

PROVIDE EARLY INTERVENTION FOR YOUNG PEOPLE EXPERIENCING PSYCHOSIS

H.1135 **An Act for supportive care for serious mental illness**
S.709 **(Rep. Marjorie Decker/Sen. John Cronin)**

THE PROBLEM

Individuals with severe and disabling mental health conditions or serious emotional disturbance are often hospitalized during an acute psychotic episode and given large doses of medication to be stabilized. Once discharged, these individuals and their families must figure out how to navigate the complex mental health system and are too often left on their own to find treatment and a path to recovery. Without establishing a meaningful connection to ongoing care, they risk cycling in and out of the hospital from crisis to crisis.

Additionally, individuals living with untreated psychosis often lose their community, educational, and economic supports (friends, school, employment) while simultaneously risking experiencing interactions with law enforcement, incarceration, homelessness, and increased utilization of publicly funded social services.

WHAT THIS BILL ACHIEVES

- Requires commercial health insurers to cover comprehensive treatment programs, specifically Coordinated Specialty Care (CSC) and Assertive Community Treatment (ACT), for individuals and children with untreated psychosis as a behavioral health benefit.
- Provides for better outcomes for the individual as coverage of these treatment programs at the onset of a crisis prevents clinical deterioration, functional disability, and the need for more intensive treatment to achieve recovery.
- Provides savings to state and local budgets by reducing interactions with public agencies and service systems.
- Reduces the overall cost burden for insurers. Commercial insurance benefits that focus on acute inpatient care¹ are the most expensive and least effective over the long term. Research since the 1970's shows that ACT is more cost effective than other types of care.²
- The RAISE study³ demonstrates that early intervention and access to care improves mental health conditions, just as early medical interventions and care improve physical conditions.

WHY THIS MATTERS

Currently, commercial insurers are passing many of the costs of treating psychosis to the taxpayer, which requires delaying appropriate care until the individual is eligible for public sector-funded programs. Expanding coverage by commercial insurance carriers to include evidenced-based treatments with wrap-around services and peer supports for individuals experiencing psychotic conditions is shown to advance recovery and improve quality of life at less cost to insurers than the current practice of paying only for acute care. In 2022, the Centers for Medicaid and Medicare Services issued billing codes for these team-based practices. This bill will allow the Commonwealth to take advantage of national efforts to expand access to these treatment modalities.

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¹ Blue Cross Blue Shield of Massachusetts Foundation. The Massachusetts Behavioral Health Care System - Slide 29. 2020. Available at: https://www.bluecrossmafoundation.org/sites/g/files/cspkhs2101/files/2020-09/MA_Behavioral_Health_System_Chartpack_Jan2019_FINAL.pdf

² Latimer, E. *Economic considerations associated with assertive community treatment and supported employment for people with severe mental illness*, J Psychiatry Neurosci. 2005 Sep; 30(5): 355–359.

Bond, G.R., Drake, R.E., Mueser, K.T. *et al.* Assertive Community Treatment for People with Severe Mental Illness. *Dis-Manage-Health-Outcomes* 9, 141–159 (2001). <https://doi.org/10.2165/00115677-200109030-00003>.

³ The NAVIGATE Program for First Episode Psychosis: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4490051/>