



Testimony Neither For nor Against

LD 1304, Resolve, to Establish the Task Force to Study Barriers to Achieving Behavioral Health Integration and Parity

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As Maine's only nonprofit CO-OP health insurance company, we exist for the benefit of our Members and our mission which is to provide affordable, high quality benefits that promote health and wellbeing. Community Health Options has always worked to remove barriers to behavioral health care for our Members and are fully committed to the letter and spirit of state and federal mental health parity requirements. As evidence of this commitment, until the Clear Choice standards became law, our plans offered the first three behavioral health visits each year on a first dollar coverage basis (i.e., no cost sharing) to our members. We recognize the critical importance of behavioral health care and are committed to being a partner in ensuring access to our Members and all Maine people.

We listened carefully to the testimony of behavioral health providers and health systems to understand the concerns behind this bill and its focus on private health insurance barriers experienced by providers. We noted their concerns regarding cost sharing for behavioral health care, reimbursement rates and prior authorization and credentialing processes as recurrent themes. We also noted, as you repeatedly heard at the public hearing, one of the biggest challenges to access to behavioral health care in Maine, is the lack of providers across provider types from professional counsellors to psychiatrists to inpatient facilities.

We believe it is critical that the full range of barriers be addressed if we are to truly seek integration of behavioral health and achieve mental health parity. **We strongly urge the committee to:**

- 1. broaden the scope of this bill to ensure the taskforce examines all of the major barriers faced by Maine people in accessing behavioral health care including:**
 - a. workforce shortages,**
 - b. inpatient facilities/beds shortages,**
 - c. public payor reimbursement rates and administrative burdens, and**
 - d. barriers stemming from private insurance carriers.**

- 2. review two new laws that the HCIFS committee endorsed just last year that addressed cost sharing parity and credentialing concerns and request the Bureau of Insurance brief the committee regarding these new laws and all of the work they and carriers have done to implement these new laws.**



Suggested Amendments

The bill currently focuses narrowly on barriers experienced by providers from private health insurance administrative requirements and reimbursements. As the committee is aware, the state regulated insurance market provides health coverage to less than 30% of Maine people. We don't believe the barriers to access to behavioral health care can be solved by such a narrow focus.

We recommend amending Section 5. Duties of the bill to include evaluating and making recommendations to address the following:

1. barriers presented by a lack of the various types of licensed behavioral health providers needed to adequately serve our population and set a goal for the approximate number of providers needed in various regions of our state.
2. barriers presented by the lack of inpatient capacity for mental health and substance use treatment.
3. barriers presented by the lack of behavioral health providers willing to accept MaineCare rates.
4. barriers presented by the lack of behavioral health providers willing to be part of health insurance networks.
5. the sufficiency of reimbursement rates by public and private payors to providers and inpatient facilities
6. barriers presented by administrative requirements such as credentialing, prior authorization, and MaineCare program requirements.

We recommend amending Section 2. Task force membership so that the taskforce includes representatives from all of the stakeholders involved including consumers, providers, and payors. From the payor communities, we believe it is important to include:

1. A representative from the Office of Maine Care
2. A representative from a carrier who offers insurance in the individual, small group and large group markets; and
3. A representative from a purchaser/self-insured organization

New Laws

LD 1822: Cost sharing parity between primary and behavioral health care

Last year, the HCIFS Committee considered and unanimously endorsed LD 1822, An Act To Improve Access to Behavioral Health Services by Limiting Cost Sharing by Insurers sponsored by Representative Victoria Morales. This bill became law last year ([PL 2021 c. 683](#)), with certain provisions only taking effect as plans renew in 2023. We urge the committee to review this new law and consult with the Bureau of Insurance regarding their implementation through market conduct exams and mental health parity reporting by carriers.

To validate carrier compliance with mental health parity laws, the Bureau of Insurance, in the fall of 2022, required carriers to submit a comparative analysis including written responses along with associated data as evidence for mental health and substance use disorder benefits as compared to how carriers design and apply medical and surgical benefits.



The reports from each carrier provide detailed data and responses so that any potential barriers or discrepancies between behavioral health benefits as compared to medical and surgical benefits will be detected. If discrepancies are noted, it is expected, pursuant to [24-A MRSA Section 4320-T](#), that the Bureau of Insurance would take enforcement action.

LD 1196: Credentialling

Also last year, the HCIFS committee tightened the timelines regarding credentialling in L.D. 1196, An Act Regarding Reporting on Spending for Behavioral Health Care Services and To Clarify Requirements for Credentialling by Health Insurance Carriers sponsored by Representative Sam Zager. This bill also became law last year ([PL 2021 c. 603](#)) and addressed concerns that credentialling decisions were taking too long, especially during the COVID pandemic. During consideration of this bill, it was noted that [Chapter 850](#) of the Bureau of Insurance regulations requires carriers to independently verify certain information such as license status, hospital privileges, etc which was not required in other states and was adding to the length of time to credential providers. Hence, the Committee included in LD 1196 unallocated language directing the Bureau of Insurance to:

review the requirements in Bureau of Insurance rule Chapter 850, Health Plan Accountability, related to the verification of information on credentialing applications from health care practitioners and determine whether amendments must be made to the rule's requirements in order to improve the ability of carriers to make a credentialing decision within the 60-day period in accordance with the Maine Revised Statutes, Title 24-A, section 4303, subsection 2, paragraph D without an impact on quality standards or accreditation standards.

Our Behavioral Health Practices

Reimbursements: Health Options values the importance of equal access to behavioral health treatment of Mainers. This includes equitable reimbursement for behavioral health providers in keeping with other providers.

Our Network: We maintain a robust Behavioral Health provider network and do not limit the number of providers in our network. Given the shortage of behavioral health specialists in Maine, if a member cannot identify an in-network provider or facility, we work to facilitate the member's access to care with an out of network provider.

Cost-sharing: Health Options complies with the standard co-payments as determined by the Bureau of Insurance Clear Choice design standards and in compliance with cost sharing parity required by LD 1822. As noted above, prior to these requirements in law, Community Health Options went above and beyond state and federal requirements to provide the first three behavioral health visits each year with no cost to our members.

No prior authorization for office visits: Health Options does not impose limits on the number of visits or prior authorizations for behavioral health office visits.

We appreciate the Committee's consideration of our comments.