

I am a licensed psychologist in the state of Kansas, writing to support the Kansas Mental Health Parity Bill SB249 and HB2459.

I have spend the past thirty years working in community mental health, specializing in the treatment of people with borderline personality disorder and other patients at high risk for suicide. Over the years I have spent many nights wondering if my clients are going to make it until the next day when I have recommended inpatient treatment to maintain their safety, but their insurance providers have declined to pay for an admission because “they don’t meet criteria.”

Even if insurance companies do not actively decline them, it has reached a point that ER staff and physicians are sometimes hesitant to admit my patients because they are worried the insurance company will later refuse payment. This leaves us with insurance companies making the clinical decisions that should be left to mental health providers.

Individuals in a mental health crisis who don’t understand what it takes “to meet criteria” often don’t “say the right things” to meet criteria for admission. As a licensed psychologist my assessment of risk involves much more than checking off items on a list. That insurance companies use such criteria without a complete assessment of the client’s history and needs puts clients at risk, and leaves clinicians with the absurd need to coach clients to be sure they are able to communicate risk in words that fit the model.

Many mental health providers in Kansas no longer are willing to bill insurance for this reason, and require patients to pay up front for their treatment. Clinicians have grown weary of the way insurance companies require extensive and onerous documentation from providers to document even the need for outpatient therapy, and have simply chosen to opt out of participation the system. As a result, Kansans who cannot afford to pay for treatment upfront are having increasing difficulty finding options for outpatient treatment, despite the fact that they are paying their insurance companies for mental health coverage.

I have had many clients in exactly the situation faced by Ms. Bennett, and have often worried that they will “up the ante” with an attempt after having been declined for the treatment they need. Sadly, Ms. Bennett’s story is not unique. With these bills, you have an opportunity to make sure Kansans are able to get the help they need. In these times when the rates of completed suicide are so high and growing higher, please do your part to help us meet the needs of Kansans who need mental health care..

Respectfully submitted,

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