



April 14, 2022

Honorable Chairman Jeb Bradley
Senate Health and Human Services Committee
Legislate Office Building Room 101
North Main St., Concord, NH 03301
RE: NAMI NH Support for HB 1622

Dear Chair and Committee Members:

Thank you for the opportunity to testify today. My name is Holly Stevens, and I am the Director of Public Policy at NAMI New Hampshire, the National Alliance on Mental Illness. NAMI NH is a non-profit, grassroots organization whose mission is to improve the lives of all people impacted by mental illness and suicide through support, education and advocacy. On behalf of NAMI NH, I am here today to speak in favor of HB 1622, relative to mental health parity.

Under the Mental Health Parity Addiction Equity Act of 2008 (MHPAEA), health insurance carriers must ensure there is parity between mental health/substance use disorder (MH/SUD) and medical/surgical (M/S) benefits, including coverage amounts, number of visits, utilization management techniques, and other quantitative and non-quantitative treatment limits. Last year, the Consolidated Appropriations Act became law, requiring all health plans and issuers that cover MH/SUD and M/S benefits to prepare a comparative analysis of any nonquantitative treatment limits. Beginning in February 2021, plans were required to supply that analysis and other information, if requested, to the regulating agency.

By way of background, in January 2020, the New Hampshire Insurance Department (NHID) released reports of a market conduct exam targeting parity compliance among New Hampshire's commercial fully insured health insurance plans. The NHID found issues with Anthem and Harvard Pilgrim's reimbursement rates for mental health and substance use disorder practitioners, mainly that they were lower than health care practitioners. The NHID went on to say that the "large difference constitutes a strong indicator of potential non-compliance with the non-quantitative treatment limitation ("NQTL") requirements of MHPAEA with respect to MH/SUD provider reimbursement practices." The NHID further found that neither company adequately documented the processes, strategies, evidentiary standards or other factors it used to set reimbursement rates or otherwise provide sufficient information to demonstrate that Harvard Pilgrim and Anthem apply these standards comparably to MH/SUD and M/S reimbursement and not more stringently to MH/SUD providers than to M/S providers. As a result, the NHID entered into settlement agreements with both Harvard Pilgrim and Anthem. To date, the NHID has not publicly shared any information, including compliance information regarding either settlement agreement.

It is well known that New Hampshire is in a current mental health and substance use disorder crisis. Part of this is due to a provider shortage. There are simply not enough mental health

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NAMI New Hampshire • 85 North State Street • Concord, NH 03301

InfoLine: 800-242-6264 • Tel. 603-225-5359 • Fax 603-228-8848 • info@naminh.org / www.NAMINH.org

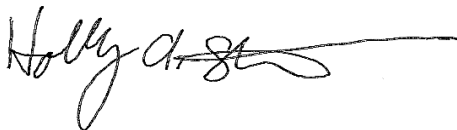
providers to suffice the current need in our state. A lack of parity, in the form of lower reimbursement rates, denials of claims and administrative burdens placed on providers of mental health services, has been a significant contributing factor on workforce shortages for community mental health centers and other mental health and substance misuse treatment providers. Further compounding this issue, is the number of mental health providers who have opted not to take any commercial insurance or are selective about which plans they will contract with. Many of these decisions are due to low reimbursement rates and time-consuming treatment authorization and claims procedures.

Another issue that NAMI NH has become familiar with by talking to people with mental illness and their families is that of “ghost networks.” Insurance companies provide their members with a list containing the names of many therapists. The member will start making calls to set up an appointment only to find that no one on the list is accepting new patients. The insurers may be meeting network adequacy by having contracts with mental health providers, but if none of those providers are accepting new patients, there is no network, adequate or otherwise. This has led to an access and network adequacy issue that is able to largely go unnoticed by New Hampshire regulators.

HB 1622, as amended by the House, directly addresses the network adequacy issue, which would, in turn, help to address the access to services issue. A requirement to maintain adequate networks can assist with increasing reimbursement rates since providers would be in a better position to negotiate reimbursement rates.

In sum, the 2020 NHID market conduct exam report uncovered potential issues with reimbursement rates for mental health providers which may run afoul of the MHPAEA. Although the NHID entered into settlement agreements with two insurers as a result, there has been no public follow up to demonstrate that these issues no longer exist. For these reasons, NAMI NH urges the committee vote to recommend ought to pass for HB 1622, as addressing network adequacy will assist in addressing reimbursement rate issues which will further address access issues.

Sincerely,

A handwritten signature in black ink, appearing to read "Holly A. Stevens", with a long horizontal flourish extending to the right.

Holly A. Stevens, Esq.