



Tuesday, September 9th

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: Testimony in Support of H.1135/S.709: An Act for supportive care for serious mental illness

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

I am writing to express NAMI Massachusetts' strong support for **H.1135/S.709**, *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 Mass 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.1135/S.709 is a necessary step toward improving mental healthcare in our state. By requiring commercial health insurers to cover Coordinated 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.1135/S.709 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. Until carriers are required to include coverage for CSC & ACT in benefits handbooks and include providers in their network, the absence of standardized billing mechanisms and adequate reimbursement structures continues to make it difficult for providers to offer these programs consistently. As a result, access is often limited to people who can pay out of pocket or who benefit from philanthropic support. Mental health care should not depend on the charity of the wealthy. This reliance 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 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.1135/S.709. This bill gives Massachusetts the chance to offer timely, life-saving care that addresses issues of financial burden and equity in healthcare. We have

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>

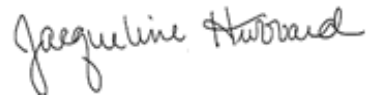
⁵ Bankrate emergency savings report, May 19-22, 2023.

<https://www.bankrate.com/banking/savings/emergencysavings-report/>

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".

Jacqueline Hubbard, Esq.
Deputy Director of Policy, Advocacy, and Communications
NAMI Massachusetts
331 Montvale Ave
Suite 200
Woburn, MA 01801
(617) 580-8541