Testimony in support of HB 2459 to House Insurance Committee

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Mister Chairman and members of the Committee, my name is Kyle Kessler. I am the Executive Director for the Association of Community Mental Health Centers of Kansas, Inc. The Association represents all 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties, 24-hours a day, seven days a week. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community mental health system the "safety net" for Kansans with mental health needs.

We appreciate the opportunity to appear before the Committee today to testify in support of HB 2459.

Nearly a quarter of a century ago, Congress passed and the President signed what was considered to be the first meaningful mental health parity law. Comments made by U.S. Senator Pete Domenici from New Mexico, one of the most conservative senators in office at that time, were powerful and are as follows:

> "Nobody is at fault because somebody has schizophrenia and acts differently and reason differently. They are just as sick as your neighbor who has cancer. Yet only two percent of all individuals with mental illnesses are covered by insurance which provides benefits equal to the coverage for physical illnesses….Through caps that are irresponsible but save money so insurance companies do it in their own self-interest, only two percent of Americans with mental illness are covered with the same degree of coverage as if they got tuberculosis or cancer instead of manic-depression or schizophrenia. You can walk down any street in urban America and you will find them. It is time to give these people access to care they need, and as you see them in urban America sleeping on grates and other things, you should realize that they probably started out as wonderful teenage children in some beautiful family. And when the cost got prohibitive and behavior uncontrollable, they are abandoned."

I share this as context to show how far I believe we have come. Whether we are talking about access to care or insurance coverage to pay for care or connecting patients in need of treatment to that care, the intersection is undeniable. If patients or their families do not have guidance to access the care they need, either through a third party evaluation or a list of available providers, inpatient or outpatient, that they can contact, this could lead to more confusion and frustration which only compounds the challenging

situation that someone with mental illness faces. I believe CMHCs around the state have had good relationships with several of the large insurance companies here for well over a decade. However, we still have some meaningful measures that could be taken.

Some items for consideration are as follows:

- We believe that in line 20 on page 1 of the bill, it should read inpatient *and* outpatient care rather one or the other;
- Given that much of Kansas is rural or frontier in its population density, we believe insurance companies should make equal payment for services delivered by bidirectional telemedicine as they pay for face to face services; and
- We feel that our CMHCs, in addition to the patients we serve, deserve to know how insurance companies are treating their benefits. To that end, we believe that all health insurance companies should be required to submit a core set of information to the Kansas Insurance Department regarding the following: processes regarding medical necessity criteria, identification and analysis of Non-Quantitative Treatment Limitations (NQTLs), and procedures to ensure compliance by health insurance companies.

These are just some initial suggestions as we are discussing this legislation with our members. Even though we feel we are aligned with the goals of this legislation which is to connect patients with the right treatment at the right time in the right place, we want to reduce the number of unintended consequences to the greatest extent possible. We certainly recognize the need to take action on this issue.

In 2018, Kansas recorded 555 suicide deaths, accounting for the highest number of suicide deaths in the last 20 years and a 22 percent increase in just the past five years. The increase in suicide deaths in the age group of 15-44 is extraordinarily alarming as it has climbed by over 50 percent in the last five years.

We also believe that Kansans support meaningful mental health public policy, and the enforcement and compliance with mental health parity certainly falls into that category. Less than six months ago, our Association commissioned a poll that asked questions to Kansans about their support for mental health. One of the questions was, “Do you believe there are mental health issues in our state that call for action by the State Legislature?” The results were that 67% said yes, while 15% said no and 18% were not sure.

In conclusion, it is our hope that we can pass meaningful legislation this session that will help patients whether they are suffering from a mental health crisis or experience symptoms of mental health issues for the first time. If advocates, providers, and insurance companies can work together, a collaborative process could produce strong public policy improvements. We know that each interaction is an opportunity for an intervention that has the potential to save a life.

Thank you for the opportunity to appear before the Committee today, and I will stand for questions at the appropriate time.