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Investment and Payment Workgroup
November 21, 2024
Public Comment

The following table reflects written public comments that were sent to the Office of Health Care Affordability email inbox.

Date	Name	Written Comment
12/06/2024	Sarah Soroken	I am an advisory committee member, and wanted to provide public comment on the November Investment and Payment Workgroup meeting. There was discussion during the meeting about whether or not to include pharmaceuticals in the benchmark. My thought is that patients have problems accessing timely care with psychiatrists/psychiatric nurse practitioners/physician assistants who specialize in providing medication evaluation and treatment for mental health and substance use disorders, and the issue isn't with the availability of the pharmaceuticals per se. My experience working in healthcare is that medication treatment is the easiest mental health and substance use disorder treatment to access (I'm generalizing here, and do not want to minimize the fact that there are certain types of medication treatments that patients have difficulty obtaining), and that medications are often prescribed as a first line of treatment for conditions like depression and anxiety when psychotherapy, or psychotherapy and medications together, would be more appropriate. One workgroup member noted that substance use disorder rehab facilities sometimes don't have access to, or provide, Medication Assisted Treatment. In my experience, currently working at Solano County Behavioral Health, the SUD residential rehab facilities we contract with all either provide MAT or rely on contracted/partner medication treatment providers. I believe it would be a quality issue if a treatment that is the standard of care and best practice for addressing a substance use disorder is not being

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		made available or offered, and I wonder if there are any statistics about the lack of availability of the pharmaceuticals used for MAT versus the lack of appropriate treatment providers and settings to provide MAT (such as psychiatrists, detox facilities, residential rehabilitation facilities, etc.). My hunch is that there is an issue regarding the lack of appropriate treatment providers and settings versus an unavailability of the pharmaceuticals themselves. Another workgroup member noted that medication-only treatment (without other kinds of mental health or SUD treatments, like psychotherapy) is a valid and appropriate level of care, as an argument for including pharmaceuticals in the benchmark. I would argue that medication-only treatment is typically not the appropriate care, unless a patient is in remission and stable without any current mental health or substance use disorder needs besides maintaining the remission of their condition through continued medication treatment. This brings me to another comment made during the meeting, about how there will be varying opinions about what high-value behavioral health services are; although this is true to some degree, there is a research literature and professional practice guidelines that informs the standard of care in the behavioral health field, and I am concerned that those who are less knowledgeable about the standard of care and best practices in the behavioral health professions, and those who may have business-related motives influencing their viewpoints, may influence the development of the behavioral health benchmark and measures. A workgroup member brought up SB 855, which requires health insurance companies to provide out-of-network care (at no additional cost to the patient) for mental health and substance use disorders when in-network care does not exist or is not able to be provided in a timely or appropriate manner. It sounds like any out-of-network care provided by insurance companies will be accounted for in THCE. Again, my anecdotal experience is that out-of-network coverage is rare, and typically out-of-network coverage for psychotherapy is only provided once the patient files a grievance with the Department of Managed Health Care, and even then, it is difficult for a patient to access that out-of-network coverage; this is an area where it appears our regulatory agencies are failing to enforce the

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		law, and most people who obtain care outside of their health insurance end up doing so at out-of-pocket expense. Given the problems patients have obtaining in-network or out-of-network care covered by their health insurance for psychotherapy and other types of mental health and substance use disorder treatment, it would be interesting to know how much out-of-network coverage insurance companies are actually providing; I think it would highlight the lack of compliance with SB 855 and explain why so many people must pay out-of-pocket for care. For meaningful supplemental analyses, I think average number of therapy sessions per member may be a really interesting statistic, and that statistic may become more meaningful over time as, hopefully, the average number of sessions changes to reflect an increase in investment in mental health and Sud treatment. If possible, I think it could be more meaningful to look at average or modal number of therapy sessions for those in treatment for specific diagnoses like Major Depressive Disorder. Health insurers like Kaiser (for whom I worked and am familiar with the mental health services they make available to patients) pushes patients into an arbitrary, small number of sessions regardless of the diagnosis or severity of the condition, and this is in opposition to best practice and standard of care in our field. This brings me back to the need for representation on the workgroup of professional associations (for example, the California Psychological Association, or the California Association of Marriage and Family Therapists) and nonsupervisory mental health and Sud clinicians who provide direct patient care, to provide the workgroup with commentary that is anchored in actual standard of care and best practice, and the needs of patients as perceived through the lens of those actually providing the care without competing interests. Thank you so much for considering my comments.