



SUFFOLK COUNTY PSYCHOLOGICAL ASSOCIATION, Inc.
promoting the profession of psychology in Suffolk County through fellowship, education and advocacy

Affiliated with New York State Psychological Association, Inc.

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Testimony for hearing on: “Increasing Access to Health Insurance Coverage & Moving Towards Universal Healthcare Coverage” December 5, 2007 at SUNY Old Westbury

Thank you for the opportunity to provide testimony today on behalf of the Board of the Suffolk County Psychological Association (SCPA). My name is Dr. Joanna Negro. I am a psychologist in private practice and a member of SCPA’s Executive Board. We support Governor Spitzer’s vision to ensure access to affordable, high quality, medical care for every New Yorker while controlling health care costs.

We also support Rekindling Reform’s “Principles for a Universal Health Care System in New York State” which were presented in the testimony of Mr. Sid Socolar at the hearing on September 5, 2007. These include health care as a human right; universality; choice of any health care professional; sustainable costs with administrative costs in the 3-7% range rather than the common level in private health care plans today of 20-35% ; profit eliminated or, at a minimum, significantly reduced and carefully regulated; provider incomes at a level commensurate with their education, training, and experience.

As we all know, the current system to provide health care insurance, is not working. There are too many people without insurance, too many who are underinsured, too many who have to choose between paying for health care and basic needs such as food and shelter or who cannot change jobs because they will lose their health insurance.

I would like to address the specific concerns of psychologists in private practice who treat people with mental illness, emotional difficulties, life problems, and substance abuse disorders.

- There is a crisis in private practice today. Many managed care plans set reimbursement rates that are consistent with what most of us charged in the early 1980’s. You can imagine how hard it is to support a family without a raise in 25 years. Many psychologists are struggling to earn an adequate income. Some are taking jobs rather than staying in full time private practice; others are not accepting insurance; others are developing “niches” outside of managed care such as forensic work or business consultation. This means that the public has less access to well trained and experienced psychologists for mental health and substance abuse treatment. Our members have told us that they get many calls each week from people with insurance who cannot find someone in their plan or someone who has an opening. Any plan needs to set a reimbursement rate that is fair to psychologists and all professionals. Our colleagues in other fields such as occupational therapists, social workers, primary care physicians, obstetricians, to name but a few, face similarly low reimbursement rates.

- Any plan should include an adequate number of outpatient mental health visits, i.e. 50 per year. Psychologists are health care professionals and our services have been shown to reduce overall medical costs. Many patients who seek treatment from a medical doctor are also suffering from an emotional problem such as depression or anxiety. Access to psychological treatment lowers the number of visits to primary care physicians, increases adherence to medical treatment, and increases patients' compliance with lifestyle changes that promote better health such as diet and exercise. Access to mental health treatment will reduce the overall cost of any plan you recommend.
- Any plan should eliminate the commercial model of insurance. When corporations or businesses provide health insurance, a tremendous amount of money goes to administrative costs. Managed care companies are a drain on the money available for funding health care for all. This money could be used to provide coverage for everyone if you establish a single payer model with all New Yorkers in one risk pool. We believe that any plan for universal coverage must eliminate the for-profit insurance industry.
- Any plan should include co-pays that are reasonable for the average family. We have seen co-pays for mental health treatment rise to \$30 and \$40 in some plans and people not use their insurance because they cannot afford the weekly co-pay.
- Any plan should eliminate the unnecessary "managing of the benefit." Some managed care plans require psychologists to submit treatment reports on a patient's symptoms and functioning before they authorize sessions. This is an intrusion on the patient's privacy and has proven not to save money. In fact, some plans have stopped managing the benefit in this way; we assume because they found it was not cost-effective.
- Any plan should require mental health parity: that there is no difference between the coverage and benefits for mental health treatment and medical treatment.

If you chose to continue to use commercial insurance plans, we strongly recommend that a law be passed in New York which would mandate that every plan have an out-of-network benefit with no deductible. This would allow people with insurance to go to any psychologist or mental health professional and have their insurance cover a portion of the professional's fee. We think it would be important for the law to set the insurance plan's share at, at least, 80% of the usual and customary fee in that part of the State - NOT a percent of the plan's low reimbursement rate for professionals in their network of providers.

Thank you for the opportunity to give this testimony. Please feel free to contact the Suffolk County Psychological Association if you have any questions or would like additional information.