

Testimony

Public Hearing

Michigan Mental Health Commission

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Access to mental health services continues to be a serious problem in Michigan. As we all know, services provided at Community Mental Health Centers are limited by budgetary constraints and, for the most part, are limited to those with acute symptoms of serious mental illness or who pose a threat to self or others. There is very little opportunity for treatment of debilitating, yet less severe, mental and emotional disorders. Depression alone is the leading cause of lost productivity in the workplace, costing the US economy 44 billion dollars a year.

Under the Affordable Care Act (ACA), millions of consumers are expected to move into the Medicaid system. This likely development creates potential additional access issues in Michigan.

As a state-based program, Medicaid programs vary as to the provision of and payment for mental health services. Unlike the majority of states, the Michigan Medicaid program does not allow independent provision of mental health services by psychologists in independent practice. Across the state, and particularly in remote rural areas, psychologists report receiving frequent requests for mental health services, particularly psychotherapy, after having been found ineligible for CMH services or put on a long waiting list. Since licensed psychologists are not currently reimbursable by Medicaid in Michigan, the individual is generally turned away. Under current Medicaid rules in Michigan, there are limited additional resources for consumers with Medicaid. In a survey of availability of treatment by psychiatrists, again notably in rural areas, there was an average wait time of 3+ weeks to get an initial appointment; the wait time to see a psychiatrist who is a Medicaid participant is even longer. As is true for psychiatrists, licensure as a psychologist permits the independent practice of psychology, as defined in the public health code, including psychotherapy. No changes would be required in the scope of practice of psychologists to increase access to mental health services by including psychologists as providers under Medicaid. In another survey, more than 60% of psychologists in MI indicated that they would participate in Medicaid if psychologists were included as providers.

MI continues to be one of a handful of states without a mental health parity bill, which has also caused MI citizens, including many with private health insurance, to have limited access to mental health treatment. Now that gap is narrowing with parity as part of the Affordable Care Act.

I urgently request that you recommend to the department that licensed psychologists be included as independent mental health providers; like our colleagues, psychiatrists. This requires no change in the

current scope of practice. As we all become more aware of the urgent need to provide adequate treatment resources to everyone suffering from any mental or emotional disorder or substance use disorder, it makes no sense to have licensed independent providers who are competent and willing remain inaccessible to Medicaid recipients. I have heard arguments against this claiming that supply increases demand and it will cost too much. Any small increase in Medicaid cost will be a very small price to pay for improving access to appropriate mental health treatment and reducing the enormous financial and human potential resources and emotional devastation of untreated mental illness.

I would be happy to discuss this further with the members of the Commission and provide you with data and models as used by at least 34 other states who include doctoral level psychologists as specialty Medicaid providers.

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