

Ann Moore
Board President
NAMI Vermont

January 11, 2016

Senator Jane Kitchell
Chair, Senate Appropriations Committee
Vermont Senate

Dear Senator Kitchel,

On behalf of NAMI Vermont, I urge you to reverse the cuts to Medicaid reimbursement rates that the Department of Vermont Health Access has implemented for group therapy services. The rate cuts that began on 1/1/2016 may be a way to mitigate the Medicaid budget gap in the short term, but they will have detrimental effects on Vermont's mental health care system as long as they remain in effect.

As a conduit for peers, family members, mental health care providers and professionals, NAMI Vermont is resolved to ensure that adequate compensation for mental health professionals and access to effective mental health services for all Vermonters are prioritized in state policies. Group therapy is an effective, primary mental health and substance abuse treatment service offered by health care providers across the state. The 50% decline in Medicaid reimbursements rates could cause mental health and substance abuse therapists to only offer shorter, less effective group therapy sessions, or simply to stop offering these services altogether. The lower rates may also cause more providers and professionals to leave the state in search of more adequate compensation. The resulting erosion of access to mental health services that these rates will perpetuate could have detrimental effects on community groups with the highest need for group therapy treatment.

Department of Vermont Health Access Executive Director Steve Constantino's assertion that the lower rates remain "competitive" with those in neighboring New Hampshire, New York and Massachusetts, is immaterial, when the effect of lower rates will result in reduced access to mental health services *in* Vermont. Group therapists considering leaving are not limited to job opportunities in Vermont's immediate neighbors.

Decreased Medicaid reimbursement rates' ability to speed health care professionals' departures has already been seen among primary care providers in Vermont. The recent departure of four pediatricians from Franklin Country Pediatrics and Mousetrap Pediatrics in St. Albans is an alarming indication of the erosion that can occur if slashed Medicaid reimbursement rates for group therapies are maintained.

It is a deplorable paradigm that those with great needs for group therapy—the financially disadvantaged—are the same who benefit from Medicaid, and who will in turn be hurt the most by decreased access to this vital mental health service. Poverty, particularly in early life, is linked with higher occurrences of cognitive and emotional disturbances as well as neurological impairments, compared with higher income children, and the connection between living in impoverished environments and higher risks for substance abuse, anxiety, depression, and child abuse is well documented. The 2011-2014 National Health Information Survey found that the occurrence of cognitive and emotional disturbances among children in families living below the poverty threshold is about twice as high as the nation's richest families (7.8% versus 3.3%). A study recently published in the International Journal of Epidemiology, and funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development and the National Institute of Mental Health found higher occurrence of neurological impairments among children living in poverty versus children in the least disadvantaged environments. The study's authors theorize that this increase may be attributed to the established connection between living in impoverished environments and higher risks for substance abuse, anxiety, depression, and child abuse. By compromising health care providers' ability to offer group therapy services in Vermont, these low rates may further disadvantage communities at higher risks to medical conditions for which group therapy is an invaluable, cost-effective treatment option.

Community-based providers, like the Department of Mental Health's designated agencies, are vital organizations to mental health care in Vermont, and will be among the providers that the slashed Medicaid reimbursement rates will significantly affect. In your home district covering Caledonia County, Northeast Kingdom Human Services serves 3,322 clients, 73% of whom are covered through Medicaid. These drastically reduced rates will have negative effects on Northeast Kingdom Human Services and potentially place them in a financial situation that compromises their ability to provide a vital service to your constituents. The state's financial health must also be maintained, but there must be a better method to address the budget gap that does not put the mental health of financially disadvantaged Vermonters at higher risk.

Thank you for considering our position on this important issue.

Regards,

Ann Moore
Board President
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