often, our NAMI Mass family members are left to watch helplessly as their child suffers without adequate care, losing more ground with each episode of the

illness. Even very short treatment delays- i.e., less than a week- can substantially decline functional outcomes.¹ As a state, we must address the coverage gaps in private insurance to achieve robust implementation of CSC and ACT for FEP.

Research proves that CSC and ACT programs reduce hospitalizations, improve functional outcomes, enhance quality of life, and increase social and vocational engagement.² Thus, timely intervention with CSC and ACT programs at the onset of a crisis is crucial in preventing further deterioration and improving long-term outcomes for individuals experiencing FEP. Mandating insurance coverage for these programs empowers individuals to access the care they need and deserve.

Early intervention through CSC and ACT programs has shown to be a cost-effective preventive measure. By addressing psychosis in its early stages, we can significantly reduce repeated hospitalizations and ineffective treatment, thus lowering the financial burden on individuals served. People living with serious mental illness (SMI) annually accrue about \$10,400 in average excess medical costs.³ McLean's Program of Assertive Community Treatment costs *at least* \$5,000 monthly.⁴ When 26% of Northeasterners don't even have emergency savings,⁵ this cost can seem an insurmountable barrier. Insurance coverage for these programs aligns with the best interests of both individuals and the state's fiscal responsibility. The Department of Mental Health (DMH) currently provides financial support for all existing CSC programs in the Commonwealth because private insurance does not cover these programs. This leads to large caseloads, overworked employees, and mediocre support, which delays treatment at taxpayers' expense. Enacting H.989/S.610 would help to prevent these costly interactions with public agencies and service systems that strain state and local budgets.

The lack of insurance coverage for CSC and ACT programs exacerbates the inequities and injustices present in our healthcare system. It particularly affects low-income families who cannot afford out-of-pocket expenses. Chloe Pedalino, LICSW, the program director of PACT at McLean, emphasizes that "those who could benefit most may not always have access" and that "private PACT offerings can be cost prohibitive to many people with psychotic disorders."⁶ While philanthropy has thankfully allowed McLean's PACT to expand their reach into underserved communities, mental health care should not be reliant on the charity of the rich. This perpetuates systemic inequities and underscores the urgent need for comprehensive insurance coverage to ensure equitable access to evidence-based treatment for all individuals, regardless of their socio-economic background. By mandating coverage, we ensure equal

¹ HARRIGAN, S., MCGORRY, P., & KRSTEV, H. (2003). Does treatment delay in first-episode psychosis really matter? *Psychological Medicine*, 33(1), 97-110. doi:10.1017/S003329170200675X

² Bach P, Gaudiano BA, Hayes SC, Herbert JD. Acceptance and commitment therapy for psychosis: intent to treat, hospitalization outcome and mediation by believability. *Psychosis*. 2013;5:166–174. doi: 10.1080/17522439.2012.671349.

³ Cloutier, M. & Aigbogun, M. & Guerin, A. et al (2016). The Economic Burden of Schizophrenia in the United States in 2013. *The Journal of Clinical Psychiatry*. 77. 10.4088/JCP.15m10278.

⁴ <https://www.mcleanhospital.org/treatment/pact>

⁵ Bankrate emergency savings report, May 19-22, 2023. <https://www.bankrate.com/banking/savings/emergency-savings-report/>

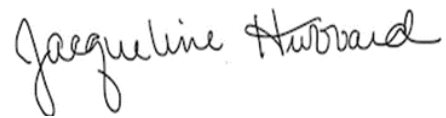
⁶ <https://www.mcleanhospital.org/news/hospital-without-walls-individuals-chronic-mental-illness>

access to evidence-based treatment for all, honoring mental health parity laws and striving for a more equitable society.

I urge you to report favorably on H.989/S.610. This bill gives Massachusetts the chance to offer timely, life-saving care that addresses issues of financial burden and equity in healthcare. We have the chance to provide comprehensive and compassionate care, ensuring that no one is left behind or lost on their journey to recovery.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Jacqueline Hubbard". The signature is written in black ink and is positioned above the typed name.

Jacqueline Hubbard, Esq.
Deputy Director of Policy, Advocacy, and Communications
NAMI Massachusetts