



# Clinicians **UNITED**

for affordable, accessible mental health services

## **S614: An Act to promote the accessibility, quality and continuity of care for consumers of behavioral health, substance use disorder and mental health services**

*Our Commonwealth has some of the highest numbers of mental health clinicians in the country. So why do Massachusetts residents face such significant barriers to accessing mental health care?*

### **THE PROBLEM**

Commissioned by Clinicians**UNITED**, the University of Massachusetts Donahue Institute conducted a study of independent mental health clinicians statewide. The goal was to gain a quantifiable sense of the challenges clinicians and their clients face. What we found in this survey was that — even as a state that has had Mental Health Parity in place for almost a decade — significant barriers to access, both to mental health and substance abuse care, persist throughout the commonwealth.

*These barriers include:*

- Clients' inability to find a clinician who accepts their insurance and has openings
- Denial of coverage by insurance companies because of a perceived lack of medical necessity
- Requirements for clients to receive prior authorization from a medical provider to utilize mental health care coverage

Independent mental health clinicians are contracted on a fee-for-service basis with insurance companies to provide mental health services. Over the years, reimbursement rates for these vital treatments have fallen well behind the actual costs of increased costs of living. Because of this, clinicians have been caught in the lurch between providing needed assistance and care, and their own ability to earn a living.

Clinicians are forced to make hard decisions: Should we leave insurance panels altogether? Take more clients that can pay out-of-pocket? In the end, Massachusetts families suffer by losing access to much-needed and already hard-to-find mental health services. Clinicians**UNITED** aims to address this critical shortfall and inequity in our health care system.

### **CRITICAL CHANGE NEEDED**

As currently interpreted, anti-trust laws bar independent mental health clinicians from banding together to negotiate with insurance companies on behalf of ourselves and our clients. This affects not only the reimbursement rates received for delivery of care, but many other aspects of their work as well. Strangely, the law views insurance companies as vulnerable consumers, and 'protects' these major corporations from having to fairly negotiate with clinicians. Clinicians**UNITED** has filed state legislation to address this issue and place important health decisions back in the hands of clinicians and clients.

## SENATE BILL 614

S614 will address many of these challenges by creating state action immunity for providers who choose to engage in joint negotiations with insurance providers on issues such as:

- reimbursement rates
- the determination of medical necessity
- other conditions of coverage
- other legislatively established subjects relevant to the quality and accessibility of behavioral health services.

Clients and providers currently have no substantive way to advocate for themselves without fear of legal ramifications. Anti-trust immunity grants clinicians the ability to negotiate terms of their contacts with insurance companies and address the serious barriers that prevent clients from receiving the care they need.

Under the current system, clinicians must advocate in silos — instead of as a collective group. For example, a clinician can appeal a claim denial to an insurance company, but there is no real leverage for insurance companies to engage with them in any way. In the absence of productive dialogue, the same issues repeatedly surface, and insurers continue practices that have known adverse effects.

With anti-trust immunity, clinicians who work on common insurance company panels would be able to negotiate terms collectively. These voluntary groups would be able to negotiate a variety of administrative policies that directly affect clinicians' practices and the care that their clients receive — including reimbursement rates, medical necessity, timely filing and prior authorization.

With collectively-negotiated contracts, clinicians for the first time would be directly involved in setting the terms of their agreements. The result would be a positive step toward ensuring that clinicians stay in the field, that clients receive appropriate care, and that the access and parity mandated by the legislature becomes a reality.

This legislation will also establish a *Behavioral Health Insurance Contract Review Board*, which will provide state supervision of joint negotiations. The bill will guarantee freedom from retaliation for engaging in joint negotiations and establish legal remedies for violations of anti-retaliation provisions.

**For more information about S614, contact Melody Hugo, CliniciansUNITED  
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*CliniciansUNITED is a multidisciplinary group of behavioral health clinicians who are associate members of the Massachusetts Human Service Workers Union, SEIU Local 509. Together, we are fighting to ensure each and every Bay State resident has access to quality, affordable mental health services — and to bring about the fair reimbursement policies and practices needed to make universal access possible.*

