



THE FIGHT FOR PARITY

By: Adina Genn, February 2, 2018, Long Island Business News

On Long Island, a mother with “Cadillac level” medical benefits struggled to get her child counseling when all of the professionals she called on the North Shore said they don’t take insurance. A father with equally good medical coverage resorted to driving upstate to get his child therapy for the same reason.

These scenarios are not unique, as revealed in a yearlong study produced by North Shore Child Family Guidance Center, a children’s mental health agency headquartered in Roslyn Heights. Through its initiative, “Project Access,” the organization is exploring the challenge of providing timely, affordable mental health treatment and addiction care. It aims to pinpoint obstacles to accessing care and bring about change.

“The landscape for providing community-based mental health and addictions care has changed dramatically during the last decade,” said Andrew Malekoff, executive director of North Shore Child Family Guidance Center. “At the same time that the New York State government has focused most of its attention on Medicaid recipients, middle class families with commercial health insurance have been all but brushed aside.”

Concerns about access to treatment come at a time of a growing need for care. More than 43 million Americans have faced a mental health challenge and more than 20 million grappled with substance abuse, while more than 8 million struggled with both. That’s according to “Pain in the Nation: The Drug, Alcohol and Suicide Epidemics and the Need for a National Resilience Strategy,” a joint study by Trust for America’s Health and Well Being Trust, which looked at figures from 2006 to 2015.

And while federal law established in 2008 requires insurers to provide the same level of mental health and substance abuse services as physical health services, that parity has yet to come to fruition.

SUBSTANDARD RATES OF REIMBURSEMENT

“Fewer and fewer providers accept commercial health insurance,” Malekoff noted. “Why? Because they pay substandard rates of reimbursement, well below the Medicaid rate.”

These findings are similar to those of other experts. According to a 2017 study by Milliman, a consultancy with expertise in the healthcare industry, medical and surgical providers received higher reimbursement rates than behavioral providers for comparable services. Those lower rates for behavioral providers, according to the study, led to “lower network participation by these providers,” making it difficult for people to access treatment, or to seek treatment out of network. In New York, the Milliman study found, patients were 5.8 times more likely to go out of network for care.

Out of 650 Long Islanders surveyed in the Project Access study, nearly 40 percent said their insurance providers did not have an adequate number of providers.

STATE SENATOR ELAINE PHILLIPS: 'WE NEED TO DEMAND CHANGE'

Almost half of the survey’s participants said it was more difficult to find help for mental health or substance abuse problems than finding help for physical illnesses, especially once in crisis. Two-thirds said their insurance company was not helpful when it came to finding care for themselves or a family member.

And nearly 40 percent of participants claimed that stigma and affordability were deterrents as they sought care. In addition, 23 percent said they felt that their efforts in trying to access care proved unsuccessful.

“I tried seeking mental health counseling but every time I tried getting help either my insurance wouldn’t be accepted or it was a long waiting time,” a Project

Access survey respondent said. This person “was scared at first” but ultimately did get needed care.

“Unfortunately we’ve seen a lot of lack of progress, a lot of noncompliance from the insurers and, in many cases, not enough enforcement by state or federal regulators,” Henry Harbin, an advisor to the Parity Implementation Coalition and former chief executive of Magellan Health Services, told Marketplace, a program produced by American Public Media.

A PUSH FOR CHANGE

Across the nation, leaders are pushing for change. For example, this week, former U.S. Rep. Patrick Kennedy was in Spokane, Washington, supporting mental health parity.

And on Long Island, leaders are asking Gov. Andrew Cuomo to launch a full-scale investigation of “network adequacy,” which requires that health insurers maintain adequate numbers of providers as a condition of their license.

“The Project Access report is a damning indictment of where we are with mental health and addictions care in our state today,” state Sen. Todd Kaminsky, D–Long Beach, said. “We’re not in the 19th or even 20th century. We have to do better.”

“We now have the data when we write to our government and state agencies,” said state Sen. Elaine Phillips, R–Flower Hill. “We need to demand change so people get the support they deserve.”

In January, Kaminsky and Phillips described Project Access’ “startling results” in a joint letter to Maria Vullo, the superintendent of New York State Department of Financial Services.

They said it is “imperative” that the state “conduct(s) a thorough investigation to determine why insurance companies are not being held accountable for network adequacy.” And, they added, “failure to properly treat mental health issues feeds into the opioid epidemic we experience in society today.”

As Malekoff explained in an email to friends and colleagues, the disparity “is a civil rights issue and a matter of life and death.”