



Minnesota Psychiatric Society

Improving Minnesota's mental health care through education, advocacy and sound psychiatric practice

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PARITY – The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA or Parity Law) requires equity in the insurance coverage of mental health and substance use disorder care, but years later mental health parity is still not a reality. The basics have been addressed with equal co-pays, deductibles, and lifetime limits, but true equity depends on:

Non Quantitative Treatment Limits (NQTLs)

- **LONGER WAIT TIMES:** Secret shoppers only got in-network initial psychiatric appointments 21.33% of the time – and none in less than 2 weeks.
- **NOT ENOUGH *IN-NETWORK* PSYCHIATRISTS:** Out of Network mental health & substance use disorder office visits were 4.8 – 5.1 higher than for physical illness visits, and 3.6 to 3.7 times higher than for other specialist office visits
- **GAPS IN SERVICES:** Inpatient psychiatric patients wait 2-3 weeks to transfer to post acute care group homes/IRTS). Medical transfers usually happen when therapeutically directed – Within 1 day.
- **MORE ADMINISTRATIVE BURDEN:** Regions Hospital Inpatient psychiatrists spend 10 hrs/week on authorizations, Hospitalists: 2 hrs / wk. Patients in residential facilities for substance use disorders needing authorizations for treatment every 3-10 days.
- **UNEQUAL REIMBURSEMENT RATES:** Minnesota psychiatric payment levels for office visits were 40.2% to 59.3% *lower* than for comparable primary care office visits – one of the highest reimbursement rate discrepancies in the nation. *(Milliman)* For example, the same service, primary care got \$100 compared to \$41.70 – \$60.80 for psychiatry.

MINNESOTA RANKING – According to the Milliman Report, and confirmed with subsequent studies, measurements for access show Minnesota is not measuring up.

- **Minnesota has one of the highest reimbursement rate discrepancies in the nation**
- **Minnesota has one of the highest out-of-network utilization rates for behavioral health care**
- **Lack of parity shifts costs to taxpayer-funded programs**

In 2014, mental health care accounted for just 5.1% of private insurance spending whereas it accounted for 16% of state and local government health care spending.

HEALTH PLAN ACCOUNTABILITY – Despite federal and state law, Mental Health Parity is still not being enforced. We must hold health insurance plans accountable to comply with the letter and spirit of the law.

- **We strongly support mandated annual reporting by health plans** to the appropriate agency (Department of Commerce, Department of Health, Department of Human Services)
- **Reports should compare psychiatry and med/surg as percentages to accurately reflect data per patient:**
 - Prior authorizations for services and medications,
 - Prior authorization denials for services and medications,
 - Appeals for services and medications
 - Delays for services and medications resulting from appeals process
 - Average wait time for initial and follow-up care.
- **The plans already collect the data and would only be organizing and submitting it in a format useful for state reviewers.**

2019 Legislative Priorities & Rationale

PHARMACIST SCOPE OF PRACTICE –

MPS opposes broadening pharmacists' scope to include prescribing psychotropic medications even when they have dual purposes such as smoking cessation. Bupropion (Brand names: Wellbutrin & Zyban) may cause seizures if given to a patient with anorexia, and Chantix can cause depression and even suicidality. Pharmacists are not trained to diagnose, anorexia or depression, and do not have the experience needed to safely manage suicidal patients.

PHYSICIAN ASSISTANT (PA) SCOPE OF PRACTICE – Physician Assistants are valued members of multidisciplinary teams, providing safe and effective care under physician supervision. It would be difficult to define a scope of practice for this healthcare provider as they have always worked under the supervision of physicians. Health systems, clinics, and hospitals use this provider differently. Some clinic systems use physician assistants as a type of general practitioner and others train them within subspecialties to fill gaps within their systems. Standard PA training has minimal exposure to psychiatric care and the need for psychiatric supervision is especially important. We believe there are means via televideo, phone, and email that are being used to efficiently provide physician supervision throughout all of Minnesota.

PSYCHOLOGY PRESCRIBING –

MPS is opposed to non-medical prescribing as a matter of patient safety. Efforts are underway to effectively serve more patients via integrated care in primary care settings, telemedicine, crisis services, and evidence-based team care. Legislative investments in these forward-thinking, innovative models offer great opportunity for success, and do so without jeopardizing patient safety or compromising medical ethics. MPS implores legislators to invest in evidence-based best practices and offers member expertise to support these efforts.

OPIOIDS –

MPS supports efforts to improve access to life-saving medications such as naloxone (Narcan), and opposes barriers for the general public to obtain these tools due to their safety, ease-of-application, and simply save lives. MPS also supports efforts to regulate and license pharmaceutical manufacturers and distributors.

RECREATIONAL MARIJUANA –

MPS opposes legalization of recreational marijuana in Minnesota. Although arguments that taxing and regulating recreational marijuana are compelling, current research on adolescent brain development shows that early exposure has profoundly worse long-term outcomes on brain development and IQ points. In addition, the effect on demand by under-aged consumers is well-known to increase based on the assumption that, if it is legal, it must be safe, and that, if it is safe for adults at 18 (or 21), it must be almost as safe for those a few years younger.

MPS members are available to share their expertise regarding these and other psychiatric issues including all substance use disorders, psychology scope of practice & Minnesota's behavioral health system.

The Minnesota Psychiatric Society (MPS) is a District Branch of the American Psychiatric Association. We represent 470+ physicians, Minnesota psychiatrists in training and in practice, in all subspecialties from child to geriatrics, and in practice settings from solo offices to hospitals, academia, integrated care, prisons, and more.

Our mission is to promote quality care, advance the profession of psychiatry, and serve the needs of our members.