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May 25, 2017

RE: AN ACT to amend the insurance law, in relation to health insurance coverage of outpatient care provided by a mental health practitioner

A.2163 (Bronson)
S.3952 (Young)

MEMORANDUM IN OPPOSITION

Submitted on behalf of the Blue Cross and Blue Shield Plans

The New York State Conference of Blue Cross and Blue Shield Plans strongly oppose enactment of this Bill, which would eliminate the discretion of a health insurer to determine which mental health providers are most suitable for their networks and mandate that they contract with qualified mental health counselors, marriage and family therapists, creative arts therapists, and psychoanalysts, regardless of whether there is actually a need for these additional providers in a particular network. The net result of this Bill will be an increase in health insurance premiums and costs for the state and municipalities with self-funded plans, with no commensurate increase in the quality of mental health services provided.

Current State and Federal mental health parity law requires every health insurance policy to cover mental health outpatient treatment performed by a licensed psychiatrist and psychologist—the highest licensed practitioners in the field of mental health disorder diagnosis and treatment. Despite the assertions made by the Sponsors, there is a substantial difference in the level of quality, training and overall experience of a licensed psychologist vs. a mental health counselor and the two should not be regarded as professional equivalents for treatment purposes.

Psychologists, on average, receive six years of supervised education and hands on practical training, including, for doctors of psychology (PhDs), a mandatory one-year clinical internship (resembling a medical residency), plus an additional, mandatory year of supervised post-doctoral practical training with weekly supervision review during their post-graduation year. Thus, the average psychologist receives seven years of rigorous training before they are even eligible to sit for their New York State licensing exam. Psychologists are trained to be experts in dialectical behavior therapy, and to understand and assess atypical, abnormal psychological cases. This means they are trained to deal with severe pathology and psychosis and handle the most severe psychological cases. Conversely, the training for licensed mental health and family counselors is

far less rigorous, and they are only trained to handle a far less severe level of psychological debilitation. Most masters programs provide between 1.5 to 2 years of total training. As opposed to licensed psychologists who must master the full gamut of mental health outpatient treatment, mental health counselors and licensed family therapists focus more on normal developmental transitions that may cause distress and minor psychological impairment. Psychologists and Psychiatrists are also trained to contribute to and understand clinical research, which adds to their ability to stay up to date on new theories and trends to determine the most effective treatment regimens for specific disorders. In short, the level of training, experience, and mastery of mental health conditions of a licensed psychologist is *far* superior to that of the mental health counselor, not to mention marriage and family therapists, creative arts therapists, and psychoanalysts, much of whom provide services that are, at best, remotely health care related.

In mandating that health plans include marriage and family therapists, creative arts therapists, and psychoanalysts in their network, the legislation is, in essence, indirectly mandating coverage for the services each “therapist” would be providing. While presumably valuable in assisting in treating certain disorders, in an era when health care costs continue to increase at an excessive rate, mandating network participation, reimbursement, and implicitly coverage for “art therapy” and other these other services will simply further increase the cost of coverage, leading to an increase in the number of uninsured New Yorkers.

This Bill seeks to use “rural access” to justify requiring plans in all instances and geographic locales to contract with the mental health counselors, marriage and family therapists, creative arts therapists, and psychoanalysts mentioned in this Bill. Health insurers provide the most value for their members by contracting with the most qualified, highest quality professionals available. As all insurers already contract to some extent with the mental health providers discussed by this Bill, mandating health insurers to contract with all of these providers regardless of the existing composition of the network, as this Bill would require, would only lead to increased costs for health insurers and the State and local governments that fund their own health plans.

For all the foregoing reasons, the New York Conference of Blue Cross and Blue Shield Plans opposes the enactment of this bill.

Respectfully submitted,

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