4 November 2019

Senator James T. Welch, Senate Chair Representative James M. Murphy, House Chair

Joint Committee on Financial Services Joint Committee on Financial Services

State House, Room 413-B State House, Room 254

Boston, MA 02133 Boston, MA 02133

Dear Chair Welch, Chair Murphy and Honorable Committee Members:

The Massachusetts Association for Mental Health (MAMH) is dedicated to promoting mental health and preventing mental health conditions and associated disability. We are committed to advancing prevention, early intervention, effective treatment and research, and seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. Thank you for the opportunity to submit testimony in favor of H.908/S.615: *An act requiring mental health parity for disability policies*. We applaud the sponsors for tackling the blatant discrimination toward persons with behavioral health conditions who experience work related disability.

In 2000, the Commonwealth recognized the need for parity in health insurance coverage for mental health care with the passage of the Massachusetts Parity Law. Eight years later, the law was broadened to mandate medically necessary treatment for 13 biologically-based mental health conditions including schizophrenia, major depression, eating disorders and post-traumatic stress. MAMH strongly believes that Massachusetts should extend its leadership in mental health parity to private short- and long-term disability (wage replacement) insurance policies.

Currently, people with disabilities resulting from mental health conditions do not have the same wage replacement benefits as people with disabilities resulting from physical health conditions. There are no other health conditions or classes of people with health conditions who face this blatant and unfair discrimination. Differential treatment of people with mental health conditions not only discriminates, but also perpetuates stigma and undercuts recovery. Having the same disability benefits as people with, for example, a musculoskeletal injury both fair and critical for people with mental health conditions as many treatments take weeks to have a clinical effect and longer time is needed to recovery role functions that are essential to a successful return to work and full participation in community life.

We know those who oppose this legislation argue that psychiatric disorders are not “real” conditions and that mental health practitioners are not skilled enough to determine psychiatric disability. If either of these false assertions were true, the disability insurers would not be covering – even partially – benefits for mental health conditions and would not be employing – as they do – mental health clinicians of their choosing to dispute claims.

Thank you again for your leadership, consideration of this testimony, and attention to the needs of your constituents with behavioral health conditions and their families.

Sincerely,

 

Danna Mauch, PhD

President and CEO