Approved: 2-25-09
Date

MINUTES OF THE SENATE FINANCIAL INSTITUTIONS AND INSURANCE COMMITTEE

The meeting was called to order by Chairman Ruth Teichman at 9:30 a.m. on February 9, 2009, in Room 136-N of the Capitol.

All members were present except:
Senator Jim Barnett
Senator Karin Brownlee- excused
Senator Ty Masterson

Committee staff present:
Bruce Kinzie, Office of the Revisor of Statutes
Melissa Calderwood, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Beverly Beam, Committee Assistant

Conferees appearing before the committee:

Melissa Calderwood, Principal Analyst, Research Department
Senator Owen, (Attachment 1)
Ron Hein, Mental Health Credentialing Coalition (Attachment 2)
Dr. Dan Lord, Kansas Association for Marriage and Family (Attachment 3)
Dr. Rusty Andrews, Kansas Association for Marriage and Family (Attachment 4)
Elaine Ptacek, Kansas Counseling Assn./Kansas Mental Health Counselors Assn. (Attachment 5)
Lou Smith, Independent Insurance Agent - Wichita (Attachment 6)
Gerald Snell, Chief Clinical Services Officer, Youthville (Attachment 7)
Debra Schartz-Robinson, Parent (Attachment 8)
Jeffery A. McCall, Parent (Attachment 9)
Kyle Kessler, Vice President, Administration and Governmental Affairs, KVC Behavioral HealthCare (Attachment 10)
Sister Therese Bangert, SCL, Kansas Catholic Conference (Attachment 11)
Randy Nelson, Hansen Mueler Co., Courtland (Attachment 12)
Steve Solomon, Ph.D, Director of Public Policy, TFI Family Services (Attachment 13)
Michelle Sweeney, Policy Analyst, Association of CMHCs of Kansas, Inc. (Attachment 14)
Michael Goldberg, Chief Executive Officer, Kansas Health Solutions (Attachment 15)
Sarah Bremer Parks, MS, LCP, Synergy Systems Consulting, P.A. (Attachment 16)
Virginia Moxley, Ph.D, Dean, Kansas State University (Attachment 17)
C. R. Macchi, Ph.D, LCMFT, (Attachment 18)
Trina Riley, RN. CDE, St. Francis Health Center (Attachment 19)
Jeri Stonestreet, LSCSW, Stonestreet & Associates (Attachment 20)
Andrew Schauer, Ph.D., Psychologist, (Attachment 21)
Mary Elaine Hayes, Licensed Clinical Psychotherapist, (Attachment 22)
Marc Schlosberg, Ph.D., Clinical Associates, P.A. (Attachment 23)
Barrie Mariner Arachtingi, Ph.D., Licensed Psychologist, Christian Psychological Services (Attachment 24)
Bruce Nystrom, Ph.D., Licensed Psychologist, (Attachment 25)
Rachelle Colombo, Senior Director of Legislative Affairs, Kansas Chamber (Attachment 26)
Daniel S. Murray, State Director, National Federation of Independent Business-Kansas (Attachment 27)
Brad Smoot, Legislative Counsel, Kansas Blue Cross and Blue Shield of Kansas and KC (Attachment 28)
Marlee Carpenter, Executive Director, Kansas Association of Health Plans (Attachment 29)
Adam Buhman-Wiggs, Ph.D, Kansas Psychological Association (Attachment 30)

Others attending:
See attached list.

Minutes of the Senate Financial Institutions And Insurance Committee at 9:30 a.m. on February 9, 2009, in Room 136-N of the Capitol.

The Chair called the meeting to order and welcomed everyone to the meeting.

Hearing on

SB 104 - Insurance reimbursement for certain services.

Melissa Calderwood, Principal Analyst, Research Department, gave an overview of the bill. She stated this bill would require that when an individual or group health insurance policy provides for reimbursement to an insured individual for services rendered, the insured individual is entitled to be reimbursed, whether the service was provided by a licensed physician or any of the following licensed professionals: clinical professional counselors, clinical marriage and family therapists, or clinical psychotherapists. She said the Kansas Insurance Department indicates that the passage of **SB 104** would require an administrative change in the way the Department reviews accident and health policy forms. However, the agency states that it would absorb any additional expenditures within its current budget, she said. She noted that the Kansas Health Policy Authority states that with the enactment of **SB 104**, it would be required to provide coverage for the additional practitioners under the State Employee Health Plan. She said payments for benefits under SEHP coverage are considered off-budget expenditures.

PROPONENTS

Senator Owen testified in support of **SB 104.** He testified that Licensed Professional Counselors are often the backbone of counseling services in a community and yet are unable, in many instances, to bill insurance companies for their services because of the insurance exclusions which **SB 104** seeks to address. He said many clients are unable to pay for the services but have insurance coverage which could pay for those services but for the underwriting decisions which preclude them. (Attachment 1)

Ron Hein, on behalf of Mental Health Credentialing Coalition, testified in support of **SB 104.** Mr. Hein said the issue he wanted to address is the unlevel playing field for insurance reimbursement for mental healthcare providers which results in inconsistency in state policy, lack of consumer choice and restricted access to mental health care in Kansas, especially in rural areas. He said existing state policy leaves the reimbursement decision up to individual insurance companies, rather than the legislature setting the reimbursement policy for the state. Mr. Hein said rather than seeking a legislative solution, Mental Health Credentialing Coalition chose, at his urging, to meet with Blue Cross and Blue Shield of Kansas to demonstrate to them the value of reimbursing all Behavioral Sciences Regulatory Board licensed professionals when providing mental health insurance coverage. He said BCBS of Kansas indicated they would not reimburse the three excluded mental health professionals because of the existence of the current mandate regarding two of those five professionals. They specifically told us they would only reimburse our three mental health providers if they were mandated by the legislature to do so. He noted that **SB 104** does not expand the mental health mandate imposed by K.S.A. 40-2,105a in any way as it does not increase any services that need to be provided as a part of the existing statutory mandate for mental health coverage. He said what **SB 104** does is prohibit selected insurance companies who are not currently reimbursing all of the five licensed BSRB mental health professionals from discriminating against some providers based simply on their licensing credentials. (Attachment 2)

Dr. Dan Lord, Kansas Association for Marriage and Family testified in support of **SB 104.**
Dr. Lord said the framework of the Legislature ten years ago has well served citizens who seek and depend on the state's mental health delivery system. He said it has supported multi disciplinary service models focused on client care and health care efficiencies. He said it has also made possible an effective state regulatory agency that can coordinate ongoing regulatory activity of licensed mental health professionals in one board rather than five. (Attachment 3)

Dr. Rusty Andrews, Ph.D, Kansas State University Graduate Programs in Marriage and Family Therapy and The Mental Health Credentialing Coalition testified in support of **SB 104.** He said three basic reasons for supporting it are (1) inclusion creates no negative impact on health-care costs, (2) inclusion creates a positive impact on health-care services provided, and (3) inclusion is beneficial from a professional and public policy

perspective. In addition, Dr. Andrews said all mental health professionals licensed by the State of Kansas to diagnose and treat mental disorders should be included in insurance reimbursement laws regarding mental health services. (Attachment 4)

Elaine Ptacek, Kansas Counseling Assn./Kansas Mental Health Counselors Association, testified in support of **SB 104.** Ms. Ptacek testified that being licensed at the highest level in Kansas under the supervision of the BSRB should level the playing field among all disciplines. She said the overall goal is helping our citizens attain a mentally healthy mind when they are ready to seek treatment, not delaying it because of costs or lack of choice. (Attachment 5)

Lou Smith, RHU, Independent Insurance Agent, testified in support of **SB 104.** Mr. Smith said he is uniquely qualified to address the committee from two different perspectives. He said he works daily with employers struggling with the costs of their benefit packages but also understands the implications of the mental health delivery system and its affect on the quality of life of fellow Kansans. He said it is a recognized fact that the mental health of an employer's workforce can have a direct impact on their physical well being and thus their physical medical health. He said these are directly related. (Attachment 6)

Gerald Snell, Chief Clinical Services Officer, Youthville, testified in support of **SB 104.** Mr. Snell said **SB 104** prohibits insurance companies from excluding otherwise qualified mental health practitioners from their provider network solely based upon their discipline. He said presently, Blue Cross and Blue Shield of Kansas refuses to credential providers who are licensed by the Behavioral Sciences Regulatory Board to practice independently, such as Licensed Clinical Marriage and Family Therapists, Licensed Clinical Professional Counselors and Licensed Clinical Psychotherapists. He noted that this decision is being made without consideration to the individual practitioner's skills, experience or ability to provide specialty services. He said outside of Medicare, BCBS of Kansas is the only insurance carrier that refuses to credential these disciplines, in spite of the fact that BCBS plans in 36 other states credential these disciplines. (Attachment 7)

Debra Schartz-Robinson, Licensed Specialist Clinical Social Worker and Parent testified in support of **SB 104**, telling the story of her now 14-year-old adopted daughter and the difficulty she has had getting therapy for her due in part to living in a rural area where options for treatment are limited and having an insurance company (BCBS) that restricts treatment options. (Attachment 8)

Jeffery A. McCall, Parent, testified in support of **SB 104.** He said because his family lives in an under served area, options are limited. He said BCBS should recognize the credentials the Marriage and Family Therapists have acquired and approve the services provided by these therapists. (Attachment 9)

Kyle Kessler, Vice President for Administration and Governmental Affairs at KVC Behavioral HealthCare provided written testimony only in support of **SB 104**. Mr. Kessler yielded his time to others. (Attachment 10)

Sister Therese Bangert, SCL, Kansas Catholic Conference (Attachment 11)

Randy Nelson, Superintendent for Hansen Mueller Co., Courtland, Kansas, testified in support of **SB 104.** (Written only) (Attachment 12)

Steve Solomon, PhD, Director of Public Policy, TIF Famikly Services (Attachment 13)

Michelle Sweeney, Policy Analyst, Association of CMHCs of Kansas, Inc. (Written only) (Attachment 14)

Michael Goldberg, CEO, Kansas Health Solutions (Written only) (Attachment 15)

Sarah Bremer Parks, MS, LCP (Written only) (Attachment 16)

Virginia Moxley, PhD, Kansas State University (Written only) (Attachment 17)

C. R. Macchi, PhD, LCMFT (Written only) (Attachment 18)

Trina Riley, RN, CDE, St. Francis Health Center (Written only) (Attachment 19)

Jeri Stonestreet, LSCSW, Stonestreet & Associates (Written only) (Attachment 20)

Andrew Schauer, PhD, Psychologist (Written only) (Attachment 21)

Mary Elaine Hayes, Licensed Clinical Psychotherapist (Written only) (Attachment 22)

Marc Schlosberg, PhD, Clinical Associates, P.A. (Written only) (Attachment 23)

Barrie Mariner Arachtingi, PhD, Christian Psychological Services (Written only) (Attachment 24)

Bruce Nystrom, PhD, Licensed Psychologist (Written only) (Attachment 25)

Rachelle Colombo, Senior Director of Legislative Affairs, The Kansas Chamber (Written only) (Attachment 26)

Daniel S. Murray, State Director, National Federation of Independent Business-Kansas (Written only) (Attachment 27)

OPPONENTS

Brad Smoot, Legislative Counsel, Blue Cross Blue Shield of Kansas, testified in opposition to **SB 104**. Mr. Smoot stated that at a time when lawmakers, employers and families are searching to design and pay for affordable health insurance and even expand coverage to the growing number of uninsured, it seems totally counterproductive to expand by law the number of providers who must be "reimbursed." Further, Mr. Smoot said that unless the law mandates otherwise, insurers contract with enough providers in various categories and regions to serve their insureds. He said their contracts insist that providers not "balance bill" their patients for the difference between the agreed contract price and what that provider would like to have charged. He said if you are a BCBS customer, you see this reflected in your hospital or doctor's bill. Mr. Smoot noted that last year, BCBSKS saved its policyholders about $800 million through its contractual prohibition on "balance billing." He said again this year, however, these three provider groups ask you to mandate that BCBS reimburse them. He said despite BCBS's request last year that proponents clarify the issue, **SB 104** does not. Mr. Smoot said not to assume that these three mental health provider groups have no access to BCBSKS patients or reimbursement because they do. He said BCBSKS pays such providers when they work and bill through community mental health centers. He said the issue is not whether these providers can get paid for their services, but whether the legislature will force BCBSKS to pay them directly or allow BCBSKS to continue payment through the community mental health centers methodology. In conclusion, Mr. Smoot said if BCBSKS policyholders say they want BCBSKS to contract with these three mental health provider groups, it will. If the market tells BCBSKS it needs to contract with these providers to be competitive, it will. If the community mental health center model is broken, let's fix it. If we have too many mental health providers, let's not encourage it. If we have poor distribution of providers, let's address that; however, **SB 104** addresses none of these issues. (Attachment 28)

Marlee Carpenter, Executive Director, Kansas Association of Health Plans, testified in opposition to **SB 104.** Ms. Carpenter stated that KAHP members are dedicated to providing low cost health insurance to Kansas citizens. She said each additional coverage or provider mandate that is enacted increases the cost of health insurance and the plan's ability to provide new, innovative and lower cost health insurance products. She said every health insurance mandate is brought to the legislature with good intention, but as additional mandates have been enacted, health insurance companies have become limited in the types of lower cost plans they can offer. (Attachment 29)

Adam Buhman-Wiggs, PhD, Kansas Psychological Association, testified in opposition to **SB 104**. Dr. Wiggs stated that Kansas law has a clear and established procedure by which mandates are issued. He said the

Kansas legislature identified two steps that must be followed before a mandate would be issued: (1) completion of a cost-benefit analysis and, subsequent to that analysis, (2) piloting the mandate with state employees. He said both steps are critically important and established in precedent, and the MHCC has completed neither nor pursued their completion. In summary, Dr. Wiggs stated that it is not the intention of the KPA to discourage other sub-doctoral mental health provider groups from obtaining vendorship within the state. He said the KPA is very sensitive to factors that would enable wider access to mental health services in Kansas. He noted, however, the KPA strongly believes that the established review process and implementation strategies for vendorship, for which there is historical precedent and demonstrated prudence, must be maintained for the MHCC provider groups, as had occurred previously for other mental health providers. He said such adherence is seen as a means by which the State of Kansas may be fiscally responsible and appropriately address the issues of provider access based on data, while simultaneously ensuring that mechanisms are in place not only to protect the health and emotional well-being of the population, but also to protect the healthcare marketplace in the state and the insurability of its citizens. (Attachment 30)

The Chair closed the hearing on **SB 104.**

The next meeting is scheduled for February 10, 2009.

The meeting was adjourned at 10:30 a.m.

FINANCIAL INSTITUTIONS & INSURANCE COMMITTEE GUEST LIST
DATE: 2-9-09

NAME	REPRESENTING
Kyle Kessler	KVC Behavioral Health Care
Steve Solomon	TFI Family Services
Debra Schantz-Robinson	Parent of Special Needs Child
Stormey McCall	Mother of Special needs child
JEFF McCALL	Parent of special needs child.
Dusty Bull	Youthville
GEORGE SWELL	Youthville
Bob Vennum	Greater KC Chamber
Sky Westerlund	KNASW
Christopher M. Hobben	KAMFT
CR Macchi	KAMFT
Allison Deiter	Youthville
Chris Gigstad	Federico Consulting
Alex Kotoyantz	P.I.A.
Effie Sumner	KHPA
Mary Price	KCA
Michelle Schroeder	Dawson Govt Relations
Adam Buhman-Wiggs	KPA
KEN DANIEL	TIBA
Sarah Bremer Parks	Licensed Clinical Psychotherapy
Robin Clouse	Public Solutions LLC
Bill Sneed	ANIP
Anne Spiess	American Cancer Society
Rae Hein	Mental Health Consulting
Kari Presley	Coalition
Lon Smith	Kearney & Associates
Don Ford	Self
Rusty Meder	KAMFT Manhattan KS

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COMMITTEE ASSIGNMENTS
CHAIRMAN: JUDICIARY
MEMBER: FEDERAL AND STATE AFFAIRS
EDUCATION
CONFIRMATIONS OVERSIGHT
JOINT COMMITTEE ON KANSAS SECURITY
JOINT COMMITTEE ON CORRECTIONS
AND JUVENILE JUSTICE OVERSIGHT

Testimony in Support of Senate Bill 104
Presented to the Senate Financial Institutions and Insurance Committee
by Senator Tim Owens

February 9, 2009

Madam Chair and members of the committee, thank you for the opportunity to testify regarding Senate Bill 104. I am here to request an amendment which adds Licensed Professional Counselors to the list of services to be provided reimbursement under the provisions of the bill.

New Section 1 addresses licensed clinical marriage and family therapists. New Section 2 addresses licensed clinical professional counselors. New Section 3 addresses licensed clinical psychotherapists. What I am seeking to do is to simply add Licensed Professional Counselors to the covered groups which the bill is addressing, provided that they have a Masters Degree in Professional Counseling, are engaged in the practice of counseling and are under the supervision of a Licensed Clinical Professional Counselor for the purpose of obtaining sufficient hours to receive the clinical designation.

Licensed Professional Counselors are often the backbone of counseling services in a community and yet are unable in many instances to bill insurance companies for their services because of the insurance exclusions which SB 104 seeks to address. Many clients are unable to pay for the services but have insurance coverage which could pay for those services but for the underwriting decisions which preclude them. Many Licensed Professional Counselors are striving for the large volume of hours in order to qualify for the clinical designation and in order to do that must see clients. That puts them in the difficult position of having, in some instances, to see patients pro bono in order to get their required hours. Yet they are performing professional services and should be entitled to compensation just as any other professional with that level of education and experience. Adding them to the service professionals covered under this bill will address that issue

I realize that sometimes there might be a professional status issue within these disciplines but that should not interfere with a person receiving proper compensation for the work they perform, nor should it interfere with a policy holder being able to avail themselves of insurance coverage for which they are paying a premium for services that they require. I would appreciate very much the committee's consideration of an amendment which I have asked the revisor's office to prepare to add Licensed Professional Counselors to Senate Bill 104. Thank you Madam Chair. I will be happy to stand for questions.

Senator Tim Owens

FI:I Committee
2-9-09
Attachment 1

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Ronald R. Hein
Attorney-at-Law
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Testimony re: SB 104, Reimbursement of Mental Health Services
Senate Financial Institutions and Insurance Committee
Presented by Ronald R. Hein
on behalf of
Mental Health Credentialing Coalition
February 9, 2009

Madam Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Mental Health Credentialing Coalition. The Coalition is comprised of the members of the Kansas Association for Marriage and Family Therapy, the Kansas Association of Masters in Psychology, and the Kansas Counseling Association/Kansas Mental Health Counselors Association.

MHCC strongly supports SB 104.

There are five licensees of the Behavioral Sciences Regulatory Board (BSRB), who are educated, experienced, qualified, and specifically licensed by state law to diagnose and treat mental disorders. Regarding the diagnosis and treatment of mental disorders, there is no difference between the scopes of practice of these five mental health providers. These five licensees of the BSRB are Licensed Psychologists (LP), Licensed Specialist Clinical Social Workers (LSCSW), Licensed Clinical Marriage and Family Therapists (LCMFT), Licensed Clinical Professional Counselors (LCPC), and Licensed Clinical Psychotherapists (LCP).

Unfortunately, there is a disparity of insurance reimbursement provided in current Kansas law. Social Workers and Psychologists were licensed so many years ago, that when they sought mandatory reimbursement legislation, it was prior to the current climate opposed to insurance mandates. So, under existing Kansas law, there is a mandate that any insurance policy that provides for mental health services must reimburse psychologists and LSCSWs for such services. Since those statutes were enacted, there have been no similar insurance mandates for the other equally qualified mental health providers.

For Marriage and Family Therapists, Professional Counselors, and Clinical Psychotherapists, who were licensed in the 1990's, the concept of mandatory insurance reimbursement had been more politically difficult, much to the dismay of their clients who seek mental health treatment by these professionals, and are told, depending upon their insurance company, that the services will not be reimbursed.

FI&I Committee
2-9-09
Attachment 2

The issue we would like to address with this committee today is the unlevel playing field for insurance reimbursement for mental healthcare providers which results in inconsistency in state policy, lack of consumer choice, and restricted access to mental health care in Kansas, especially in rural areas.

Existing state policy also leaves the reimbursement decision up to individual insurance companies, rather than the legislature setting the reimbursement policy for the state.

The vast majority of insurance companies already reimburse our three providers (LCPs, LCMFTs, and LCPCs), most of them because the state recognizes those providers as being equivalent to LSCSWs and LPs. One of the notable exceptions from the insurance companies that reimburse our providers is the 600 lb. Gorilla in Kansas, Blue Cross Blue Shield of Kansas. Despite most Blue Cross Blue Shield companies throughout the nation reimbursing our providers, and Blue Cross Blue Shield of Kansas City reimbursing our providers, Blue Cross Blue Shield of Kansas does not currently reimburse the three mental health professionals that we represent.

The easy solution would have been to seek legislation to require reimbursement for our providers, but I urged my client that we explore other options before seeking legislation.

Understanding the political climate facing any proposed insurance requirements legislation, MHCC has cautiously approached a solution to this critical issue. Rather than seeking a legislative solution in the first instance, our group, at my urging, chose to meet with Blue Cross Blue Shield of Kansas, to demonstrate to them the value of reimbursing all BSRB licensed professionals when providing mental health insurance coverage.

We met with Blue Cross Blue Shield of Kansas, and they indicated they would not reimburse the three excluded mental health professionals because of the existence of the current mandate regarding two of those five professionals. In fact, they specifically told us they would only reimburse our three mental health providers if they were mandated by the legislature to do so.

We presented to representatives of BCBS a study which would have qualified for the impact study provided for in K.S.A. 40-2248 *et. seq*. That document clearly demonstrated that reimbursing the three mental health providers not currently reimbursed by statutory provision would provide a financial benefit to Blue Cross Blue Shield and any other insurance company, because pro-actively providing mental health services avoids greater and significant costs down the road for physical/medical services resulting from untreated mental health disorders.

One of the conferees following will speak about the studies which have been conducted

nationwide in numerous states to demonstrate the cost savings that can result to insurance companies who provide reimbursement for mental health services.

Since BCBS refused our voluntarily overture, the MHCC reflected on how to address this issue with the Kansas Legislature. As a result, during the 2007 Legislative Session, the MHCC requested introduction of two bills: one bill (HB 2313) would have eliminated the mandate for LSCSWs and LPs, as a means of leveling the playing field for all mental health providers. Had this legislation passed, according to BCBS, they could then look at our providers on a level playing field with the other providers they are currently mandated to reimburse. The other bill that we introduced (HB 2505) was legislation to mandate insurance reimbursement for our three co-equal mental health providers so as to level the playing field for providers and for consumers who desired to choose any of the five BSRB licensed mental health professionals.

Kansas National Association of Social Workers (KNASW) and the Kansas Psychological Association (KPA) strongly objected to the legislation repealing their existing insurance mandate. We have told both groups that we will not pursue any such legislation that would repeal their existing vendorship laws. In addition, KNASW also strongly objected to the specific wording of our legislation to seeking vendorship for our three provider groups because the legislation "opened up" the social workers reimbursement statute.

As a result, we met with the KNASW and worked out a compromise on legislation that would level the playing field for insurance reimbursement for all the co-equal mental health providers licensed by the BSRB. That legislation was introduced in the waning hours of the 2007 Session as HB 2601, simply for the purpose of having a review by an interim study.

Ultimately, KNASW also had concerns about the original HB 2601, which concerns were addressed last year in House Insurance, and the result was Substitute HB 2601, which met the concerns of KNASW. The KNASW is now neutral on SB 104 today.

Obviously, our first choice would not have been to seek passage of legislation requiring insurance companies to level the playing field for providers, but it is obvious that a voluntary approach with BCBS of Kansas will not be a workable solutions. I would note that SB 104 does not expand the mental health mandate imposed by K.S.A. 40-2, 105a in any way, shape or form, as it does not increase any services that need to be provided as a part of the existing statutory mandate for mental health coverage. What SB 104 does, is prohibit selected insurance companies who are not currently reimbursing all of the five licensed BSRB mental health professionals, from discriminating against some providers based simply on their licensing credentials.

We are very cognizant of Kansas law which attempts to establish requirements for a

mandate to be approved by the Kansas legislature. I have attached a Report for the Legislature which our organization prepared, and which we believe provides all of the information required by K.S.A. 40-2248 *et. seq.* I have also attached a larger document which contains all of the exhibits referred to in our report.

More importantly, however, I want to point out that although K.S.A. 40-2248 *et. seq.* appears to prohibit the Legislature from passing insurance legislation that meets certain criteria unless certain specific steps are taken. By its very nature, K.S.A. 40-2248 *et. seq.* is unconstitutional because it is an unconstitutional delegation of legislative authority, and, in essence, attempts to bind a future legislature. The legislature cannot pass a law prohibiting a future legislature from enacting a law, so despite the existence of K.S.A. 40-2248 *et. seq.,* the Legislature can pass SB 104 or any other relevant insurance legislation at any time, and thus the legislature can ignore the provisions of K.S.A. 40-2248 *et. seq.* I would note for the record that the Kansas Legislature has passed numerous pieces of legislation which would have been subject to this statute without regard to the provisions of that statute. Thus, I am certain that the legislature recognizes that such statute has no binding effect upon this or any other legislature.

Nevertheless, we have attempted to meet the requirements of the impact study required simply to show good faith. I would also note that K.S.A. 40-2248 *et. seq.* Provides for a study by the Kansas state employees healthcare plan. Since some of the designated insurers pursuant to that plan already reimburse our providers, such a change in insurance policy need not be initiated. The state has the ability to compare whether any change occurred without commencing a new study since the insurers already reimburse these providers.

In the following testimony, you will hear how unfair the current laws have been to individuals and families who desire treatment for mental disorders. You will hear about the problems of access with current providers, especially access in rural areas of the state. You will also hear about studies in other states that demonstrate that additional coverage for all of the mental health providers will not create additional costs to insurance companies, or to increases in healthcare premiums. We believe, and studies indicate, that healthcare costs will actually be reduced, as competition will encourage more efficient rates for services, and possibly by more efficient provision of mental health services. In addition, insurance costs for medical services will be reduced by making accessible coverage for mental health services.

As an example of what I am arguing about reduction in additional medical reimbursement costs on insurance companies, I would cite the specific situation of a very close, personal friend of mine. Her situation, I am sure, is not unique in this state, but unfortunately points to a serious flaw in our system, especially regarding Blue Cross Blue Shield of Kansas, when it places more emphasis on reimbursement for traditional "medical"

treatment, and ignores reimbursement for mental health services.

Specifically, my friends are parents of a daughter who is suffering from addiction to pain pills. Any of you who have any experience with addictions disorders are aware that alcoholics and addicts can be very deceitful and very conniving when attempting to access their drug of choice. My friends, and the siblings of this daughter who is addicted to pain pills, sought to receive treatment for her addictions utilizing mental health services. However, when they contacted Blue Cross Blue Shield of Kansas, reimbursement was denied for addictions treatment for their daughter. In fact, ironically in denying treatment, the insurance company demonstrated a complete ignorance of mental disorders when they concluded that my friend's daughter did not need treatment for addictions to pain pills, but simply needed to contact a pain management physician who could prescribe to her the appropriate pain medication. Such refusal to reimburse for her addictions treatment, and the rationale to send a pain pill addict to a pain doctor constitutes nothing more than shear lunacy on the part of this insurance company.

As a result, in order to access pain medication, our friend's daughter sought a medical procedure that would require prescription for pain medication. Specifically, she sought a surgery, and using her deceitful and manipulative powers, which are classic symptoms of an addict, she persuaded a physician to perform surgery on her. This surgery cost $13,000 for Blue Cross Blue Shield of Kansas, which happily and naively reimbursed the procedure, even though it was absolutely note necessary, and specifically not medically necessary, which is a requirement of the contracts that Blue Cross Blue Shield of Kansas requires insured's to sign. Again, Blue Cross Blue Shield of Kansas totally ignored the information that was being provided to them, and became an unwitting co-conspirator along with the physicians who were deceived by my friend's daughter.

Subsequently, my friend's daughter agreed to seek treatment for addictions disorders, and agreed to be transferred to a facility in South Dakota. There, after biting a counselor and being arrested and ultimately placed in involuntary confinement in a locked down mental health facility, she suffered severe withdrawal from her drug addiction. In order to try to save my friend's daughter, they placed her in a chemically induced coma for four and a half days, at a cost to Blue Cross Blue Shield of Kansas, of $45,000.

In addition, as part of my friend's daughter's desire to access pain medications, she again deceived physicians into believing that she needed to have a feeding tube and to have expensive food supplements which are utilized in the feeding tube. Again, Blue Cross Blue Shield of Kansas reimbursed the expense of the procedures to insert the feeding tube, and for the costs of the food supplements. When my friends cleared out their daughter's apartment when she was institutionalized in South Dakota, they found thousands of dollars of unused food supplements which had been reimbursed by Blue Cross Blue Shield of Kansas.

This situation, which clearly demonstrates how insurance companies can incur significant medical costs as a result of refusing to reimburse pro-actively for mental health services, which could have saved insurance companies, in this case Blue Cross Blue Shield of Kansas, from scores of thousands of dollars of unnecessary expenditures.

In the instance cited for you, the issue was addictions, but the cost can result from spousal abuse, child abuse, attempted suicides, accidents resulting from drunk driving, or numerous other medical costs which are incurred as the result of failure to provide treatment for significant people who require mental health treatment.

We respectfully urge this committee to eliminate the unfairness and the disparity which currently exists, and to recommend SB 104 for passage by the 2009 Legislature.

Thank you very much for permitting me to testify, and I will be happy to yield to questions.

Testimony re: SB 104
Reimbursement of Mental Health Services
Senate Financial Institutions and Insurance Committee
Presented by Daniel Lord, Ph.D., LCMFT
on behalf of KAMFT and the
Mental Health Credentialing Coalition
February 9, 2009

Senator Teichman, Members of the Committee:

I am Dr. Dan Lord. I am speaking today on behalf of the Mental Health Credentialing Coalition, which is comprised of the members of the Kansas Association for Marriage and Family Therapy, the Kansas Association of Masters in Psychology, and the Kansas Counseling Association/Kansas Mental Health Counselors Association. I am a Professor of Marriage and Family Therapy and Associate Vice President of Academic Affairs at Friends University in Wichita, and a Licensed Clinical Marriage and Family Therapist (LCMFT). Over the past decade, I was appointed by Gov. Bill Graves to serve two terms on the Behavioral Sciences Regulatory Board, and also to serve on the Legislature's 1998-2000 Task Force on Providers of Mental Health Services. Additionally, from 2000 to 2005, I served on the national Association of Marital and Family Therapy Regulatory Boards as president elect, and president.

My testimony today regards your consideration of SB 104, which addresses problems in consumer access to mental health services due to inconsistent insurance reimbursement of our state's qualified mental health providers. This issue is important to the Legislature for two basic reasons. One, it is a painful and needless hardship to our state's health care consumers. And second, it is a situation that the Legislature has repeatedly recognized and worked to solve in years past.

Specifically, I want to give you *information on the issue of licensure requirements* for the five mental health clinical providers with identical statutory authorization to diagnose and treat mental disorders. This includes clinical social workers, clinical professional counselors, clinical marriage and family therapists, clinical psychotherapists (masters level psychologists), and clinical psychologists. This issue is key to SB104, since the existing 25 year old insurance statutes that mandate reimbursement of mental health services do not include three of the clinical professions authorized by the State to diagnose and treat mental disorders.

Let me start with information about the interim committee that drafted and proposed the current regulatory framework in 1999. The 1998-2000 Task Force on Providers of Mental Health Services had a specific charge to determine ***what should be the minimum education and training for any mental health professional to be authorized to diagnose and treat mental disorders***. I was one of 13 persons privileged to serve two years on the task force, which included legislators from the House and Senate, professionals from each of the peer mental health professions, as well as a psychiatrist and a professional from the insurance industry. Among its members, persons teaching in academic programs as well as serving in community mental health centers were specifically required. This body heard extensive testimony from academic programs from all of the professions involved, from the medical community, mental health centers, insurance companies, public consumers, and numerous constituents with interest in the committee's charge.

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The result was legislation drafted and passed in 1999 Session. It created a licensure framework that first of all provided persons seeking mental health care assurance that their licensed professional met clearly defined competency standards for diagnosing and treating mental disorders. This was accomplished by authorization to diagnose and treat mental disorders used in all five professions. It also included education and training requirements required of all masters prepared clinicians *in addition to* the graduate degree requirements of his or her specific profession. In this way, the legislation preserves the unique and historical professional identity of each of the peer professions while at the same time establishing uniform education and training supporting statutory authorization to diagnose and treat mental disorders.

I hope now that the chart before you will be more useful:

- The five mental health clinical professions are listed across the top along with their licensure initials immediately below.
- The left side is a list of the authorizations and licensing requirements previously set by the Legislature that all five licensed professions have in common.
- The information that is NOT shaded represents *equivalent* areas in which each profession's unique practices are reflected; these are the specific graduate degrees and their accrediting bodies, and also each profession's national licensing examination.
- The information in the light gray represents the *statutory authorization* and *uniform education and training standards* for clinical practice as a licensed mental health professional in Kansas.

As you hear testimony today, and debate this bill in your committee, I hope you'll give credit to this important work of the Legislature ten years ago this Session. This framework has well served our citizens who seek and depend on our state's mental health delivery system. It has minimized turf battles and supported multidisciplinary service models focused on client care and health care efficiencies. It has also made possible an effective state regulatory agency that can coordinate ongoing regulatory activity of licensed mental health professionals in one board rather than five, the Kansas BSRB (Behavioral Sciences Regulatory Board). Your support of SB104 would both further strengthen this common-sense approach to mental health service delivery and also address the unnecessary obstacle of inconsistent coverage by the state's largest insurance provider.

Thank you. I would be glad to respond to questions.

Chart attached

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COMPARISON OF STATUTORY REQUIREMENTS FOR LICENSED CLINICAL MENTAL HEALTH CARE PROVIDERS AUTHORIZED TO DIAGNOSE & TREAT MENTAL DISORDERS
STATE OF KANSAS

	CLINICAL SOCIAL WORKERS	CLINICAL MARRIAGE AND FAMILY THERAPISTS	CLINICAL PROFESSIONAL COUNSELORS	CLINICAL PSYCHOTHERAPISTS	CLINICAL PSYCHOLOGISTS
Qualified Mental Health Professional KSA 59-2946 (j)	**LMSW & LSCSW**	**LMFT & LCMFT**	**LPC & LCPC**	**LMLP & LCP**	**LP**
Statutory Authorization to Diagnose & Treat Mental Disorders	***KSA 65-6306*** Independent Practice	***KSA 65-6402*** Independent Practice	***KSA 65-5802*** Independent Practice	***KSA 74-5361*** Independent Practice	***KSA 74-5302*** Independent Practice
Graduate Education Accrediting Body	CSWE	COAMFTE	CACREP	MPAC	APA
Graduate Education Requirements for Licensure	1-year or 2-year masters program – CSWE accredited degree or equivalent	2-year masters program minimum – COAMFTE accredited degree or equivalent	2-year masters program minimum – 60 graduate semester hours	2-year masters program minimum – 60 graduate semester hours	3-year doctoral program minimum – 90 graduate semester hours minimum
Minimum Coursework Supporting Clinical Practice	15 graduate semester hours supporting diagnosis & treatment of mental disorders	15 graduate semester hours supporting diagnosis & treatment of mental disorders	15 graduate semester hours supporting diagnosis & treatment of mental disorders	15 graduate semester hours supporting diagnosis & treatment of mental disorders	24 graduate semester hours specified in diagnosis, assessment, and intervention
Supervised Direct Client Contact Hours Conducting Psychotherapy	Masters: 1850 hrs – pre & post degree experience Doctoral: 1100 hrs – pre & post degree experience	Masters: 1850 hrs – pre & post degree experience Doctoral: 1100 hrs – pre & post degree experience	Masters: 1850 hrs – pre & post degree experience Doctoral: 1100 hrs – pre & post degree experience	Masters: 1850 hrs – pre & post degree experience Doctoral: 1100 hrs – pre & post degree experience	900 hrs clinical psych services in postgraduate year – no total set for 1 yr internship in doctoral program
Total Postgraduate Supervised Professional Experience	Masters: 4000 hrs – 2 years minimum Doctoral: 2000 hrs – 1 year minimum	Masters: 4000 hrs – 2 years minimum Doctoral: 2000 hrs – 1 year minimum	Masters: 4000 hrs – 2 years minimum Doctoral: 2000 hrs – 1 year minimum	Masters: 4000 hrs – 2 years minimum Doctoral: 2000 hrs – 1 year minimum	1800 hours – 1 year minimum
Postgraduate Clinical Supervision Hours	150 hours minimum over 2 yrs	150 hours minimum over 2 yrs	150 hours minimum over 2 yrs	150 hours minimum over 2 yrs	45 hours minimum over 1 year
[illegible]nal Examination	National clinical examination required	National clinical examination required	National clinical examination required	National clinical examination required	National clinical examination required

Senate Financial Institutions and Insurance Committee
Testimony Re: SB 104
Presented by Emmett L. "Rusty" Andrews, PhD, LCMFT
on behalf of the
Kansas State University Graduate Programs in Marriage and Family Therapy and
The Mental Health Credentialing Coalition
February 9, 2009

Senator Teichman and Members of the Committee:

I am Dr. Rusty Andrews, a licensed clinical marriage and family therapist in private practice who is also a member of the Mental Health Credentialing Coalition. I also teach student therapists in the masters and doctoral programs in marriage and family therapy at Kansas State University and the faculty have asked me to represent them before you.

Kansas has a tremendous resource in the non-medical mental health professionals of the State. These qualified mental health professionals (QMHPs) provide services that have been shown to decrease utilization, and therefore the costs, of providing medical and surgical services. Such a reduction has been recognized in the State's inclusion of mental health services in medical insurance requirements and is a benefit to both the citizens of the State as well as insurance companies themselves.

The five QMHPs, namely Licensed Psychologists, Licensed Specialist Clinical Social Workers, Licensed Clinical Marriage and Family Therapists, Licensed Clinical Professional Counselors, and Licensed Clinical Psychotherapists, are all licensed to diagnose and treat mental disorders and to practice in an independent practice setting. By statute, third-party payers are required to reimburse for the services of Licensed Psychologists and Licensed Specialist Clinical Social Workers. These statutes were created before the other three professions were licensed in the State of Kansas. With three professions, namely Licensed Clinical Marriage and Family Therapists, Licensed Clinical Professional Counselors, and Licensed Clinical Psychotherapists, not included in these outdated laws, the public loses the advantage of being able, in many circumstances, to make their own choice regarding their mental health provider.

This testimony is intended to provide you with three basic reasons for supporting Senate Bill 104. Those reasons are:

Inclusion creates no negative impact on health-care costs,
Inclusion creates a positive impact on health-care services provided, and
Inclusion is beneficial from a professional and public policy perspective.

Inclusion Creates No Negative Impact On Health-Care Costs

Conventional wisdom would seem to suggest that when the number of available providers is increased, the total utilization of the services provided by those providers and the costs associated with that utilization would also be increased. In fact, this assumption appears to lead a major third-party payer in Kansas to disagree with the idea of adding all Kansas-licensed QMHPs to the existing reimbursement laws. However, recent studies have shown that increasing the number of providers does not have an impact on costs. For instance, the United States Office of Personnel Management conducted a major study regarding the addition of other

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providers to the Federal Employees Health Benefits program (OPM, 1986). The study's authors concluded that "We are no longer prepared to argue that, should the Congress decide to mandate coverage of alternative practitioners, such action would inevitably have significant deleterious consequences for the Program." Rather than depleting the program's resources, the study stated that "there is the incontestable fact that alternative providers have been recognized under many of our plans for a considerable period of time now, not only without adverse consequences, but in some cases with beneficial ones."

In another study reviewing the literature on mental health reimbursement, the Muskie School of Public Service at the University of Southern Maine, funded by the Office of Rural Health Policy (2002) stated that "Studies have found no significant increase in costs to insurance carriers resulting from extending reimbursement to new mental health professions."

Two studies in 2001 commissioned by the North Carolina Legislature evaluated the cost of adding marriage and family therapists to those providers reimbursed under the State's Teachers' and State Employees' Comprehensive Major Medical Plan. Both studies concluded that there would be no measurable increase in costs to the Plan.

Other studies have shown that members of the three professions currently excluded from the existing reimbursement laws often provide treatment regimens for mental disorders that are far shorter than the average length of treatment provided by other professionals. For instance, one study found that marriage and family therapists average eleven sessions per case compared to fourteen sessions for other approaches to therapy. Shorter length of treatment contributes to lower costs.

Inclusion Creates a Positive Impact on Health-Care Services Provided

The five Qualified Mental Health Providers designated by the State of Kansas come from a variety of educational backgrounds and this diversity increases choice for consumers. Such diversity among QMHPs is positive for the overall provision of mental health services and will, in the long run and possibly the short-run, permit reduction of longer, more intense, more costly mental health services. Inclusion of Kansas Licensed Clinical Marriage and Family Therapists, Licensed Clinical Professional Counselors, and Licensed Clinical Psychotherapists in the existing reimbursement laws enhances the choices consumers have regarding their mental health services.

Another positive impact on health-care service is the availability of members of these three professions in the rural areas of the State. Many of these practitioners are already practicing in underserved, rural areas. Reimbursing providers who tend to be more urban-based while not reimbursing mental health providers populating rural areas presents problems for consumers and the public health of the State. Since research has shown that mental health services help reduce the utilization of medical and surgical services, increasing the availability of mental health providers in rural areas can ease access problems in these areas and reduce the need for future medical and surgical services.

Inclusion is Beneficial from a Professional and Public Policy Perspective

While professional pride may lead to turf battles that can become passionate and heated, research demonstrates that it is usually difficult to distinguish between the different mental health professions when it comes to effectiveness in treating mental disorders. Most third-party payers already rely on the State to determine (through clinical licensure) who should be providing mental health services to their customers and ignore which school the provider was graduated from. For instance, nearly all medical insurance companies operating in the State of Kansas reimburse Licensed Clinical Marriage and Family Therapists for the diagnosis and treatment of mental disorders. One notable exception is the payer holding the largest market share in the State, Blue Cross/Blue Shield of Kansas, thereby creating confusion for their Kansas customers as these consumers call to schedule mental health services with otherwise qualified mental health providers. Elsewhere the problem does not exist as Blue Cross/Blue Shield licensees in at least 36 states reimburse either Licensed Clinical Marriage and Family Therapists, Licensed Clinical Professional Counselors, or both.

When health-care coverage is not consistent with existing Kansas licensure laws, it is also more difficult for members of the various professions to work collaboratively to serve the public. If one professional feels it is important to involve another professional in the treatment of a client because of particular areas of expertise, it becomes unnecessarily difficult when the first order of business must be determining if the other professional is reimbursable by the client's health plan.

Final Comments

In addition to the preceding three reasons for including Licensed Clinical Marriage and Family Therapists, Licensed Clinical Professional Counselors, and Licensed Clinical Psychotherapists in the existing reimbursement laws in Kansas, I would like to add a note from the perspective of the marriage and family therapy graduate programs at Kansas State University. The State makes a major investment in a number of Kansas young people every year in our programs at the masters and doctoral level. Because of the lack of inclusion in the reimbursement laws, many of those students we have educated and trained leave the State for more inclusive states. Not only do we lose talented therapists, we lose strong potential leaders who go on to provide leadership in clinics, practices, and educational programs in states where all insurance companies reimburse for marriage and family therapists' services to individuals, couples, and families. As a graduate of both the masters and doctoral programs at Kansas State, I can tell you that I am one of the rare doctoral graduates to fight to remain in Kansas, where I was born and raised. My practice focuses on clients who can privately pay for the services they receive but I am regularly contacted by people in north-central Kansas who want to use my services but cannot afford to do so because their particular insurance company will not pay for those services.

All mental health professionals licensed by the State of Kansas to diagnose and treat mental disorders should be included in insurance reimbursement laws regarding mental health services. My support for this bill comes from a sense of fairness and the desire to promote what is right and helpful for the people of Kansas.

In addition to my testimony, I have a letter from a Clinical Psychologist who could not be here today in support of Senate Bill 104. I have attached a copy of that letter to my testimony at his request.

I stand ready for questions from the Committee.

Andrews & associates

February 9, 2009

To the Chairwoman and Members of the Senate Financial Institutions and Insurance Committee:

I regret that I cannot attend today's hearing on Senate Bill 104 to lend my support to this bill. The press of my work with clients prevents me from being there in person, but I have asked my colleague, Dr. Rusty Andrews, to add my words to his.

As a Licensed Psychologist in Kansas, my duty to my clients is most important to me. My ability to collaborate with other licensed professionals is vital to my ability to best serve those clients. The current state of Kansas law inhibits that ability to serve the citizens of our State. Because marriage and family therapists, and other qualified mental health providers, are not included in the laws that require third-party payers to reimburse for mental health services, I cannot refer those clients using Blue Cross/Blue Shield for appropriate care. In my own office we have myself, a Clinical Psychologist, and several marriage and family therapists. While Blue Cross/Blue Shield reimburses for my services, in accordance with current law, I cannot involve another of the licensed professionals across the hall in those patients' care. That is at times against the best interests of the client.

Passage of Senate Bill 104 remedies this inequity and lets me do my job as a Clinical Psychologist to the best of my ability in service to the citizens of Kansas. As a member of a profession that is included in the current reimbursement statutes, I do not hesitate to ask for your support of this bill.

With best regards,

John Fajen, PhD, LP

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Testimony re: Reimbursement of Mental Health Services
Senate Financial Institutions and Insurance Committee
Presented by Elaine Ptacek
On behalf of the
Mental Health Credentialing Coalition
February 9, 2009

Madam Chairman, Members of the Committee:

My name is Elaine Ptacek from Colby Kansas. I am speaking today on behalf of the Mental Health Credentialing Coalition, which is comprised of the members of the Kansas Counseling Association/Kansas Mental Health Counselors Association, Kansas Association of Masters in Psychology and the Kansas Association for Marriage and Family Therapy. I am in Private Practice with Heartland Rural Counseling Services in Colby, Kansas as a Licensed Clinical Professional Counselor. I have worked in the Mental Health field since 1990. I am a Mental Health Consultant with the Smart Start Program in Northwest Kansas and Mental Health volunteer for our local Red Cross. I have served as a President of the Kansas Mental Health Counseling Association and currently serve as the Legislative Advocacy Chairman of Kansas Counseling Association.

My testimony today encourages the Insurance /Financial Institutions Committee to push for reimbursement of all BSRB Master Level Clinical Licensees in the mental health field and not just Social Workers and PhD Psychologists. We are asking your support of **SB 104.** Being from Northwest Kansas, rural areas face many challenges of access to mental health care

* BCBS has not expanded their provider network since 1995 and we did not get licensure until 1997.
* We are reimbursed by most all insurance companies and are providers for the state mental health programs, Medicaid and Healthwave 21.
*If a client has BCBS and Medicaid, Medicaid must pay the bill because BCBS will not reimburse us. This places a burden on the Medicaid and state health system. BCBS should include us and take responsibility for their client's insurance reimbursement.
* In 2003 a committee representing the Mental Health Credentialing Coalition presented information to BCBS representatives and they have continued to deny the expansion of the provider network.
* If a Licensed Mental Health Clinician who is not clinical is working in the Community Mental Health Centers in the state, BCBS will reimburse all mental health licensees, but refuse to reimburse those of us in private practice with clinical licensure.
* In Northwest Kansas, approximately 65-70% of our population has BCBS for their Medical and Mental Health. This puts a real financial strain on our clients who must self

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pay and do not have choice or access. They must access the Community Mental Health Center.
* When a family with BCBS can't afford self pay, referring them to an LSCSW is difficult as the closest one who is not connected to the Community Mental Health Center is approximately 100 miles from Colby.
* When a client calls, we must ask about insurance first because if they have BCBS, the client needs to know their options of self pay, drive over 100 miles to see a LSCSW or access the CMHC if they can get an appointment.
* I am reimbursed by several out of state BCBS's. We send our insurance billing form-HICF 1500 to BCBS in Topeka and they submit it to the out of state provider, the out of state provider pays Kansas and then Kansas BCBS writes us the check. It is difficult to understand why out of state BCBS companies will reimburse us but Kansas will not and yet they write the check.
* I have contacted BCBS over 20 times from 1999-2007 in hopes they would recognize the shortage of providers and allow choice to their consumers. I was told by BCBS to have the 3 largest BCBS businesses in Northwest Kansas to write a letter to the local BCBS representative issuing concerns about the shortage of mental health providers for their employees but after all the work, they still refused to expand the provider network. I asked BCBS about doing a pilot program in Western Kansas but they refused. I won't give up because I see clients frustrated and angry when they cannot afford self pay and often seek no services.

I have contacted several Board of Regent University Alumni Offices to find out the number of graduates in the Counseling program who have stayed in Kansas and who have left Kansas over the **last 10 years**. Insurance reimbursement is not a problem in most states.

Kansas University had 215 Counseling Psychology masters' level grads still in KS and 180 outside of Kansas.

Fort Hays State University Alumni with KS address with the psychology majors was 200. Out of state address with this major—222.

Pittsburg University had 102 graduates in the Counseling program the past 10 years and approximately 60-65% left the state of Kansas.

I feel being licensed at the highest level in Kansas under the supervision of the BSRB should level the playing field among all disciplines. The overall goal is helping our citizens attain a mentally healthy mind when they are ready to seek treatment not delaying it because of costs or lack of choice.

Standardization of the credentialing process for mental health providers and the fact that within the CMHC system all these providers can be selected based upon abilities rather than licensure category. That same policy should be utilized for private practitioners as well by the reimbursing community.

As you consider future actions to benefit mental health delivery in Kansas, I urge you to consider the points I have raised today and support **SB 104**.

Thank you for allowing my testimony.

February 9, 2009

Dear Senator Ruth Teichman and Committee

As a consumer of Blue Cross Blue Shield, I have spent thousands of dollars out of pocket for my son's mental health needs. We selected a Licensed Clinical Professional Counselor who was highly recommended, but had to self pay for his therapy because she was not reimbursed by BCBS.

In Northwest Kansas, my options were the Community Mental Heath Center who is in our town one day a week (I work and have difficulty getting time off), find a Clinical Social Worker or a PhD Psychologist, or self pay. In Northwest Kansas, we didn't have any Clinical Social Workers or PhD Psychologists, so we chose the best therapist and paid the bill ourselves. Currently, we are driving to Kearney, Nebraska to see a PhD Psychologist and an MD which is a two hour drive one way. We go to Kearney to have his medications monitored and do follow up.

Our son started therapy in first grade and is now a sixth grader. He has been inpatient and in outpatient therapy for six years, and this has been a financial burden for our family.

We are asking the Legislature to stop the discrimination of providers and allow us to choose the best therapist for our child. Thanks for allowing me to share my concerns, and I hope you can help our family as well as other families in Kansas with this issue.

Sincerely,

Traci Uehlin

Re: SB 104—Comments before Senate Financial Institutions and Insurance Committee on February 9, 2009.

Senator Teichman, I thank you for the opportunity to appear before your committee this morning to discuss this important matter. My name is Lou Smith and I am a licensed independent insurance agent in Wichita where I have worked exclusively in the Employee Benefits area since 1982. My clients are various sized employers who have fully insured medical benefits or self-funded benefits. I represent almost all group carriers licensed in Kansas. This would include the largest carriers such as Preferred Health Systems, Coventry, Trustmark, United Health Care, and Blue Cross & Blue Shield of Kansas. I have worked closely with many employers designing and implementing benefit packages for their employees. More recently, I also became a Licensed Marriage and Family Therapist in private practice in Wichita.

Therefore, I may be uniquely qualified to address the committee from two different perspectives. I understand completely the impact increases in the cost of medical insurance have in the market place. I work with employers daily struggling with the costs of their benefit packages. Additionally, I understand the implications of the mental health delivery system and its affect on the quality of life of our fellow Kansans. It is a recognized fact that the mental health of an employer's workforce can have a direct impact on their physical well being and thus their physical medical health. These are directly related.

My bias as a Benefit Consultant strongly opposes most State or Federally mandated insurance related expansion of services. My understanding of SB 104 indicates it does not mandate any expansion of benefits but simply provides some fairness in recognizing current Kansas Licensed providers of Mental Health services. Almost all commercial carriers recognize these providers. They have them on their panels of "Preferred Providers" and extend contracts and payments to them. The current discriminatory exclusion by Blue Shield apparently is based on a legislative action decades ago and pre-dated the Kansas licensing of the three entities now under discussion. Interestingly, in about 36 other states, Blue Shield recognizes these providers. Also, I have witnessed first hand the problems some employees have had when their employer has changed carriers. If the new carrier does not recognize these providers and the employee is in the middle of some therapy treatment, he must make a difficult decision.

I believe it is also important to understand that many medical conditions have an over lying psychological factor. Some medical patients with physical ailments are also suffering from mental disorders or disease. For example many heart attack victims suffer from subsequent depression and can benefit from the various psychological therapies offered by the three disciplines under consideration. Many of our fellow Kansans live in rural areas and do not have the providers easily available to them and must travel some distance for services. SB 104 would add providers to these rural areas.

I would strongly support this legislation to address these concerns and would welcome your questions. Thank you again for allowing me the opportunity to appear before this committee.

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Youthville

Madame Chair and Members of the Committee:

It is an honor to be with you here today to provide testimony in support of Senate Bill 104. I thank you for this opportunity. My name is Gerald Snell. I am a Licensed Specialist Clinical Social Worker (LSCSW) and the Chief Clinical Services Officer at Youthville. Youthville is one of the largest nonprofit child welfare and social service agencies in the State of Kansas. We currently hold the Foster Care and Reintegration contract with the State for Region V, which covers Sedgwick County. In addition, we are a Licensed Child Placing Agency that supports foster homes in multiple locations throughout the State. We provide residential treatment services (both PRTF and YRC II) at our two residential campuses in Newton and Dodge City. And we provide outpatient and in-home mental health services in Wichita and additional locations including Dodge City, Hutchinson and Concordia.

As you know, SB 104 prohibits insurance companies from excluding otherwise qualified mental health practitioners from their provider network solely based upon their discipline. Presently, Blue Cross and Blue Shield of Kansas (BCBS) refuses to credential providers who are licensed by the Behavioral Sciences Regulatory Board to practice independently such as Licensed Clinical Marriage and Family Therapists (LCMFT), Licensed Clinical Professional Counselors (LCPC), and Licensed Clinical Psychotherapists (LCP). This decision is being made without consideration to the individual practitioner's skills, experience or ability to provide specialty services. Outside of Medicare, BCBS of Kansas is the only insurance carrier that we have worked with that refuses to credential these disciplines. This is in spite of the fact that BCBS plans in 36 other states credential these disciplines, including plans in states adjacent to Kansas, such as Blue Cross and Blue Shield of Nebraska.

Without a doubt, this provider network limitation places an undue burden on BCBS customers who seek to access mental health services. Because our agency has a limited number of LSCSWs and no PhD Psychologists on staff, we frequently have to turn away BCBS customers who request mental health services from our agency. This problem is particularly acute in more rural areas of the state, where BCBS customers must obtain services from their local Community Mental Health Center because there are no other credentialed providers in the area. An example comes from our Concordia office, where our therapist has had to turn away several customers with BCBS of Kansas coverage because he is a Licensed Clinical Marriage and Family Therapist and therefore not eligible for inclusion in the BCBS of Kansas provider network. Many of these customers

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were specifically referred to our therapist due to his skill, experience and knowledge in particular specialty areas.

Likewise, this provider network limitation can have a significant impact upon continuity of care for the customer. For example, if a customer's employer changes insurance plans to BCBS of Kansas while the customer is involved in treatment, the customer may be forced to switch providers regardless of their needs or their progress in treatment with their existing provider. One noteworthy illustration of this occurred when Family Consultation Service (FCS) in Wichita merged operations with Youthville in July 2007. As a Community Mental Health Center, FCS clinicians from all disciplines were able to provide services to Blue Cross and Blue Shield customers. However, when FCS relinquished its CMHC license to merge with Youthville, approximately 80 of these customers were displaced from services, as BCBS refused to credential any FCS providers except LSCSWs. Repeated requests were made to BCBS to grant exceptions to allow only these customers to maintain services with their existing provider, but no exceptions were granted. One may argue that the insurance market is a free market, and the customer can choose their insurance coverage. However, due to the costs of insurance coverage, it is not realistic for customers to obtain insurance coverage outside of their employer plans.

Finally, there is no evidence to suggest that LCMFTs, LCPCs or LCPs as a whole are any less qualified than LSCSWs or PhD Psychologists to diagnose and treat mental health disorders. As an LSCSW with many years of experience in the mental health field, I can tell you that my peers in these disciplines are no less qualified than I to provide mental health services. Currently, clinicians from these disciplines who are employees of a CMHC can provide services to Blue Cross and Blue Shield of Kansas customers, so Blue Cross and Blue Shield itself seems to recognize that there is no disparity in the quality of services among these disciplines.

Due to these issues of customer access, continuity and quality of care, I urge your support of SB 104.

Thank you for your time and attention. I will now stand for questions from the Committee.

Madam Chair and members of the committee:

My name is Debra Schartz-Robinson and I would like to first thank you for the opportunity to be here and express my strong support for Senate Bill 104.

I cannot begin to tell you about our struggles with insurance without first telling you a bit about our family. My husband, Dave, and I have 4 daughters ranging in age from 7 months to 14 years. Dave farms south of Dodge City and I am a LSCSW therapist. Around eight years ago a wide eyed six year old came to live at our home. She came to us having suffered severe trauma. In fact, up until that point most of her life was one trauma after another. Because of her experiences in life, her behaviors were at times difficult to manage. The behavior that had the greatest impact on our lives was her aggression. Marquasha came into our family having 3-4 violent fits a week. During these episodes, she would spend hours yelling, screaming, kicking, hitting and biting. At her case manager's request, we immediately began taking her to the Area Mental Health center for therapy. Because of the tight schedule, she was seen once a month. For the first appointment, I struggled to get her there. She didn't want to go and during the 30 minute ride to the office, she fell asleep. In those days, falling asleep in the car always triggered her PTSD. On our arrival at Mental Health, she was in a full out aggressive outburst. I struggled to the door, peeked my head in to let them know we were there only to hear them say, "Sorry, your appointment has been cancelled." We struggled in the entry for the entire hour we would have been in the appointment and there began our therapy challenges. Through the years we have invested with therapists who have used strategies that have triggered Marquasha and increased her agitation. Given the level of her behaviors, this has a very strong impact on our family life. We have learned that very well-intentioned therapists can disrupt our entire family by re-traumatizing her. Finding a therapist who is trauma informed has been the key, but not easy. We adopted Marquasha when she was 9 years old. We recognized the difficulty in getting her appropriate services before the adoption, but learned after the adoption was final it was even more difficult. As a part of our adoption agreement, she was able to keep her Medical Card, but we were asked to add her to our plan as her primary insurance. As a member of BCBS our service provider options were cut even further. Maintaining a child with Marquasha's behavioral issues is difficult. Living in a rural area where options for treatment are limited makes it even more difficult and adding an insurance company that restricts your treatment options as much as BCBS does, adds only yet another layer. In our struggle to get Marquasha the most appropriate therapy, I have spent thousands of dollars getting training so that I could best understand her behaviors, hiring consultants, and paying therapists out of my own pocket because my insurance would not accept their credentials. What I have learned is that the therapy that helps is not based on what degree the therapist holds but rather on what knowledge base they have and who they are as a person. Restricting my choice in who that person is has not served me or my family well. As a professional who is credentialed with BCBS and as a mother of a severely disturbed child, I am here asking your help in widening the circle of treatment options for people in my shoes.

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Jeffery Alan McCall
Stormy Lynn McCall
824 West 9th Street
Concordia, KS 66901

February 9th, 2009

In support of SB 104

Madame Chair and the rest of the Committee it is my honor to be here, and I thank you for this opportunity. My name is Jeff McCall, along with my wife, Stormy. Currently, we live in an underserved area. But we represent families like ours through-out the entire state of Kansas. What do these families look like? Just like yours and mine. When you look at this child, you don't see just the child, you see the family. This member of our family struggles with an *Autism Spectrum Disorder* which requires continual treatment.

Because we live in an underserved area, we are limited on options, but have found great value in a family therapist who is extremely knowledgeable, and is of great help to our son, and our family as we deal with ASD (autism spectrum disorder) on an everyday basis. Likewise, there are many families out there just like ours. When the family seeks support and finds someone to give the support, they feel a sense of success and progress. This benefit's the entire family as a unit.

Many families face hardships in getting the mental health services their loved one requires, not only are they paying their BC/BS Insurance premiums, they also have to pay the extra money to the mental health agencies for their services. Many times medications need to be purchased, adding to the financial stress these families already face. The end result would be that families struggle to pay for the services their loved one needs, to drive for several hours to get somewhere where they are covered, or discontinue the services all together because they simply cannot afford to seek the treatment they need.

The Marriage and Family Therapists have acquired the necessary achievements to practice as recognized by the State. BC/BS should also recognize their credentials, and approve the services provided by these therapists.

We are in support of BC/BS assisting families just like ours - who live in underserved areas, to help them afford the healthcare that they need.

A family can be broken up by the stress of everyday life, pile on that every day stress of an autistic child or high needs child or other loved one and that family can be broken.
The most important work we can do as families happens between the four walls of our homes, helping pass this bill would relieve a great deal of stress for many families.

Thank you for your time, and listening to our testimony.

Sincerely,

Jeffery A McCall Stormy L McCall

Jeffery A. McCall
Stormy L. McCall

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KVC
BEHAVIORAL HEALTHCARE

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www.kvc.org

Senate Financial Institutions and Insurance Committee
Testimony in Support of SB 104
February 9, 2009

Chairwoman Teichman and honorable members of the Committee, I am Kyle Kessler, Vice-President for Administration and Governmental Affairs at KVC Behavioral HealthCare. We appreciate the opportunity to provide testimony in **support of SB 104**.

The bill would be a great benefit to consumers, organizations that provide mental health services, and the state as a whole. The bill would add licensed clinical marriage and family therapists (LCMFTs), licensed clinical professional counselors (LCPCs), and licensed clinical psychotherapists (LCPs) to the current requirement that licensed clinical social workers and Ph.D. Psychologists be reimbursed by insurance companies. All of the above-mentioned providers are regulated by the Behavioral Sciences Regulatory Board as they provide similar services.

Organizations that provide mental health services are facing a workforce shortage and often times are required to bill private insurance prior to billing the medical card for children receiving Medicaid. Passage of SB 104 would provide a greater pool of professionals to do the important work of child welfare organizations and other providers.

The reality is that passage of this legislation would save the state money. In cases where the insurance company does not allow reimbursement to LCMFTs, LPCs, and LCPs, this breaks the continuity of care. The result for children in the child welfare system is the possibility of being in the system longer or returning to the system. The recently implemented Pre-Ambulatory Health Plan (PAHP) that is administered by Kansas Health Solutions for persons receiving Medicaid, including children in the child welfare system, includes LCMFTs, LCPCs, and LCPs along with the social workers and psychologists as eligible providers.

This concludes my testimony. I would be happy to stand for questions.

FI&I Committee
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CWLA
CHILD WELFARE LEAGUE OF AMERICA

Kansas Catholic Conference

6301 ANTIOCH • MERRIAM, KANSAS 66202 • PHONE/FAX 913-722-6633 • WWW.KSCATHCONF.ORG

February 9, 2009

To: Senator Ruth Teichman, Committee Chair, and the
Financial Institutions and Insurance Committee

I am requesting your support of HB2088/SB104 that would prohibit insurance companies from discriminating against licensed mental health counseling professionals. Blue Cross/Blue Shield (BC/BS) is the largest insurer in Kansas and the primary one who restricts mental health payments almost exclusively to clinical social workers and psychologists.

The licensed counselor groups who are denied payment by BC/BS include:

- Licensed Clinical Marriage and Family Therapists (LCMFT)
- Licensed Clinical Professional Counselors (LCPC)
- Licensed Clinical Psychotherapists (LCP).

These professional providers are licensed to diagnose and treat mental disorders with equivalent training/experience as BC/BS reimbursed providers such as Psychologists and Social Workers.

It is important in these stressful economic times for individuals and families to have access to professional counseling services. If an individual or family finds out that their insurance will not cover the needed counseling, they frequently forgo the services, even when presenting with clinical depression or suicidal ideation.

Universities in Kansas train mental health professionals in all the disciplines mentioned.

- Ft. Hays State, for example, trains master's level professional counselors. So in Western Kansas there are more Licensed Clinical Professionals Counselors than other disciplines.

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- Kansas State University, Manhattan, trains Marriage & Family Therapists in their Family Studies program.
- Many schools train master's level psychologists who become eligible for the Licensed Clinical Psychotherapist (LCP) distinction.

All of these disciplines include diagnosis in their training. As an employer of counselors, I have Licensed Clinical Professional Counselors (LCPC's), Licensed Clinical Marriage & Family Therapists (LCMFT's), and Licensed Clinical Social Workers (LSCSW's) on staff. Even though I consider all of these therapists equally qualified to provide counseling services, we receive more third party reimbursements from the Licensed Social Workers than the other disciplines. Licensed Clinical Professional Counselors (LCPC's), Licensed Clinical Marriage & Family Therapists (LCMFT's) and Licensed Clinical Psychotherapists (LCP's) do receive reimbursements from a number of other insurance companies and Employee Assistance Plans (EAP's) in Kansas. We even receive reimbursement from some Blue Cross/Blue Shield plans when the employer is based in another state that requires reimbursement of these professionals.

We are not asking for any new or expanded programs. We are just seeking equity of reimbursements among all equally qualified and clinically licensed mental health professionals licensed by the Behavior Science Regulatory Board of Kansas. We believe this will increase access to treatment for persons throughout the state, support university programs in all the mental health disciplines, and provide greater employment opportunities to well-qualified master and doctoral level professionals.

I request your support of HB 2088/SB104 for the reasons that I have just elaborated.

Sincerely,

Dr. Karen Hauser, Certified Clinical Mental Health Counselor,
National Board Certified Counselor,
Chief Executive Officer
Catholic Charities of Salina, Inc.

Presented by
Sister Therese Banzet,
Kansas Catholic Conference

11-2

Testimony Prepared for the Senate Committee on Financial Institutions and Insurance February 9, 2009

Testimony in Support of SB 104

Mr. Chairman and members of the Committee:

I appreciate the opportunity to provide written testimony before the Financial institutions and Insurance Committee in support of Senate Bill 104. I am the Superintendent for Hansen Mueller Co. Courtland, Kansas and a resident of Scandia, Kansas.

In July 2007 we lost our 16 year old son in a tragic hiking accident. My mental state deteriorated consistently over the next several months, to the point that I could hardly bear to work and be productive. I was blessed to be lead to James Lund, LCMFT Therapist at Youthville. After over a year of therapy with James I have learned to deal with our loss and remain productive in my employment.

I feel that my talk therapy has been every bit as important to my overall health and well being as any trip to a "normal" medical Doctor. I see a real need for health insurance companies to reimburse their customers for this medical treatment to insure their ongoing health and well being.

Thank you for your consideration of SB 104.

Randy Nelson
Scandia, KS

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TFI Family Services

Building Brighter Tomorrows for Families and Children

Testimony to the
State Financial Institutions and Insurance Committee
February 9, 2009

My name is Steve Solomon and I represent TFI Family Services, a statewide Child Placing Agency that sponsors over 600 family foster homes throughout the state. Because of recent contract changes, we anticipate that as of July 1 of this year, our agency will be responsible for the care and treatment of over 2000 children and youth who have been removed from their homes. These children and youth have been removed from their homes because of abuse and neglect or other behavior or family issues that result in this determination by the judicial system.

We strongly support the passage of SB 104 primarily because it would promote access to needed mental health services and especially in areas of the state in need of properly trained and credentialed professionals. Another value of this bill is the message and support it gives people who aspire to contribute their skills as a duly licensed clinical marriage and family therapist, or clinical professional counselor, or clinical psychotherapist. The state of Kansas needs more of these duly licensed professionals and supporting appropriate reimbursement from private sources for their services helps us accomplish this. The availability of needed mental health care for many Kansans was enhanced when the Medicaid program was revised to include these duly licensed professionals as providers. We support access to the full range of professionals for those Kansans whose needs are met through the availability of private insurance as well.

We encourage you to support passage of SB 104 and strengthen the availability of mental health care throughout the state.

Thank you and I will stand for questions.

Steve Solomon, PhD
Director of Public Policy
TFI Family Services
steves@the-farm.org
913-755-1741

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2-9-09
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Association of Community Mental Health Centers of Kansas, Inc
720 SW Jackson, Suite 203, Topeka, Kansas 66603
Telephone: 785-234-4773 / Fax: 785-234-3189
Web Site: www.acmhck.org

Senate Financial Institutions and Insurance Committee

Testimony on
Senate Bill 104

February 9, 2009

Presented by:

Michelle Sweeney, Policy Analyst
Association of CMHCs of Kansas, Inc.

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Mad[illegible] Chairman and members of the Committee, my name is Michelle Sweeney, I am the Policy Analyst for th[illegible] Association Community Mental Health Centers of Kansas, Inc. The Association represents the 27 licensed Community Mental Health Centers (CMHCs) in Kansas who provide home and community-based, as well as outpatient mental health services in all 105 counties in Kansas, 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. The CMHC system is state and county funded and locally administered. Consequently, service delivery decisions are made at the community level, closest to the residents that require mental health treatment. Each CMHC has a defined and discrete geographical service area. With a collective staff of over 4,500 professionals, the CMHCs provide services to Kansans of all ages with a diverse range of presenting problems.

Together, this system of 27 licensed CMHCs form an integral part of the total mental health system in Kansas. 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, collectively serving over 123,000 Kansans with mental illness. I stand before you today to discuss mental health coverage that is mandated to be provided under group health insurance policies in the state and to support Senate Bill 49.

It is important to note that one in four adults—approximately 57.7 million Americans—experience a mental health disorder in a given year.[1] The CMHCs serve as the public mental health system in Kansas, and as such, do not serve a large number of privately insured individuals. In fact, only about 8% of reimbursement to the CMHCs is from private group heath insurers. However, we believe that coverage is important for all Kansans who need mental health treatment.

The Association supports coverage for mental health treatment in group health insurance policies when provided by a Behavioral Sciences Regulatory Board (BSRB) licensed professional, since we know that treatment works and recovery is possible for those who have a mental illness and substance use disorders. We support the concepts in Senate Bill 104 to grant vendorship to an expanded list of licensees of the BSRB--including clinical marriage and family therapists, clinical professional counselors, or clinical psychotherapists. This would allow BSRB licensees to provide treatment and care to individuals/families, thereby expanding access to mental health care—particularly in the rural areas of the State where there may be a lack of providers.

The new State Medicaid Plan for Mental Health Services which went into effect on July 1, 2007, includes an open provider panel for "any willing provider" to provide traditional outpatient mental health treatment to Medicaid consumers. If such a panel is appropriate for Medicaid consumers, we believe it would be good for the private insurance market, where rates may vary for different providers, whereas in Medicaid, all providers receive the same reimbursement.

The Association supports amending Kansas statute to allow for vendorship for BSRB licensees, thereby increasing access within the private health insurance arena. Thank you for supporting mental health for all Kansans. Thank you for allowing me to appear before you today.

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[1] U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 1999, pp. 408, 409, 411.

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785.234.2423 toll free 866.547.0222 fax 785.234.2410

January 30, 2009

State of Kansas Legislature
Kansas State Capitol
300 SW 10th St.
Topeka KS 66612

Dear Legislators:

Kansas Health Solutions (KHS) is committed to serving the mental health needs of Medicaid and MediKan recipients (KHS members) in Kansas. A wide variety of professional providers of across Kansas have joined the KHS provider network to help members of KHS with mental health challenges and aid their recovery.

However, lack of uniform recognition of mental health professional license types by private insurers has an impact on care delivery in Kansas. Continuity of care could be improved as well as access to care for those with dual insurance coverage (private and Medicaid). Also, as many in the public sector know, and as is right and respectful for the taxpaying citizen, Medicaid is designated to be the payer of last resort. This means that if a KHS member also has other health insurance, that insurance is considered the primary payer. However, when mental health professionals who are legitimately licensed by the State are excluded from providing service under a member's private insurance, Medicaid must pick-up the entire burden of payment, rather than merely the co-pay or co-insurance which is left unpaid by the primary insurer. In most cases on the medical (non-mental health) side, those professional license types which are included in the provider network by Medicaid are also included in private insurance networks, but in mental health there are several exceptions. This situation, therefore, can place a disproportionate financial burden on the publically funded mental health system.

The unrecognized license types on the private insurance side also complicates and often delays reimbursement to providers as they are required to apply for payment to the private insurer and then submit any denial to the secondary insurer (KHS).

More uniform recognition of mental health licensure types would benefit the taxpayers and care recipients of Kansas.

Sincerely,

Michael Goldberg
Chief Executive Officer

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Written Testimony Presented 2-9-09 to the
Kansas Senate Financial Interests & Insurance Committee
Regarding **SB 104**

Sarah Bremer Parks, MS, LCP

I'm here today to invite you to support Senate Bill 104. **I'm here to ask for equity in Kansans' access to mental health services and fairness in terms of reimbursement practices.**

1. WHAT IS THE GENERAL SUMMARY OF SB 104? It seeks to **provide many Kansans better access to affordable mental health services.** Passage of this bill would allow mental health professionals licensed in the state of Kansas by the Behavioral Sciences Regulatory Board (BSRB) to be reimbursable by health insurance companies. Currently some insurers discriminate against a small but vital group of therapists by not reimbursing specific license categories. **This bill would put the BSRB back in charge of deciding who is qualified to provide mental health services.**

2. WHO IS BEING EXCLUDED FROM REINBURSEMENT FOR EQUAL SERVICES? The clinicians who are being excluded include: Licensed Clinical Marriage and Family Therapist (**LCMF**), Licensed Clinical Professional Counselor (**LCPC**), and Licensed Clinical Psychotherapist (**LCP**).

3. WHO IS AFFECTED BY THIS EXCLUSION? There are **many Kansans** who are unable to find caregivers in their local communities because of the current discrimination by BCBS against specific categories of licensed mental health providers. Most people can't afford to miss work, pay for transportation to find treatment elsewhere, plus they are already paying for coverage and not able to access it.

4. DOES THIS BILL CHANGE WHAT SERVICES ARE COVERED? No. This bill is independent of any change in the services required to be reimbursed pursuant to any mental health insurance mandate statutes. **It simply requires insurers who provide reimbursement for mental health services as part of an individual or group health insurance policy to provide reimbursement for all licensees of the BSRB who are authorized by Kansas law to diagnose and treat individuals with mental disorders.**

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My Experience - I am a Licensed Clinical Psychotherapist (LCP) regulated by the Behavioral Sciences Regulatory Board (BSRB). In **1982** I completed my Bachelor of Science in Psychology at **Emporia State University**. I stayed at ESU to pursue my **Master's in Clinical Psychology** and taught there as a graduate assistant.

During that time I was active in Student Government (President of Student Body 82-83) and had the privilege of becoming acquainted with the distinguished Gerald "Jerry" Karr who was our State Senator from the Emporia District as well as his wife, our professor, Dr. Sharon Karr. Senator Karr had his finger on the pulse of the legislature and was aware of trends and plans. The Senator and our professors assured the students that the Masters of Science in Clinical Psychology or other equal programs would soon be considered equal in the insurance reimbursement arena. That was in **1983**.

I completed my clinical internship at the **Family Service and Guidance Center** in Topeka in1984 and was hired by the **Menninger Clinic** as a research assistant. While at Menninger I received high quality training and gained experience in the provision of clinical services.

I completed the **Karl Menninger School of Psychiatry's** (KMSP) rigorous psychotherapy training with 450 hours of supervised psychotherapy training with faculty at the top of their field. I went on to teach classes in psychotherapy in the KMSP program. I worked for several years on the Eating Disorders Unit and on the Trauma Recovery unit as a Primary Clinician. In addition, I provided services to the Children's Hospital, Professionals In Crisis, Partial Hospital Program, the Menninger Management Institute and the Outpatient Department. Menninger was a **wonderful** place to learn and grow personally and professionally.

I remember the day, late in August of 2000, Menninger first announced the planned move to Houston, Texas. Moments before that large meeting I listened to a phone mail with the news that I was pregnant. It was a time of much change and excitement. My husband, also employed at Menninger, and I decided to stay in Kansas to raise our family rather than uproot and move to Houston with the Clinic.

Since that time we have opened a small private practice and our daughter is now in second grade. We make every effort to provide excellent and affordable clinical services with our unique and extensive education and history. It has been **over 25 years** since I completed my internship for my master's degree. I love my clinical work and I am well trained and qualified to deliver mental health services.

I am licensed by you, the Kansas Legislature, through the BSRB as a **Licensed Clinical Psychotherapists** (LCP). Even so, the primary insurer in Kansas, BCBS, does not reimburse LCP's for the provision of **psychotherapy – the exact service that you have licensed me to do**. In essence, health insurance subscribers are not able to access their own health insurance benefits due to a practice of discrimination against a few licensed professionals who are equal in training to counterparts in other license categories.

It's time to promote a professional environment of equal access to all Kansans' and engage in fairness regarding reimbursement practices of health care insurers. It is time to address this issue with active legislation. It is appropriate for the committee to recommend passage of SB 104.

I thank you for your time and attention to this matter and encourage you to pass SB 104. If I can be of any assistance in your process please let me know. I specialize in stress management.

Warm Regards,

Sarah

Sarah Bremer Parks, MS, LCP
Synergy Systems Consulting, P.A.
3500 SW 6th, Topeka, KS 66606 785-817-9136

16-2

January 28, 2009

Ruth Teichman, Chairman
Senate Financial Institutions and Insurance Committee
Kansas Senate
State of Kansas
Topeka, KS

K-STATE
Kansas State University
College of Human Ecology
Office of the Dean
119 Justin Hall
Manhattan, KS 66506-1401
785-532-5500
Fax: 785-532-5504

Dear Ms. Teichman & Members of the Senate Financial Institutions & Insurance Committee:

Kansas needs your support of Senate Bill 104. I am writing to you as the Dean of the College of Human Ecology at Kansas State University to encourage your support of this legislation that will expand the available pool of mental health professionals for the benefit of the citizens of Kansas and **help stop the loss of talented Kansas graduates to other states once we have educated and trained them.**

The College of Human Ecology at Kansas State University is the home of our State's standard-bearing graduate programs in marriage and family therapy. These programs have developed a national and international reputation for excellence through outstanding education, training, and research in service of our State. Many Kansas students take advantage of these exceptional programs at the masters and doctoral level to prepare for lives of leadership and service to couples, families, and individuals. **The problem that this bill addresses is that most of these students leave the State after graduation. One of the key reasons for their exit is Kansas' lack of "any willing provider" laws that provide insurance reimbursement for their services.** They leave for states that offer better opportunities to earn a living as marriage and family therapists because of more equitable laws.

This "brain drain" means we spend State funds to train top-notch therapists at Kansas State University that then leave the State to practice their profession. The key source of this brain drain is the fact that while most insurance companies in Kansas already reimburse our graduates, the State's largest third-party payer, Blue Cross/Blue Shield of Kansas, does not. This is especially puzzling when you consider that Blue Cross/Blue Shield franchisees in most other states, even Blue Cross/Blue Shield of Kansas City, do reimburse our grads. Attempts by our own mental health professionals to resolve this inequity directly with Blue Cross/Blue Shield of Kansas have been met with disregard. By supporting Senate Bill 104 you solve this problem while increasing the number of providers that can be accessed by the citizens of our State. Your action will only help, not hurt, the people of Kansas. **I note that studies by the Federal Government and by many other states, often conducted by those State's legislatures before passing laws like this one, show that by expanding the number of available providers you do not increase health insurance costs.**

This Bill does not increase the number of services already required to be provided by Kansas insurers. It only includes marriage and family therapists, and the other Kansas-licensed mental health professionals, in the laws that already require reimbursement of mental health

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professionals from psychology and social work. I am not asking for special treatment, just an equal chance for our graduates to do what they do—and do very well—so we have the opportunity to keep more of them in Kansas serving Kansas families and providing leadership in our State.

There are many reasons for supporting Senate Bill 104, such as increasing the number of available providers, particularly in the majority of Kansas counties that are underserved by mental health professionals, and increasing competition among providers, but I want to stress the loss to the State of these talented new professionals. While I speak for the marriage and family therapy programs at Kansas State University, I would imagine that you could hear similar stories from the other State universities that train professional counselors and masters-level psychologists. Nonetheless, I see it happen every year at Kansas State University and I urge you to pass Senate Bill 104 to help us stop this loss.

Thank you for your attention and your action.

With best regards,

Virginia Moxley

Virginia Moxley, PhD
Dean

Senate Financial Institutions and Insurance Committee
Written Testimony Only
In Support of SB 104
February 9, 2009

Legislative Testimony of:
C.R. Macchi, PhD, LCMFT
5847 SW 29th Street
Topeka, Kansas 66614
(785) 221-0739
crmacchi@ksu.edu

History:

I began practicing as a licensed MFT in Kansas in 1999. I spent a brief time in Wyoming (2000-2003) where I practiced as a licensed MFT and was on the panel as a provider for Blue Cross Blue Shield of Wyoming. In 2003, I returned to Kansas to obtain a PhD in Marriage and Family Therapy and worked toward obtaining my clinical-level licensure. I am a Clinical Member of the American Association for Marriage and Family Therapy (AAMFT) and an Approved Supervisor training therapists and supervisors-in-training. I am also a member of the Behavioral Sciences and Regulatory Board (BSRB) Marriage and Family Therapy Advisory Committee.

The focus of my research and clinical practice is on assisting individuals, couples, and families who have a member managing a chronic physical or mental condition such as Diabetes, Weight Management and Bariatric surgery, Autism Spectrum Disorder, and Alzheimers. The complexity of the current health issues related to the trends of increased obesity, Diabetes, and the aging population are driving health care and mental health care costs up. My work is focused on contributing to more cost-effective treatments and better outcomes.

Current Issues:

Despite having a doctoral degree and a clinical level of licensure, I am still unable to provide therapy to clients who have Blue Cross Blue Shield of Kansas (BCBSKS). I have had no difficulty participating on the panels or providing services covered by eleven other insurance providers. My exclusion from coverage has created a number of difficulties for my therapeutic work and subsequently for the clients I intend to serve. The following challenges have arisen as a result of my exclusion from the panel of BCBSKS :

- Inability to provide needed therapeutic services to patients with BCBSKS coverage
- Discontinuity of service for clients whose employer changes insurance plans to BCBSKS
- Inhibiting collaboration with the services of other medical and mental health professionals for clients with BCBSKS

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Inability to Provide Therapeutic Services

According to the Behavioral Sciences Licensing Board (BSRB) of Kansas, MFTs are qualified mental health professionals requiring levels of training and experience equivalent to the licensing requirements for each of the other mental health disciplines. Furthermore, the current regulations make no distinctions of the licensing requirements at the clinical level for each discipline. In accordance with the other mental health professions in Kansas, a Licensed Marriage and Family Therapist "...allows for the diagnosis and treatment of mental disorders" (State of Kansas, 2007).

Despite my qualifications and ability to provide effective services to the citizens of Kansas, I am unable to provide services to those who have BCBSKS insurance coverage. Providing reimbursement for services such as mine would not add to the costs of those services (Crane, 2008), it would simply expand the pool of qualified practitioners.

Discontinuity of Service

Clients seeking therapeutic services rely upon continuity of the treatment process. Several studies have determined that the therapeutic relationship is a key factor for successful outcomes (Hubble, Duncan, & Miller, 1999). There have been occasions when I have begun treating clients whose employer has changed insurance carriers during the treatment process. As a result of a change in coverage to a few insurance providers such BCBSKS, clients have been faced with the difficult decisions of discontinuing services due to financial considerations and then having to find another provider. This change has resulted in clients having to begin the process of therapy again. This type of change is disruptive to their progress and results in increased mental health care costs associated with the duplication of the initial assessments.

Inhibiting Collaboration

Comprehensive therapeutic services require collaboration among medical and mental health professionals (Centers for Disease Control and Prevention, 2001; McDaniel, 1992). Functioning as part of an effective multidisciplinary team requires that a client is able to access all of the needed services with their insurance plan. Emerging from my ongoing research and study, I am developing a practice focused on medical-mental health collaborations. These collaborations enable patients to rely on a team of providers working together to address each aspect of their multifaceted conditions.

An example of inhibited collaboration has arisen in my work with the St. Francis Diabetes Center, a local diabetes center in Topeka. I have developed a professional relationship with the center to provide mental health services to patients struggling to manage their Diabetes condition. Numerous studies have reported that proper management of Diabetes translates into improved outcomes and decreased costs for patients (Nuovo, 2007). Patients struggling with their Diabetes management often have comorbid conditions such as: depression, anxiety, and family relationship dynamics that undermine the proper management of their condition (Egede, Nietert, & Zheng, 2005). Therefore, management requires a comprehensive bio-

psycho-social and interdisciplinary approach supporting the activities of effective management of the condition (McDaniel, 1992; Sperry, 2006).

I am on the Advisory Committee of the St. Francis Diabetes Center. The 2008 year-end report reflected that approximately 40% of patients receiving care through the center are covered by BCBSKS. The center has referred several patients to me for mental health services, but because those patients had BCBSKS, I was unable to provide the needed services. My inability to treat the patients that are referred to me undermines the investment of our a collaborative relationship.

Recommendation:

I have worked diligently to develop a practice that meets a specific demand for mental health services in our state. The exclusion of MFTs from reimbursement of mental health services is presenting the citizens of our state with unnecessary barriers to those services and the collaborations needed for providing effective mental health care. My story is but one of many repeated daily throughout the state. I propose that the state legislature vote yes on SB 104 to remove those unnecessary barriers through the inclusion of MFTs in existing laws addressing the provision of mental health services.

References:

Centers for Disease Control and Prevention. (2001). *Team care: Comprehensive lifetime management for Diabetes*. Retrieved February 2, 2009

Crane, D. (2008). The cost-effectiveness of family therapy: A summary and progress report. *Journal of Family Therapy, 30*, 399-410.

Egede, L., Nietert, P., & Zheng, D. (2005). Depression and all-cause and coronary heart disease mortality among adults with and without diabetes. *Diabetes Care, 28*(6), 1339-1345.

Hubble, M., Duncan, B., & Miller, S. (1999). *The heart & soul of change: What works in therapy*. Washington, D.C.: American Psychological Association.

McDaniel, S., Hepworth, J., & Doherty, W. (1992). *Medical family therapy: A biopsychosocial approach to families with health problems*. New York: BasicBooks.

Nuovo, J. (Ed.). (2007). *Chronic disease management*. Sacramento, CA: Springer.

Sperry, L. (2006). *Psychological treatment of chronic illness: The biopsychosocial therapy approach*. Washington, D.C.: American Psychological Association.

State of Kansas. (2007). Rules, regulations, and state statutes governing marriage and family therapy. In Behavioral Sciences Regulatory Board (Ed.).

St. Francis Health Center

Sisters of Charity of Leavenworth Health System

February 6, 2009

Senator Ruth Teichman
Financial Institutions and Insurance Committee
State Senate
Kansas State Capitol
300 SW 10th Street
Topeka, Kansas 66612

Dear Senators,

I am a Registered Nurse and Certified Diabetes Educator at St. Francis Diabetes Center in Topeka, Kansas. We serve a wide range of patients with diabetes. Our interdisciplinary care team provides self-management training to people with diabetes and their families to achieve and maintain good health and minimize complications through educational services that address behavior change, coping, medical and dietary needs of our patients through personal and group consultations. We often see patients who struggle with their disease self-management due to additional psychological, emotional, and relational factors.

Within the past year, we have developed a professional relationship with Dr. C.R. Macchi, a Marriage and Family Therapist in private practice in Topeka. We established this relationship because we are invested in further developing a collaborative relationship with a mental health professional with whom we could coordinate patient treatment. Dr. Macchi has helped us to identify ways to screen for additional psychological, emotional, and relational issues that complicate our patients' diabetes self-management and compromise their clinical outcomes. Additionally, we have asked Dr. Macchi to participate on our American Diabetes Association (ADA) advisory board as a community member who is qualified and experienced to contribute additional perspectives about disease self-management to our organizational planning.

On several occasions, we have referred patients to Dr. Macchi for whom we determined needed additional psychosocial support through psychotherapy. Those patients, and approximately 40% of all of our patients, are covered by Blue Cross Blue Shield of Kansas (BCBSKS). Since Dr. Macchi is not included in the BCBSKS panel, this has presented a barrier to treatment that has prevented us from working together to support those patients.

We would like to be able to further develop our collaborative relationship with professionals like Dr. Macchi who could collaborate to provide the most comprehensive and effective treatments available. Please be mindful of our concerns as you consider passage of Senate bill S 104. The passage of that bill would support our work and contribute to the development of better services to the citizens of Kansas.

Sincerely,

Trina Riley RN, CDE

Trina Riley, RN, CDE

St Francis Diabetes Center • 6730 SW 29th Street • Topeka, KS 66614 • 785-273-2731
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FI&I Committee
2-9-09
Attachment 19

Stonestreet & Associates
PROFESSIONAL OFFICES
Phone 785-273-7292 • Fax 78 1201
5847 S.W. 29th • Topeka, KS 66614

February 9, 2009

Sen. Ruth Teichman
Chairman Senate Financial Institutions and Insurance Committee
Room 136N
State Capitol
Topeka, KS 66612

Dear Senators:

I am a Licensed Specialist Clinical Social Worker in private practice in Topeka. I am writing to offer support for your work on behalf of Marriage and Family Therapists and Masters Psychologists in their efforts to be able to receive third party insurance coverage in the state of Kansas. The limitations that restrict their ability to provide services to Kansas residents insured by Blue Cross of Kansas, present unnecessary barriers for families and children who seek specialty mental health care.

There are several factors that have affected our community, making it more difficult for families and children to access mental health care. There are fewer private practitioner providers of clinical mental health services to children, resulting from Menninger's relocation to Texas. Their post-graduate training programs prepared many professionals, in a variety of disciplines in mental health, for providing families with treatment in the private sector. The loss of these programs has reduced the number of trained professionals to provide treatment for children. Many clinics have waiting lists of up to two months to be seen for an appointment.

I own a facility that houses ten Professionals who are licensed in Kansas to provide mental health services. The restriction of LCMFT's and LCP's of being able to accept clients who wish to use their BCBS health insurance to help pay for their mental health treatment, creates difficulty for clients and colleagues in providing necessary specialty treatment. Having a multi-disciplinary approach to treatment is essential to helping families with multi-problems. Many times, referral of family members to another therapist is necessary for quality care of the client. Collaboration with the therapists treating family members is necessary for quality care, and I have had numerous clients that would have benefited from receiving therapy with an LCMFT or LCP colleague, but could not afford to pay for their mental health care without insurance benefits. When needing to refer to another therapist or provider in the community, the client may face a lengthy wait to be seen, and the collaboration with the therapist is more difficult, than with a colleague in the same building.

It would benefit the residents of Kansas to have increased choices of specialty mental health providers who provide psychotherapy treatment of children and families. I lend my professional support to your work with the Legislature to improve the access of Kansas residents to receive third-party insurance coverage in the event of needing care from this group of professionals who provide mental health services.

Sincerely Yours,

Jeri Stonestreet

Jeri Stonestreet, LSCSW

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2-9-09
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ANDREW SCHAUER, PHD

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E-Mail: andrewschauer@cox.net
Fax: 785.271.2453

February 7, 2009

To Whom It May Concern:

I write as a licensed psychologist in Topeka, Kansas and on behalf of passage of Senate bill S 104. The passage of that bill would contribute to the development of better services to the citizens of Kansas especially in rural areas.

Collaborative relationships serve Kansas children, adults, and families well. I frequently cannot find a therapist to see a child and/or family. A dearth of mental health professionals exists at present to work with children, their parents, and around wellness issues that decrease health costs (e.g., diabetic compliance). The passage of Senate bill S 104 could add to the extant limited pool of professionals.

Further barriers to children and families in need of psychological support exist when insurance companies exclude trained professionals in provider panels (e.g., BCBSK). The increasing stress we all feel given the current and ongoing societal and financial pressures predict even greater need for mental health providers.

Please consider the emotional and physical needs of Kansas families when Senate bill S 104 comes up for discussion. Feel free to contact me if you have questions or concerns.

Sincerely,

Andrew Schauer, PhD
Psychologist

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Re: SB104
Senate Financial Institutions & Insurance Committee
February 09, 2009

Madame Chairman and Committee Members:

My name is **Mary Elaine Hayes, Licensed Clinical Psychotherapist (LCP),** and I am testifying for the **Kansas Association of Masters in Psychology (KAMP)** group and as a member of the MHCC. I am a private practitioner at Ark Valley Counseling Center in Derby, Kansas where I have been since 2000. Previously, I was employed for 5 ½ years in community mental health centers in Butler and Sedgwick Counties in Kansas.

I must explain a little background about my professional credential. Individuals, who obtain their Masters level degree in psychology then receive a license from the Sate of Kansas which licenses us as Masters Level Psychologists. We are still permitted to practice within the jurisdiction of a Community Mental Health Center (CMHC) as a Licensed Masters Level Psychologist (LMLP), and when practicing within the jurisdiction of the CMHC, LMLPs are reimbursed by virtually all insurance companies, including Blue Cross Blue Shield of Kansas. However, back in the 90's when legislation was moving through the legislative process to authorize the providers, who are the subject of this hearing today, to be able to diagnose and treat mental disorders, among other things in independent practice, the Kansas Psychological Association vehemently objected to Masters Level Psychologists being able to call themselves by their diploma and licensed name if they were practicing in independent practice. It was necessary to reach a compromise, and as a result, any Masters Level Psychologist practicing in independent practice, as opposed to within a CMHC, was required to be licensed by the title Licensed Clinical Psychotherapist. The Kansas Psychological Association, which represents Ph.D. psychologists, objected to the Masters Level Psychologists utilizing the term Psychologist in their name.

Therefore, although I have been trained as a Masters Level Psychologist, I am now licensed by the state of Kansas and credentialed as a Licensed Clinical Psychotherapist when I am seeing patients in independent practice.

It is ironic that Blue Cross Blue Shield of Kansas will not reimburse Licensed Clinical Psychotherapists in independent practice for seeing patients insured by that insurer, but they will reimburse the same individuals with the exact same training, if those individuals are seeing patients at a CMHC. This is indeed, distinction without a difference, and there is no justification for Blue Cross Blue Shield of Kansas, or any other insurance company, to reimburse those providers only if they are operating within a CMHC, as opposed to independent practice.

Again, both the Masters Level Psychologists and the Clinical Psychotherapists have the same training, experience, post educational practicum experience, and are licensed by the State of Kansas to diagnose and treat mental disorders on the same level as all of the other licensees of the Behavioral Science Regulatory Board (BSRB).

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In the community mental health centers, I saw Blue Cross/Blue Shield clients regularly and the CMHCs billed BC/BS for my services under the direction of either the psychiatrist or psychologist in the agency. After I started my own business, I attempted to credential and obtain reimbursement with BC/BS but was told that they did not credential or pay for the services of Licensed Clinical Psychotherapists. They only credentialed Medical Doctors (MDs), Licensed Psychologists (LPs), and Licensed Specialist Clinical Social Workers (LSCSWs) and did not intend to add additional licensees. I found this to be extremely shortsighted since I was still seeing BC/BS clients at the CMHC and getting paid and yet unable to see BC/BS clients in my private practice. I recently checked with CMHCs in various places in the state and this continues to be common practice seven years later.

I am currently a contracted provider with Tricare West (the military insurer in this region) and all my credentialing was done through BC/BS (who now manages their mental health benefits.) Yet, I am still unable to be a provider for BC/BS clients!

Another major BC/BS issue in Sedgwick County occurred when Wichita Child Guidance Center (WCGC) and Family Consultation Services (FCS) stopped affiliating with ComCare, Sedgwick County's Community Mental Health Center(CMHC). I was still working at WCGC in the late 90s when we stopped being a CMHC and a number of BC/BS clients and/or their families were affected. Licensed Clinical Psychotherapists had to stop seeing BC/BS clients and clients had to get therapy with an LSCSW in the agency. It was a difficult process. The same situation occurred at Family Consultation Services within the last several months when FCS was purchased by Youthville, the local foster care agency. All of their clients who were seeing Licensed Clinical Psychotherapists or Licensed Clinical Marriage and Family Therapists now had to transfer to LSCSWs in the agency. This, too, has caused a lot of undue stress on already vulnerable clients and their families.

The inequity of the system is confusing to clients. They do not understand why masters level providers with the same statutory ability to diagnose and treat and who are licensed at the same level by the state are not allowed as providers by certain insurance companies. All clients know is that they should be allowed to have a choice of qualified providers close to where they live. It is difficult for people to have to make a decision to seek treatment in Wichita which can be up to a 45 minute drive, wait for another BC/BS provider to open up in Derby, pay an LCP out of pocket for insurance that has already been purchased, or forget treatment altogether.

I appreciate the committee's willingness to consider a more equitable system to meet the needs of our clients whether they are seeing therapists in CMHCs or in private practice. Thanks for your attention to this vital issue.

To: The Senate Committee on Financial Institutions and Insurance

From: Marc Schlosberg, Ph.D.
Clinical Associates, P.A.
8629 Bluejacket, Suite 100
Lenexa, Kansas 66214

Re: Opposition to SB 104

Date: February 9, 2009

Psychologists continue to be very concerned about the availability of mental health services to all consumers. Senate Bill 104 presents essentially three simultaneous mandates regarding vendorship of three separate master's level provider groups – Licensed Professional Counselors (LCP), Licensed Marriage and Family Therapists (LMFT) and Licensed Clinical Psychotherapists (LCP). These are the only mental health professionals represented by the Mental Health Credentialing Coalition. Our concern has been the manner in which the MHCC has attempted to force through these three mandates without evaluation of data and potential cost.

The MHCC's first approach was to attempt to strip vendorship from psychologists and social workers through introduction of legislation. The rationale was that psychologists and social workers, who had separately demonstrated the need for their vendorship statutes, would have no choice, but to back a reintroduction of the vendorship mandate to include the MHCC constituent groups. Luckily, legislators saw through this strategy.

The legislature has a well designed process in place for evaluating mandates. For the past several years psychologists have asked for a cost study and pilot program for each of these groups as designated by the legislature. Once this was accomplished, if sufficient data demonstrated the need, there would be no opposition. These requirements could have been accomplished by now. There would now be empirical data, in addition to anecdotal accounts, to help determine whether three mandates are needed or are cost effective. These are extremely important concerns, particularly in this economic environment. Psychologists have asked that each of the three provider groups be evaluated separately. This is important as each of these groups has a different education and training emphasis. For example, the cost study may differentially determine that perhaps there is a need for vendorship for marriage and family therapy in our state rather than professional counseling or vice versa.

To become a licensed psychologist, one must minimally earn a doctoral level degree (Ph.D. or Psy.D) in addition to a one year predoctoral internship and one year of supervised postdoctoral supervision. Psychologists are the only mental health professionals regulated within the BSRB with that required level of education. Although our concerns about SB104 may be presented by other parties as a "turf battle" we certainly do not view it that way. Whether these mandates pass or not will likely have little impact upon referrals and psychological practice. Due to their level of education, training and expertise, psychologists are actively requested by consumers with general and specialized needs. We will still be sought out for our level of training and expertise. We do not see that changing as the result of additional mandates.

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I am concerned that this legislation does not address the real problems of consumer access in the state. If indeed consumers are turning away from Mental Health Centers to obtain services elsewhere we need to know why and address that issue. Have there been complaints filed with Blue Cross Blue Shield due to a lack of access? It would be important to look at that issue as well. Psychologists are concerned about the development of "phantom networks" whereby an insurance company claims more providers in their network than are actually available to consumers. This would seem to be easily evaluated and if discovered to be true, could be addressed without a mandate.

Mental health providers can choose to affiliate with a mental health center to obtain reimbursement from BCBS to see consumers. We have been told that approach does not work. It is unclear why there are problems with that established mechanism. Perhaps that can be examined without additional mandates. Federal parity has recently passed and may be a part or whole solution to this issue.

Several of my fellow psychologists own practices and are small business owners as well as employers. They have expressed their concern about the cost of adding mandates, particularly in this very uncertain economic environment. Data provided through a cost study and pilot program would help them in this regard. The cost and benefit impact of adding one let alone three mandates is largely unknown at this point.

Thank you for your time, consideration and attention to this matter.

Respectfully submitted,

Marc A. Schlosberg, Ph.D.
Licensed Psychologist

February 8, 2009

To: The Financial Institutions and Insurance Committee

Re: Opposition to SB 104

The state of our nation is currently precarious and both state and federal governments are burdened with difficult decision making. I can only imagine the difficulty of your work in these troubled times.

You have before you Senate Bill 104 which asks you to mandate coverage for three mental health providers-- Licensed Professional Counselors (LCP), Licensed Marriage and Family Therapists (LMFT) and Licensed Clinical Psychotherapists (LCP). These three providers are the only mental health providers that make up the Mental Health Credentialing Coalition. They have utilized multiple strategies in politics to induce state legislators to pass this mandate. Their desire for the mandate to pass is understandable because it will increase their personal income. I actually stand to gain from the passing of the bill, simply because I operate an agency that has several of the mentioned licensees working for me. However, I am opposed to the bill due to the inevitable increased insurance costs across the State of Kansas.

The Council for Affordable Health Insurance (CAHI) has been conducting studies for years to examine the increase in health insurance costs and the solutions to deal with the rising costs. In CAHI's 2009 publication they address the issue of insurance mandates and provide researched documentation regarding the cost of each mandate. The publication noted, "the number of mandates has swollen over the past 40 years to more than 1,900. And while mandates may make health insurance more comprehensive, they also make it more expensive. In certain states, mandated benefits have increased the cost of individual health insurance by as much as 45%. As health insurance costs increase, we know more people drop or decline coverage."

CAHI's solution for dealing with proposed mandates is as follows:

"Before a state legislature passes a new mandate, it should require a comprehensive cost analysis to assess the mandate's likely impact on health insurance premiums — and sample model legislation can be found in ALEC's Mandated Benefits Review Act (available at www.alec.org). And before imposing it on the whole citizenry, the state should include the mandated coverage in state workers' policies. States should also consider making available mandate-free policies (as Arkansas, Colorado, Florida, Montana, North Dakota and Utah have done) or mandate-lite policies. Such policies would be much more affordable while still covering basic health care costs."

With great legislative foresight, those solutions have already been judiciously adopted by the Kansas State Legislature when K.S.A. 40-2249 and 40-2249a were enacted in 1990 and 1999.

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It might potentially make sense to pass SB104 if there was a shortage of mental health providers throughout the state. However, well documented licensee information compared to the number of consumers provided by the Behavioral Science Regulatory Board indicates that there is, in fact, no shortage of providers. In many areas there is a surplus of providers.

Several insurance companies do choose to credential the providers listed in HB104 due to their own credentialing policies. However, mandating coverage of the providers listed in HB104 will drive up the cost of health insurance. Sometimes the percentage of the increase of mandated coverage is small. However, it is the cumulative effect of each mandate that skyrockets the cost of insurance premiums to consumers.

Overall, research indicates that more insurance mandates will induce the following:

- The cost of health insurance will increase.
- The wages of Kansas workers will decrease as companies pass on the burden of rising insurance costs to those workers, further collapsing the economy.
- Access to insurance will become restricted as more Kansas workers become unable to pay insurance premiums and opt to drop their coverage.
- Reduced access to healthcare will result in higher dept for Kansans and those healthcare agencies who care for them.
- Provider mandates for insurance companies restrict a company's ability to credential providers at the level they deem prudent and effective for the insured.

It is the heavy burden upon the State of Kansas to ensure affordable healthcare coverage and access to healthcare coverage as much as it is able. Fortunately, the State of Kansas has been prudent in its own research to provide consumer protection, affordable coverage, and access to insurance when the State instituted laws based on sound research (K.S.A. 40-2249 and 40-2249a). Hence, all groups presenting bills for any insurance benefit mandate should be expected to have conducted the cost study and the study on state employees before they even set foot on the floor at the State Capitol. This will ultimately allow the State Legislature decision making process to be based on sound data, not on anecdotal evidence.

Thank you for the service that you are providing for the State of Kansas. I know you have a multitude of difficult times ahead as you work with state and federal entities to stabilize Kansas and the United States.

Sincerely,

Barrie Mariner Arachtingi, Ph.D.
Licensed Psychologist
Executive Director
Christian Psychological Services

February 8, 2009

To: The Senate Committee on Financial Institutions and Insurance

Re: Opposition to SB 104 – An Act Concerning Insurance; Reimbursement

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As an independent practitioner I am unable to leave my practice in order to provide direct testimony. I do not have the support of an agency or employer to enable such time off. I hope that this written testimony will communicate my position.

First let me state that my basic position is consistent with that of the Kansas Psychological Association.

I am concerned about government sponsored financial mandates that are not based upon the sound fiscal data and fiscal policy. The Kansas Legislature has an established policy and procedure to be followed by groups pursuing such financial mandates. It appears that the MHCC is attempting to short circuit this established procedure without any discernable motive other than to avoid doing the required work and speeding the process towards the additional financial mandate.

As a licensed psychologist and small business owner I ask the Legislature to ensure that the groups represented by the MHCC follow established procedures and not be allowed to short circuit that process.

Thank you for your time, consideration and attention to this matter.

Respectfully submitted,

Bruce Nystrom, PhD
Licensed Psychologist
727 N. Waco, Suite 320
Wichita, KS 67203

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2-9-09
Attachment 25

Legislative Testimony

achieve more

SB 104

February 9, 2009

Senate Financial Institutions and Insurance Committee

Rachelle Colombo, Senior Director of Legislative Affairs

Chairman Teichman, members of the Committee:

The Kansas Chamber, with headquarters in Topeka, is the leading statewide pro-business advocacy group moving Kansas towards becoming the best state in America to do business. The Chamber represents small, medium and large employers all across Kansas.

We appreciate the opportunity to provide written testimony in opposition to SB 104 which mandates insurers to reimburse clinical marriage and family therapists in addition to licensed physicians treating mental health patients.

The Kansas Chamber opposes the use of mandates to regulate the market.

Managing health care costs remains one of the top three issues affecting profitability as identified by Kansas CEOs surveyed in the Chamber's annual CEO poll. Kansas business owners tell us that they want to provide health insurance and remain competitive, but the cost is too high. Already the cost of health care put business owners at a competitive disadvantage.

Business owners are forced to either spend investment capital to provide health benefits or are unable to attract top employees if they cannot meet the expectation to provide benefits. Both options decrease a business's ability to thrive, compete and succeed.

There is a market demand for health care that makes those employers which provide health plans more attractive for employees. The same market principles should be applied within the health care industry. If there is a demand for additional mental health professionals, their reimbursement need not be mandated.

If additional mental health providers wish to receive reimbursement, their services should be tested through the statutory impact studies to see what the market can bear.

The Kansas Chamber opposes SB 104 because it mandates specific provider reimbursement before determining the demand for this type of provider.

Thank you for the opportunity to offer these comments today.

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THE KANSAS CHAMBER
835 SW Topeka Blvd. **Topeka, KS** 66612 785.357.6321

NFIB
The Voice of Small Business®

Senate Financial Institutions & Insurance Committee
Daniel S. Murray: State Director, NFIB-Kansas
Written Testimony in Opposition to SB104
February 9, 2009

NFIB-KS advocates free-market reforms that allow small-business owners to decide which benefits they can and cannot afford to offer.

Madam Chair, Members of the Committee: My name is Dan Murray and I am the State Director of the National Federation of Independent Business-Kansas. NFIB-KS is the leading small business association representing small and independent businesses. A nonprofit, nonpartisan organization founded in 1943, NFIB-KS represents the consensus views of its 4,000 members in Kansas. Thank you for the opportunity to comment on SB104

Small business owners want to and do offer healthcare plans that cover a wide variety of benefits such as preventive care and cancer screenings. Providing these types of benefits is important to the productivity of NFIB-KS members and their employees. However, NFIB-KS continues to be greatly concerned by government imposed mandates that discourage consumer control and increase the cost of employee health plans. Thus, we must oppose SB104.

NFIB-KS applauds the ultimate goal of SB104. That is, we truly hope that individuals receive proper care for their physical or mental illness. It is very likely that many of our members have family or friends that, in some way, have been affected by mental health issues. However, to require that group insurance policies cover mental health services even though the services may not be performed by the specific type of licensed professional that the insurance policy calls for is by any terms a cost-increasing government mandate.

Health insurance and benefit mandates reduce the ability of employers to tailor insurance benefits that fit their employees' needs. These constraints remove private solutions and likely increase the cost of benefits. Studies have indicated that each health insurance mandate can increase the cost of insurance premiums by 1%-3%.

Again, SB 104 specifically targets small businesses while large corporations and government entities are exempt, placing small businesses at a competitive disadvantage. Small employers are competing to attract the same high quality employees, to sell the same or similar products, and make a profit from the same dollar as large corporations. As health insurance costs skyrocket employees have gone to great lengths to bargain for health benefits, including going on strike. As health insurance becomes a larger and more costly issue, businesses need more flexibility, not less. As you consider mandates you must understand that a mandated benefit does not increase the employee benefits "pie." Rather, it merely directs the benefit dollars to mirror the state legislature's desires and away from benefits employees may actually want or utilize.

Our members strongly believe that it is much more important that every small-business owner and their employees have access to private, affordable health insurance than to provide only a privileged few access to "Cadillac" coverage. Please do not forget that Kansas is in the midst on an economic crisis and that nearly all-new jobs are created by the very small businesses this bill disadvantages.

In this current economy, most businesses are struggling with reduced sales, increasing costs of fuel and other commodities, etc. The last thing small and independent businesses need right now is a government mandate-driven increase in insurance costs. I am here today to ask you to support the small-business community by opposing SB 104. Thank you for your time and consideration. I would be happy to address any questions you have at this time.

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National Federation of Independent Business – KANSAS
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BRAD SMOOT
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STATEMENT OF BRAD SMOOT
LEGISLATIVE COUNSEL
BLUE CROSS BLUE SHIELD OF KANSAS
SENATE FINANCIAL INSTITUTIONS & INSURANCE COMMITTEE
REGARDING 2009 SENATE BILL 104
FEBRUARY 9, 2009

Madam Chair and Members:

Thank you for this opportunity to comment on SB 104, a provider mandate imposing upon health insurers the obligation to pay for services rendered by marriage and family therapists, psychotherapists and professional counselors. On behalf of BCBSKS, a mutual insurance company owned by its 700,000 members and premium payers in 103 Kansas counties, we must respectfully oppose yet another mandate bill.

At a time when lawmakers, employers and families are searching to design and pay for affordable health insurance and even expand coverage to the growing number of uninsured, it seems totally counterproductive to expand by law the number of providers who must be "reimbursed." This is not a new issue. Over the last few years, the Legislature has granted several hearings on this topic, yet, during this same time, BCBSKS has not received complaints from our customers that we do not have enough mental health providers to serve their needs. We don't hear from the employers who foot most of the bill for health insurance coverage. We don't have patient complaints stacking up at the insurance department alleging that we don't have an adequate MH network. Like any business, we listen to the voice of our owners (policyholders) and the marketplace (potential policyholders). Neither is asking us to expand our mental health network. Instead, it's certain mental health providers demanding that the Legislature force us to make direct reimbursement to them. This is not uncommon. It is a practice that has created some of the oddities of today's health insurance coverage. Kansas law commands payment of chiropractors and social workers but no requirement that we provide vision, dental or pharmacy benefits.

Unless the law mandates otherwise, insurers contract with enough providers in various categories and regions to serve their insureds. Our contracts insist that providers not "balance bill" their patients (our customers; your constituents) for the difference between the agreed contract price and what that provider would liked to have charged. If you are a BCBS customer, you see this reflected in your hospital or doctor bill. Last year BCBSKS saved its policyholders about $800 million through its contractual prohibition on "balance billing." Again this year, however, these three provider groups ask you to mandate that we "reimburse" them. Despite our request last year that proponents clarify this issue, SB 104 does not. Does this mean we have to contract with all such providers (commonly known as "any willing provider" legislation)? Do we have to "reimburse" them whatever they demand? If we don't contract with them, how do we protect our customers from "balance billing?"

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Please don't assume that these three mental health provider groups have no access to BCBSKS patients or reimbursement. They do. We pay such providers when they work and bill through community mental health centers (CMHC's). In the early Eighties, the Legislature embarked upon an effort to expand mental health services throughout the state. CMHC's provide an array of mental health providers from psychiatrists to marriage and family therapists; from psychologists or professional counselors. Services provided by all three of the licensed professionals covered by SB 104 are paid for by BCBSKS when billed by the CMHC. BCBSKS committed to this legislative initiative and we still believe that the delivery of mental health services in a coordinated community setting is the best practice. So, the issue here is not whether these providers can get paid for their services but whether you will force us to pay them directly or allow us to continue payment through the CMHC methodology.

We believe that all those advocating for new health insurance mandates must do the cost benefit analysis and the "test track" through the state employees' health plan as required by statute. We think the Legislature wisely insisted on such procedures before imposing its will on the private health insurance market and we think it applies to mental health providers as well as the myriad of other mandates thrown at you each year. Regrettably, advocates for SB 104 steadfastly ignore the test track requirements.

If BCBSKS policyholders tell us they want us to contract with these three mental health provider groups, we will. If the market tells us we need to contract with these providers to be competitive, we will. If the community mental health center model is broken, let's fix it. If we have too many mental health providers, let's not encourage it. If we have poor distribution of providers, let's address that. Unfortunately, SB 104 addresses none of these issues. Thank you for considering our views.

Kansas Association of Health Plans

815 SW Topeka Boulevard, Suite 2C
Topeka, Kansas 66612

(785) 213-0185
marlee@brightcarpenter.com

February 9, 2009

SB 104
Before the Senate Financial Institutions and Insurance Committee
Marlee Carpenter, Executive Director

Chairman Teichman and members of the Committee;

I am Marlee Carpenter, Executive Director of the Kansas Association of Health Plans (KAHP). The KAHP is a nonprofit association dedicated to providing the public information on managed care health plans. Members of the KAHP are Kansas licensed health maintenance organizations, preferred provider organizations and other entities that are associated with managed care. KAHP members serve the majority of Kansans enrolled in private health insurance. KAHP members also serve the Kansans enrolled in HealthWave and Medicaid managed care. We appreciate the opportunity to provide comments to this committee.

KAHP is here today to oppose SB 104. KAHP members are dedicated to providing low costs health insurance to Kansas citizens. Each additional coverage or provider mandate that is enacted, the cost of health insurance is increased and health insurance plan's ability to provide new, innovative and lower cost health insurance products is restricted.

There is much debate around the cost of health insurance mandates. While actuaries, insurers, and health economists agree that virtually all mandates increase the cost of health insurance, the magnitude of their effects has been subject to debate. The Council for Afforadable Health Insurance estimates that mandated benefits currently increases the cost of basic health coverage from a little less than 20% to more than 50%, depending on the state and its mandates.

Every health insurance mandate is brought to the legislature with good intention, but as additional mandates have been enacted, health insurance companies have become limited in the types of lower costs plans they can offer. Mandates place additional requirements upon health insurance companies in Kansas and limit their ability to offer new, innovative and lower costs health insurance products.

The KAHP requests that as you look at newly proposed health insurance mandates that you consider the impact they will have on the health insurance market and ability to offer cost effective insurance products to Kansas citizens.

Thank you for your time and I will be happy to answer any questions.

FI&I Committee
2-9-09
Attachment 29

K P A
KANSAS PSYCHOLOGICAL ASSOCIATION

TESTIMONY

TO: **The Honorable Ruth Teichman, Chair**
And Members of the Senate Financial Institutions and Insurance Committee

FROM: **Adam Buhman-Wiggs, PhD**
On Behalf of the
Kansas Psychological Association

RE: **SB 104 – AN ACT concerning insurance; providing reimbursement for certain services**

DATE: **February 9, 2009**

Good morning Madam Chair Teichman and Members of the Senate Committee on Financial Institutions and Insurance. I am Adam Buhman-Wiggs and I appear before you today on behalf of the Kansas Psychological Association in opposition to SB104.

The Kansas Psychological Association (KPA) represents doctoral-level psychologists in our state. We comprise the most advanced trained group of non-physician mental and behavioral health specialists in the State of Kansas. According to the Behavioral Sciences Regulatory Board, which regulates licensure for psychologists in Kansas, there are currently 737 licensed psychologists in our State.

Regarding SB104, and its most recent predecessor, HB2696, KPA is not opposed to vendorship for the group of practitioners (Licensed Professional Counselors (LPC), Licensed Marriage and Family Therapists (LMFT), and Licensed Clinical Psychotherapists (LCP)) represented by the Mental Health Credentialing Coalition (MHCC). We share their concern regarding the federally documented shortage of mental health care professionals in many Kansas counties. However, we are opposed to SB104 for several reasons which I will explicate below.

First and foremost, Kansas law has a clear and established procedure by which mandates are issued. Specifically, the Kansas legislature has identified two steps that must be followed before a mandate would be issued: 1) completion of a cost-benefit analysis and, subsequent to that analysis, 2) piloting the mandate with State employees. Both steps are critically important and established in precedent, and the MHCC has completed neither nor pursued their completion. The importance of the steps is easily demonstrated.

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PO Box 3326 Lawrence, KS 66046 (785) 856-9572

1) Cost-Benefit Analysis

Previous history exhibits wisdom on the part of the Kansas legislature when it required other providers to perform cost-benefit analyses before they were able to secure their vendorships in this State. The cost analysis studies should be conducted by an independent group that does not have a stake in the outcome. The studies should demonstrate empirically why the legislature should issue the mandate. After several years and despite repeated promptings by KPA and other organizations, the MHCC has failed to complete this essential component of the mandate process.

The Council for Affordable Health Insurance (CAHI) warns of the unintended and costly consequences of mandates in health care. In the most recent study conducted by CAHI, it is noted that "At a time when consumers are counting every dollar, it is important to recognize that there is a cost to both employers and individuals who are required to purchase a benefit they may never want or use. That add-on cost may be the determining factor in whether or not the consumer can afford health insurance." CAHI tracks all state mandates and identifies them in Health Insurance Mandates in the States (available at www.cahi.org). The number of mandates has swollen over the past 40 years to more than 1,900. And while mandates *may* make health insurance more comprehensive, they reliably make it more expensive. In certain states, mandated benefits have increased the cost of individual health insurance by as much as 45%. As health insurance costs increase, we know more people drop or decline coverage.

Fortunately, the legislatures of Kansas have wisely attempted to ensure that Kansans don't become bogged down with unneeded coverage that causes people to be unable to afford health care coverage. We are sincerely asking that this legislation insist that the licensees seeking this mandate and the MHCC simply follow the guidelines set for by the state of Kansas that judiciously complies with CAHI.

Further, psychologists have asked that each of the three provider groups in the MHCC be evaluated separately. This is important as each of these groups has a different education, training, and practice emphasis (differences elaborated upon later in this document). For example, separate cost studies may differentially determine that perhaps there is a need for vendorship for MFTs in our state but not for LPCs, or vice versa.

One of the principal arguments of the MHCC is their contention that the mandate would reach rural community members. This contention is unfounded at this time, as there is no empirical research to suggest such. In fact, recent State and federal data indicate that 75% of independent practice licensees are located in seven metropolitan counties (i.e., Johnson, Sedgwick, Shawnee, Douglas, Riley, Reno, and Saline). While it may be comforting to believe that an insurance mandate would result in dozens of MHCC licensees uprooting their urban lives and moving into underserved rural counties, we think it is more likely that LCP, LCPC, and LCMFT licensees would remain in the metropolitan communities in which most of them currently reside. In the absence of the

evidence that the required cost-benefit analysis might provide, some hint of whether mental health providers would migrate to rural settings can be found in Health Resources and Services Administration (HRSA) National Health Service Corp (NHSC) data. According to 2009 figures from HRSA, despite the fact that there are 42 distinct designated underserved mental health regions, counties, or centers in Kansas, only 16 providers (including seven Psychologists and four LMFTs) are currently working in underserved communities under the NHSC program. Importantly, this is a program that reimburses up to $50,000 per year toward the provider's student loans, requiring only that the provider stay for one additional year for each year of reimbursement. Further, GAO data from 2000 suggest that half or more of the providers supported by this program across the nation eventually leave the rural setting once their commitment has been fulfilled. If such massive financial reimbursements are not sufficient to draw licensed providers out of the metro and into rural settings – and keep them there – it is highly doubtful that independent vendorship and its modest pay raise would accomplish more.

2) Pilot Study with State Employees

The second step to establish a need for a legislative mandate is a pilot study conducted on State employees in order to empirically demonstrate the utilization of their services. Such a process allows the legislature to see what would happen if they issued the mandate. So far, this has been a prudent course of action for the Kansas legislature. Since the MHCC has yet to produce an adequate and prerequisite cost study, a pilot study has not been initiated.

The KPA understands that the empirical approach called for takes a great deal of time and effort. However, we steadfastly believe that data-driven decision making leads to better outcomes than adopting solutions that are emotionally driven and not well researched.

Other MHCC Arguments for the mandate, past and present

Stripping Vendorship: Rather than go through the necessary procedures that the Kansas legislature has outlined for a mandate, the MHCC previously chose to utilize other measures to secure their vendorship. The MHCC's first approach was to attempt to strip vendorship from psychologists and social workers through introduction of legislation. The rationale was that psychologists and social workers, who had separately demonstrated the need for their vendorship statutes, would have no choice but to back a reintroduction of the vendorship mandate to include the MHCC constituent groups. Luckily, legislators saw through this strategy and the attempt failed.

Leveling the playing field: The MHCC attempted to "level the playing field" by stating, "A review of Exhibit 2, and the statutes themselves, clearly demonstrates that the requirements [for both sub-doctoral and doctoral level providers] are virtually equal, and undeniably equivalent." Exhibit 2 was the table provided previously by the MHCC outlining the training and requirements for all of the mental health disciplines governed

by the Behavioral Science Regulatory Board. The table, however, was full of inaccuracies. The KPA has previously provided a table to correct those errors and clarify information about those who are licensed to practice *independently*.

Simply put, it is not a "level playing field" and requirements for sub-doctoral clinicians and independently licensed doctoral-level psychologists are vastly different. For the psychologist, the completion of his/her doctoral degree generally takes five to seven years as opposed to two years for the sub-doctoral level clinician. Two and seven are not equal. Further, the MHCC has claimed that five years of the doctoral training curriculum is focused on research. That simply is untrue. Because of the stringent entry requirement of a PhD program, only about 11% of all applicants are actually accepted by accredited universities. During the degree completion, psychologists are required to complete several doctoral-level practicum experiences, additional classes in diagnostic assessment, oral and written comprehensive exams, a rigorous course of research that must withstand the critique of their professors, and a minimum of 1,800 hours of a supervised internship experience. Upon the post-internship completion of their degree, they are also required to participate in one year of full-time supervision as well as pass a national exam in order to obtain licensure. The rigorousness of selection and training summarized here sets the psychologists well apart from sub-doctoral behavioral health care providers, making psychologists premier mental health care providers.

Equivalent BSRB Credentials: The MHCC contends that the Licensed Clinical Marriage and Family Therapist, the Licensed Clinical Professional Counselor, and the Licensed Clinical Psychotherapist are equivalently trained and credentialed by the BSRB. If this is a fact, then why are there numerous licensing titles? Why is the BSRB not collective in its licensing titles in order to reduce consumer confusion? Aside from social workers, the LCPC, LCP, and the LCMFT are all still in their infancy with regards to their established identity as mental health providers. For example, with something as basic as supervision, the three sub-doctoral providers can be supervised by a variety of licensed and unlicensed practitioners in order to obtain their licensure. In contrast, psychologists are supervised only by psychologists, and social workers are supervised only by social workers. The various sub-doctoral providers need to be collective in their identity or be able to stand on their own in order maintain the highest standards of practice and scrutiny.

Playing "Fair": The MHCC contends that there should be a mandate for authorization of their services because it is "fair." Is it fair that insurance companies should be told that they must authorize payment to the LCPC, LCP, and the LCMFT when there is no clear indication that there is a need to do so? Again, without the cost study and the subsequent pilot study on the state employees, there is no empirical evidence that supports legislation to mandate insurance to authorize payment to these sub-doctoral providers. Arbitrarily defined "fairness" is not valid data, nor a valid argument, for a mandate.

Everybody does it: The MHCC argues that most insurance companies choose to reimburse the LCPC, LCP, and the LCMFT and therefore, there should be a State mandate for all insurance companies to do so. They contend that if SB104 was passed, only a few isolated companies who do not currently reimburse their providers would have to make any changes in their existing coverage. This indicates that the status quo of leaving the choice up to the insurance companies is working, and therefore no State mandate is indicated.

Complexity of the process: Lastly, one argument against the cost study and pilot study might be that doing so is "difficult." The fact that something is difficult and requires effort and tenacity should not be grounds for the Kansas legislature to withhold the rigorous standards that has helped them reach good decisions in the past.

KPA Position Summary

In closing, I must reiterate that it is not the intention of the KPA to discourage other sub-doctoral mental health provider groups from obtaining vendorship within the State. The KPA is very sensitive to factors that would enable wider access to mental health services in Kansas. However, the KPA strongly believes that the established review process and implementation strategies for vendorship, for which there is historical precedent and demonstrated prudence, must be maintained for the MHCC provider groups, as had occurred previously for other mental health providers. Such adherence is seen as a means by which the State of Kansas may be fiscally responsible and appropriately address the issues of provider access based on data, while simultaneously ensuring that mechanisms are in place not only to protect the health and emotional well-being of the population, but also to protect the healthcare marketplace in the State and the insurability of its citizens.

On behalf of the Kansas Psychological Association, I thank you for your consideration of our concerns regarding SB 104.

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