

To: Members of the House Insurance Committee

**From: Rennie Shuler-McKinney, MS, LCP
Director of Clinical Services, Behavioral Health**

Date: February 10, 2020

RE: House Bill 2459

On behalf of AdventHealth Shawnee Mission, I submit the following testimony in support of **House Bill 2459, the Kristi L. Bennett Mental Health Parity Act.**

AdventHealth is a non-profit hospital system where we invest right back into our community. We are the largest provider of health care in Johnson County, and AdventHealth Shawnee Mission has been serving Johnson County since 1962. Our mission is to *Extend the Healing Ministry of Christ* and access to care – including behavioral health care – is part of our mission, vision and values. We are proud of the services we provide at our large Behavioral Health Unit at our main campus in Merriam.

In 2019, over 2500 individuals were hospitalized on our inpatient Behavioral Health Unit and we had over 7000 visits to our intensive outpatient program.

When individuals find themselves struggling with life's issues – or when a family/significant other is concerned about the safety and well-being of their loved one, they seek treatment through the Behavioral Health Assessment Center or through the Emergency Department. Many times, they do not know where else to turn.

Treatment begins, however, the moment an individual on our inpatient behavioral health unit begins to feel some relief from symptoms - or the moment they may not be thinking about harming their self, and we document in their medical record a positive turn, the insurance company often expects discharge soon thereafter to a lower level of care, preventing the patient from developing positive momentum prior to returning home.

Insurance denials may occur for inpatient treatment if the patient does not verbalize a specific, detailed plan on how and when he/she will complete suicide. An individual with thoughts of suicide without intent are often directed to outpatient therapy. This may place the patient at risk as they may not have felt comfortable during the initial assessment or may have been embarrassed to share their true thoughts during the assessment in the Emergency Department. Insurance companies have criteria set up where an individual needs to fail at a lower level of care (i.e. outpatient) in order to be considered

for inpatient treatment. A comparison would be requiring someone with a cardiac issue needing to fail at working out at the gym and have failed at eating healthy before the insurance is willing to approve inpatient treatment.

The wait to get in to see an outpatient therapist can be lengthy, sometimes 2 – 4 weeks in Johnson County.

An outpatient psychiatrist appointment for a new patient can take 6 – 12 weeks. When patients are being discharged from our inpatient unit, this applies as well – they truly need to be seen within 7 days post discharge.

Insurance companies cap the number of providers on their panel of in-network providers – yet there are long waits to get in to see an in-network provider, so patients are left with going out of network or have no access.

Insurance companies will provide an authorization for inpatient treatment for 1-2 days, and expect a comprehensive concurrent review, sometimes, calling us back 2 -3 times on a given day for more details. This is time intensive and takes time away from providing care to the patient. Then, the case can go to peer review (insurance psychiatrist talks to attending psychiatrist) which can take 10 – 30 minutes of time, often resulting in a denial. We then prepare the electronic medical record to submit for an appeal, requiring more staff time, and many times receive a denial.

Each insurance company has a different way of authorizing initial and concurrent reviews such as telephone, fax, or web-based, which requires extensive training for new employees. The insurance company may send a submission form back to us for more information or asking for something inconsequential.

My experience as Director of Clinical Services has given me an understanding of how difficult it is for patients to receive the mental health care needed in times of crisis, and even when they have turned a corner and are stabilizing. By passing the Kristi L. Bennett Mental Health Parity Act, it is my hope the barriers currently in place will be removed and individuals in crisis will gain access to care, including a meaningful continuum of care as they seek further treatment.

We are excited about this bipartisan effort to improve mental health coverage and thus improve access to mental health services for Kansans. Better coverage directly impacts the health of our communities. As Johnson County's leading health care provider, it will help us deliver quality, whole-person care for our community.

Thank you for holding this hearing on House Bill 2459. I hope you will support this legislation and move it to the full House for passage. Thank you for your service to our state.