



U.S. Senate Committee on Finance

**Hearing on “Barriers to Mental Health Care:
Improving Provider Directory Accuracy to Reduce
the Prevalence of Ghost Networks”**

Testimony of

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Chair Wyden, Ranking Member Crapo, and Members of the Senate Finance Committee:

Thank you for conducting this hearing today and providing me the honor of testifying regarding ghost networks and provider directories.

My name is Keris Myrick, and I am the Vice President of Partnerships for Inseparable, a nonprofit organization working to advance policy that reflects the belief that the health of our minds and our bodies is inseparable. We are focused on closing the treatment gap for the many people who need mental health services and aren't getting them, improving crisis response, and promoting prevention and early intervention. I am also a mental health advocate and survivor with lived experience of ghost networks in health plans. I am here today to share my story and bring attention to this critical issue that affects so many people living with mental health conditions.

Ghost networks and inaccurate provider directories erect invisible, unexpected barriers within our health system, preventing people from accessing the care and support they need. They are particularly damaging for those of us living with serious mental health conditions, like me, as they can result in delayed or inadequate treatment or even going without treatment, any of which can have devastating consequences.

My first experience with ghost networks occurred when I had to change my health insurance due to a move and a new job in 2014. Leaving California to work for the federal government was both exciting and daunting. It was imperative that I find the health care professionals that I needed, especially a psychiatrist who could provide the continuity of care that was essential to my ongoing mental health recovery.

My California-based psychiatrist provided me with a few D.C. based recommendations. However, those providers were not accepting new patients. I was left to navigate the Blue Cross Blue Shield for Federal Employees provider directory to find a psychiatrist. Calling psychiatrists within D.C. and Maryland, selected out of what was like a digital white-pages phone book, turned into one rejection after another. Call after call resulted in the following types of responses:

“Who? Hmm, s/he doesn't work here. No, I don't know where s/he works now.”

“Who? I don't know who that is, not sure they ever worked here. Hold please....[dial tone].”

Recorded message: “Dr _____ is no longer accepting new patients. If this is an emergency, hang up and call 911.”

I spent countless days and hours scouring the network, despite working long hours in a high-level management position. When was there time to find a psychiatrist? I had to make the time, though, as my job, and more importantly my life, depended on it. Continued attempts finally lead me to a psychiatrist who was taking new patients. Success, though, was short-lived. In our phone conversation to set up an initial in-person appointment, I was asked about my diagnosis. I had no worry or fear; this doctor, this psychiatrist, was taking new patients. I respond without hesitation – schizophrenia. A pause, a long silence... and then the response:

“Oh....I do not take patients with a schizophrenia diagnosis.”

I ask if they have any suggestions or referrals to help me find a doctor who does. The answer is:

“Check the provider directory.”

I am back at the beginning now with a heightened fear of rejection. Going back to the directory was like looking for a needle in a haystack. Lots of hay, very few needles, and none that can stitch together the needs of my schizophrenia garment.

Finally, I contacted my psychiatrist in California and asked if and how he could remain my doctor. While in the D.C. area, I had regular appointments with this psychiatrist and flew at my own expense to Los Angeles over a 4-year period to ensure that I could be and stay well. I also paid high co-pays for my out-of-network provider, but I HAD a provider.

On the same plan, when I needed a doctor for what turned out to be thyroid cancer, I was able to find an endocrinologist the very same day. There was no guessing in the directory how to find that type of specialist or to find one that was taking new patients. But for mental health, it was a very different story—a story that continued throughout my career.

In 2018, I left the federal government to work for Los Angeles County Department of Mental Health, leaving me with new insurance and a new provider directory to navigate. My LA-based psychiatrist was now a colleague, so I had to find a new psychiatrist. I searched the directory with trepidation and the response to my calls led to all-too-familiar dead ends. In 2020, I accepted a position with the Mental Health Strategic Initiative, and, in 2022, began my current role with Inseparable. Again, new insurance plans and new provider directories. Each time, it felt like the movie, “Groundhog Day,” with the same responses – there is no provider here by that name, they are retired, and/or they aren’t taking new patients, especially not one with a diagnosis of schizophrenia.

Unfortunately, my story is not unique. Many of my peers with mental health diagnoses face similar challenges when seeking care, regardless of whether they are covered by Medicaid, Medicare, or private insurance. I know I have been extremely fortunate that I could bear the expense of out-of-network care and that I have not had a psychiatric emergency. Many are not so lucky and the outcomes can be terrible, even tragic. As you know, people with serious mental health conditions have disproportionately high rates of being unhoused, unemployed, incarcerated, hospitalized, disabled, or dying early of treatable medical conditions or by suicide. And the difference between maintaining a life of our dreams and unimaginable outcomes can come down to whether a person is able to get the care they need.

Health plans, you are not doing the job you are paid to do. My health plans were supposed to cover mental health care, yet I was left without reasonable access to providers. I'm also covered for my thyroid condition, but have always had ready access to a specialist, an endocrinologist. But for mental health, it's been a different story.

Even today, despite having health insurance that is otherwise considered "excellent," I have no regular psychiatrist. This leaves me with ongoing anxiety about what will happen if I should need more intensive and on-going care. I have experienced being unhoused, unemployed, having interactions with the criminal justice system and involuntary hospitalizations. I don't ever want to go through those traumatizing experiences again because I wasn't able to find a provider through my health plan's directory and get the help I need to stay well.

I do not have this worry about my thyroid condition; I have had a specialist, an endocrinologist, readily available under every insurance plan. Why, then, do I not have the same for my mental health? Senator Wyden, you stated: **"Too often, Americans who need affordable mental health care hit a dead end when they try to find a provider that's covered by their insurance. Ghost networks mean that the lists of mental health providers in insurance company directories are almost useless."**
Never a truer word.

It is time to require health plans and insurance companies to take responsibility and be accountable for providing accurate and timely information to their members and for maintaining adequate networks of providers. We are no longer patient – we demand to see improvements. As a survivor with lived experience of ghost networks in health plans, I urge you to take action on this critical issue. The Senate Finance Committee can play a vital role in promoting access to mental health care, especially for someone, like me, living with a diagnosis of schizophrenia, through policies that:

1. Provide the oversight, enforcement, and incentives and/or penalties necessary to result in highly accurate provider directories;

2. Require the inclusion of psychiatric subspecialties in provider directories; and
3. Implement a federally-operated mechanism (online reporting system or dedicated 1-800 number) for consumers/plan members to report their experiences of ghost networks and use this data to inform policy and enforcement actions.

I encourage you to consider the impact of ghost networks on individuals with mental illness and their families and adopt solutions that ensure that everyone has access to the care and support they need to thrive.