

**Testimony before the New York State Partnership for Coverage
Public Hearing
December 5, 2007 – SUNY College at Old Westbury, New York**

**presented by Dr. David Byrom for the
*National Coalition of Mental Health Professionals and Consumers***

Hello. Thank you for conducting these hearings and for moving forward the critical work of how New York will achieve quality, affordable, and fully accessible health care for everyone. Thank you for this opportunity to testify. My name is Dr. David Byrom. I am representing the National Coalition of Mental Health Professionals and Consumers. We are a national grassroots organization of consumers, interdisciplinary mental health and substance abuse care professionals, and consumer advocates. I serve on the Board as Immediate Past President. I am also a practicing clinical psychologist in Suffolk County, New York, with over 40 years of working as a clinician, as a teacher and consultant, and as an advocate, in public and private sectors, in communities and in agencies.

The National Coalition is an educational foundation and an advocacy organization committed to the preservation of confidentiality, integrity, and quality care for all, accessible to all, to the consumer's rights to choice, personal privacy, and control over treatment decisions. We work in the fight for solid reforms in financing and delivery of the health care to guarantee quality mental health and substance abuse care.

We work on shared missions with many public interest advocacy groups, both in the health care justice movement and in the professional associations) e.g., the New York State and Suffolk County Psychological Associations, who testified before you on the crises existing for the practitioners and the public in our state.

We are a sponsor of Rekindling Reform, whose testimony (on September 5th) we want to emphatically commend to you. We endorse the "Principles for a Universal Health Care System in New York State," appended to the Rekindling Reform testimony.

The National Coalition addresses the ways in which managed care organizations, and the insurance industry as a whole, negatively impacts patients and professionals in mental health care, blocks access to care, very often greatly increasing distress, and promoting - rather than abolishing - profoundly damaging stigma. We have been working for the past 15 years to promote a mentally healthy nation where those who suffer from mental and emotional disorders are treated fairly and humanely, and where admitting to treatment for mental and emotional distress is no longer stigmatized.

America's political leadership has so far failed to address this very challenge in the ways which could be necessary and sufficient to bring about the accessibility of quality affordable health care for all. We have recognized from the outset the potential value of your effort, the great opportunity for solid and genuine reforms which would benefit all in our state and add a model for the nation of everyone in New York having unimpeded access to quality affordable health care.

We are fully aware as well of the potential misuses of your valuable work by powerful interests that are vested highly in only self-serving, profit-making changes. By beginning with the public engagement represented by these hearings, and the State's commitment to a transparent process, the potentials for highjacking this process by special interests can be minimized. Your work will hopefully accelerate the potential for change that we see as glimmers of hope, and, of genuine opportunity in some national and state political leadership.

We want to work with you and the Governor, and other New Yorker's sharing this mission over the coming months and years. The National Coalition is particular committed to make sure that mental health and substance abuse care is not relegated to a low priority service. We want to discuss with you what constitutes an adequate mental health and substance abuse care benefit – as always, “the devil is in the details.”

The decades-long propaganda by the drug and insurance industries, the marketing of drastic rationing of mental health and substance abuse care services, and of the “great values of ‘managed care’ and ‘quick fixes’ by drugs” has profoundly distorted the thinking of the public and of elected officials about these very essential details, and has led to the further stigmatization and marginalization of mental health and substance abuse conditions in America. Pervasive damage has been done to the public, and to the practitioners and to the community agencies and facilities who serve the public.

I will now summarize the key points of the National Coalition's “White Paper - Essential Elements of Mental Health and Substance Abuse Care,” (appended to this testimony).

As professionals and consumers we are enmeshed in a context of many dysfunctional U.S. health care payment plans. These plans require major changes to allow services and financing that meet human and economic need without overregulation, waste, fraud, or excessive profit-taking.

Proposals to change healthcare economics must include specific elements that protect access, choice, privacy and quality in mental health and substance abuse services. The changes must be both pro-consumer and pro-clinician while being mindful of costs.

These key points have been prepared by the National Coalition as a service to policy makers at all levels of the health care change process.

Access

- There must be no discrimination between availability for physical and mental health care. Availability and continuity of services should not be contingent on people's place of employment.
 - Any barrier or process that denies people access to mental health and substance abuse services drives up medical care spending, destroys lives, hurts families, damages workplace productivity and increases crime.
- Proposals for improvement in health care must assure that mental health and substance abuse services include:

- Consumer choice of professionals, treatment settings, types of treatment.
- Wide range of services for all populations.
- High quality, coordinated care for vulnerable populations via integrated community networks, and local community control of these networks.
- Consumer choice of forms of payment for mental health and substance abuse services:
 - No discrimination against those who self-pay; no insurance contract, or government regulation should prohibit people from private purchase of mental health and substance abuse services.
 - If people use insurance to help cover the costs of services, the provisions of those insurance contracts should be explicit and have full medical parity, i.e.
 - not subject to reviewers' definitions of "medical necessity" or any management, limitation or restriction that does not also apply to other medical benefits under that contract.
 - to prevent discrimination between physical and mental health services, there should not be any separate deductible, nor separate annual or lifetime limits, for mental health and substance abuse services.
 - Third party payments to providers of mental health and substance abuse services should be equitable for the services rendered.
 - Driving down payment for mental health and substance abuse services results in limiting consumer choice because practitioners and facilities either leave third party payment systems or are driven out of business.
 - Payments based on diagnoses without regard for their severity often lead to under-treatment. A system that does not allow for extended treatments based on severity of diagnoses hurts the consumer.

Choice

- Effective mental health and substance abuse care requires an informed population, qualified practitioners and facilities; with treatment choices that are appropriate to the individual, or family, seeking services.
- Proposals for improvement in health care must assure that mental health and substance abuse services include:
 - Strategies to inform consumers about mental health and substance abuse treatment alternatives; the effectiveness and limited risk of talk therapies and psychosocial interventions; effectiveness and risks of prescription medications.

- Consumer choice over all aspects of mental health and substance abuse services, the treatment setting, the type and length of treatment and the treating practitioners and facilities.
- Consumer choice about whether to seek mental health and substance abuse services.
- Provisions that, when mental health and substance abuse services are mandates of courts, government agencies or the criminal justice system, the involuntary consumer should have as much choice as possible over the treatment setting, the type of treatment and the treating practitioners and facilities.

Privacy

- People own their personal health information. Proposals for improvement in health care must assure that mental health and substance abuse services include:
 - Consumers right to control who has access to their information, wherever and however it is kept. Exercise of the right to privacy should not effectively result in denial of services.
 - Regulation that personal details about mental health and substance abuse services which may be disclosed for purposes of payment shall not be maintained in the record or further disclosed by the payer.

Quality

- Quality of mental health and substance abuse services is primarily based in the training of the professionals and paraprofessionals providing service. Adequate local and regional facilities for intensive out-patient and inpatient treatment of mental health and substance disorders are also essential.
- Proposals for improvement in health care must assure that mental health and substance abuse services include:
 - Treatment methods and processes that are informed by qualified professional education, training and research, not invasively regulated by legislators or third party payers.
 - Availability of a range of clinicians each qualified by appropriate training in mental health and substance abuse specialties and sub-specialties.
 - Recognition that payment systems that are based on clinician's degrees reward those who end formal training and punish those who continue to improve their skills and knowledge base. A system that discourages advanced training eventually hurts the consumer. A relatively fair system to encourage clinicians to continue advanced training would set reimbursement by health plans at a fixed amount for specific services with copays negotiated by clinicians and patients on a sliding scale basis.
 - No "fail-first" requirements or excessively high co-payments before consumers can use the newest or most effective medications. (This can be dangerous particularly for people with acute or chronic serious mental illnesses.)

- Availability of inpatient and intensive-outpatient settings appropriate to the care of those who cannot function safely in the community; separate units or programs for adults, children, adolescents, the elderly, and those with addictions and physical disabilities which complicate treatment. Such settings should be situated locally, to facilitate support and treatment involvement of family and friends.
- Availability of the full range of mental health and substance abuse treatment methods, without restriction to artificially brief, symptom-focused or problem-focused models. As with innovations in medical care, quality of mental health and substance abuse services requires respect for new understanding in human development, behavior and functioning.
- Policies that encourage innovation and improvement of services and service delivery.
- Recognition that claims for specific treatments as “evidence based” frequently fail meta-analytic scrutiny and may be biased by their source of funding and the limitations of the research process itself. (For decades, the brief, solution-focused therapies have gotten grants for research since those therapies fit into the most used research protocols while several forms of therapy supported by patients and the community of therapists are not given grants because they cannot be manualized or standardized and because they would require long-term studies.)
- All funding sources for research, authors, and journals that support claims for the benefits of specific treatments must be fully disclosed.

Thank you for your consideration of this testimony,

National Coalition of Mental Health Professionals and Consumers

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