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**Testimony of Nurses United for Responsible Services Regarding H.1849
Before the Joint Committee on Health Care Financing
May 16, 2011**

On behalf of Nurses United for Responsible Services (NURS), I appreciate the opportunity to offer testimony to the Joint Committee on Health Care Financing regarding **H.1849, *An Act improving the quality of health care and controlling costs by reforming health systems and payments***. My name is Sharon Reynolds and I am the legislative committee chair for NURS, a professional organization representing advanced practice psychiatric nurses (psychiatric clinical nurse specialists and psychiatric nurse practitioners) in the Commonwealth. For more than three decades, NURS has been instrumental in the passage of several bills that have increased our scope of practice, including third party reimbursement, medical staff privileges, guardianship, Section 12 authority and prescriptive authority. Like the majority of our members I have an active behavioral health practice. Advanced practice psychiatric nurses provide quality, cost effective behavioral health care using a biopsychosocial approach which focuses on the whole person.

NURS understands the importance of controlling health care spending and we respect the enormous undertaking by the state to create a health payment system, the intention of which is to reduce costs. No one would disagree that it is essential that any new or modified payment system maintain or improve access to quality care. To this end, NURS fully endorses all of the principles articulated in the document, ***Statement of Principles: Mental Health and Accountable Care Organizations***, compiled by several members of the Massachusetts Mental Health Coalition, of which NURS is a member. I would like to say more about the principles of continuity of care and choice of clinicians as they relate to additional concerns of NURS members.

As is the case for many independently licensed clinicians in other behavioral health disciplines, many of our members are in small group and individual practices. Approximately 67% of advanced practice psychiatric nurses in NURS have full time (39%) or part time (28%) psychotherapy and prescribing practices. Currently, it is uncertain as to whether independently employed clinicians will 1) be required to join Accountable Care Organizations (ACOs), 2) be contracted by ACOs to provide services or 3) continue to provide care under the current fee-for-service system. NURS would like to suggest that the door remain open to the coexistence of all of these payment options for behavioral health care – and especially until more data is obtained from pilot programs and careful thought has been given to any transition process that would need to occur. While the details of how -- and how rapidly – health payment reform will evolve is uncertain, it would be important throughout this process to protect continuity of care for existing patients and to preserve provider choice for all patients regardless of which payment structure is in place or whether or not they are affiliated with an ACO. It is conceivable that there could be even more of an access to care crisis in behavioral health (which in turn has ramifications for medical care costs) if there is inadequate planning around the integration of behavioral health services, in general, and as provided by clinicians in small group and individual practices, specifically.

Given that most of the pilots have not included behavioral health under a global payment system, NURS is honored to have been invited to participate in the Behavioral Health Integration Work Group of the Massachusetts Patient-Centered Medical Home Initiative (PCMHI). This large scale project should yield interesting observations and recommendations that, hopefully, will help guide decision-making and planning in terms of behavioral health care under a new or modified payment system.

NURS hopes you will keep the ***Statement of Principles*** in the forefront as the process of reforming the health payment system unfolds.

Respectfully submitted,

Sharon Reynolds, PMHCNS, BC
Legislative Committee Chair