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October 17, 2023

The Honorable John Lawn  
Chair, Joint Committee on Health Care Financing  
24 Beacon Street, Room 445  
Boston, MA 02133

The Honorable Cindy Friedman  
Chair, Joint Committee on Health Care Financing  
24 Beacon Street, Room 208  
Boston, MA 02133

Submitted via [timothy.oneill@mahouse.gov](mailto:timothy.oneill@mahouse.gov)

Dear Chair Lawn, Chair Friedman, and Honorable Members of the Committee:

**Re: Testimony in support of S.760, *An Act relative to applied behavioral health clinic rates***

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for strong and steadfast leadership in advancing the health of people with behavioral health conditions and their families across the Commonwealth. I am writing to respectfully submit this testimony in support of S.760, *An Act relative to applied behavioral health clinic rates*, heard today by your Committee.

Formed over a century ago, MAMH is dedicated to promoting mental health and well being, while preventing behavioral health conditions and associated disability. We are committed to advancing prevention, early intervention, effective treatment, and research for people of all ages. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. This includes discrimination affecting not only people with behavioral health conditions, but also people who face unequal burdens and barriers to the protections and benefits of citizenship due to their race, ethnicity, gender identity, or disability status. MAMH has a demonstrated track record of furthering its mission by convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise to inform public policy, service delivery, and payment

methodologies.

S.760 amends the Division of Medical Assistance statute by dictating payment rates that MassHealth will pay and by requiring MassHealth to ensure particular rates of payment for behavioral health services in clinics, determined in comparison with rates paid outside of clinics.<sup>1</sup> The covered behavioral health services are evaluation, diagnosis, treatment, care coordination, management, or peer support of patients with mental health, developmental or substance use disorder.

The bill requires Mass Health to: (1) increase rates paid for these behavioral health outpatient services by 5%; and (2) ensure that rates paid to mental health clinics licensed by the Department of Public Health remain not less than 20% above rates paid for comparable services delivered by an “independent practitioner,” defined as a licensed independent clinical social worker.<sup>2</sup> These parameters are based on detailed analysis submitted by the Association for Behavioral Healthcare (ABH) to MassHealth in last year’s rate setting process. The difference in rates paid to clinics over solo practitioners is tied to the higher costs of providing care because substantially more functions, including services array delivered and services planning undertaken, are required of clinics. ABH has the referenced analysis.

There is a tremendous need for outpatient mental health services in Massachusetts. The COVID-19 pandemic has both increased need and sharpened our awareness of it. A 2022 Blue Cross Blue Shield of Massachusetts Foundation report found that 27% of Massachusetts adults surveyed reported needing behavioral health care for themselves over the previous 12 months. Yet, finding appropriate care is difficult. Blue Cross found that of those persons wanting behavioral health care, 26% did not receive any care and 31% received some care but were not always able to obtain an appointment for such care when needed.

Behavioral health clinics can help meet this demand. The Association for Behavioral Healthcare (ABH) estimates that the eighty community-based mental health and addiction treatment provider organizations that make up its membership (which includes many organizations that provide mental health clinic services) serve 81,000 Massachusetts residents each day.<sup>3</sup> And, these provider organizations are only a portion of the over 400 licensed mental health clinics in

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<sup>1</sup> The bill also applies to managed care entities, which are all contracted health insurers, health plans, HMOs, behavioral health management firms and third-party administrators under contract to a Medicaid managed care organization or primary care clinician plan, and ACOs.

<sup>2</sup> In addition, the bill requires MassHealth to review behavioral health service rates biennially, taking into consideration inflation, wage estimates, and provider costs due to existing or new government mandates.

<sup>3</sup> Association for Behavioral Healthcare, Who We Are, <https://www.abhmass.org/about-us/who-we-are.html>. The ABH members includes organizations that provide, in addition to mental health treatment, organizations that provide substance use treatment (bedded and ambulatory) and state-contracted services like Department of Mental Health Services, such as DMH respite and DMH Adult Community Clinical Services (ACCS).

Massachusetts. These community-based organizations are the primary providers of publicly-funded behavioral healthcare services in the Commonwealth.<sup>4</sup>

S.760 is essential to ensuring that behavioral health clinics can continue to meet the need for mental health services. The bill would address the extreme difficulties that behavioral health clinics are facing in maintaining a qualified workforce. An ABH survey found that for every ten masters-prepared clinicians entering work at mental health clinics, thirteen masters-prepared clinicians leave.<sup>5</sup> This is problematic not only because of the deficit of staff, but also because of the loss of trained practitioners. Clinics are places where staff gain training and experience. When staff leave, they take those invested resources with them.

We need to retain the qualified staff, many of whom have been trained in the clinics, in order to meet the demand for care in a timely manner. If staff leave clinics and make the same or more money in private practice, with fewer responsibilities, the community clinic system is unable to deliver. The result also reduces the number of providers who accept MassHealth and are available to serve our populations who do not have private insurance or an ability to pay for behavioral health services out of pocket. In 2017, a Blue Cross Blue Shield of Massachusetts Foundation report cited provider survey results indicating that 45% of outpatient mental health providers did not accept MassHealth, 38% did not accept Medicare, and 16% did not accept commercial insurance.<sup>6</sup> These numbers that will only grow if we do not raise rates to retain staff.

Further, clinics are our support system for uninsured persons, a population including a disproportionate number of people of color. Black and Hispanic people in Massachusetts are twice as likely to be uninsured as white people.<sup>7</sup> Loss of clinicians at community clinics will exacerbate the disparity in access to mental health care.

Additionally, without adequate staff at mental health clinics, the Commonwealth will be unable to fulfill its vision, under the EOHHS Roadmap, of creating a community-based entry way,

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<sup>4</sup> See *Id.*

<sup>5</sup> Association for Behavioral Healthcare, Outpatient Mental health Access and Workforce Crisis Issue Brief (Feb. 2022), [https://www.abhmass.org/images/resources/ABH\\_OutpatientMHAcessWorkforce/Outpatient\\_survey\\_issue\\_brief\\_FINAL.pdf](https://www.abhmass.org/images/resources/ABH_OutpatientMHAcessWorkforce/Outpatient_survey_issue_brief_FINAL.pdf) at 3.

<sup>6</sup> Blue Cross Blue Shield Foundation of Massachusetts & Abt Associates, Access to Outpatient Mental Health Services in Massachusetts: A Summary of Findings 9 (Oct. 2017), [https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2020-09/Outpatient\\_MH\\_Access\\_SUMMARY\\_v05\\_final.pdf](https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2020-09/Outpatient_MH_Access_SUMMARY_v05_final.pdf).

<sup>7</sup> Blue Cross Blue Shield Foundation of Massachusetts, A Focus on Health Care: Five Key Priorities for the Next Administration, Executive Summary, [https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2022-12/HealthCarePriorities\\_ExecSumm\\_Dec22\\_v04\\_FINAL.pdf](https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2022-12/HealthCarePriorities_ExecSumm_Dec22_v04_FINAL.pdf) at 1-2.

through community health centers, to behavioral health urgent care and ongoing services for everyone. Although the Commonwealth established a network of 25 Community Behavioral Health Centers (CBHCs) across the state as part of this effort, the capacity of these centers is limited and the state relies upon on 375+ other licensed mental health clinics statewide to complement the CBHCs' work.

This bill will attempt to address these problems by raising rates to workers at behavioral health clinics. It makes sense to raise rates at these clinics for other reasons as well. Behavioral health clinics have specific requirements above and beyond other outpatient settings. These requirements include offering clients access to multidisciplinary provider teams, including psychiatry; providing extensive treatment planning for clients; conducting staff trainings, establishing referral systems; and coordinating with medical care. In addition, behavioral health clinics are often co-located with case management, care coordination, and recovery services, all of which may place additional demands on clinic staff.

For all these reasons, we urge you to report S.760 favorably out of committee. Please do not hesitate to be in contact should you have questions, would like additional information, or if MAMH can serve as a resource to your critical work. Thank you.

Sincerely,



Danna Mauch, PhD  
President and CEO

c: The Honorable John Keenan