Approved: February 11, 2010
Date

MINUTES OF THE HOUSE INSURANCE COMMITTEE

The meeting was called to order by Chairman Clark Shultz at 3:30 p.m. on February 4, 2010, in Room 152-S of the Capitol.

All members were present except:
Representative Paul Davis- excused
Representative Cindy Neighbor- excused

Committee staff present:
Bruce Kinzie, Office of the Revisor of Statutes
Sean Ostrow, Office of the Revisor of Statutes
Melissa Calderwood, Kansas Legislative Research Department
Lauren Douglass, Kansas Legislative Research Department
Sue Fowler, Committee Assistant

Conferees appearing before the Committee:
Representative Tom Moxley, 68th District
Ron Hein, Mental Health Credentialing Coalition
Dr. Dan Lord, Kansas Association for Marriage and Family Therapy
Dr. Rusty Andrews, KSU Graduate Programs in Marriage and Family Therapy
Elaine Ptacek, Kansas Counseling Association/Kansas Mental Health Counselors Association
Dr. C. R. Macchi, Ph.D., President of Kansas Association for Marriage and Family Therapy
Michelle Sweeney, Association of Community Mental Health Centers of Kansas, Inc.
Dona Booe, Kansas Children's Service League
Brad Smoot, Blue Cross/Blue Shield
Whitney Damron, Kansas Psychological Association

Others attending:
See attached list.

Hearing on:
HB 2546 **Insurance, reimbursement for certain services**.

The Impact Report Appendixes prepared by the Mental Health Credentialing Coalition is on file in the Kansas Legislative Research Department.

Proponents:
Representative Tom Moxley, 68th District, (Attachment 1), appeared before the committee in support of **HB 2546**.
Ron Hein, Mental Health Credentialing Coalition, (Attachment 2), gave testimony before the committee in support of **HB 2546**.
Dr. Dan Lord, Kansas Association for Marriage and Family Therapy, (Attachment 3), presented testimony before the committee in support of **HB 2546**.
Dr. Rusty Andrews, KSU Graduate Programs in Marriage and Family Therapy, (Attachment 4), appeared before the committee in support of **HB 2546**.
Elaine Ptacek, Kansas Counseling Association/Kansas Mental Health Counselors Association, (Attachment 5), gave testimony before the committee in support of **HB 2546**.
Dr. C. R. Macchi, Ph.D., LCMFT, President of Kansas Association for Marriage and Family Therapy, (Attachment 6), presented written testimony in support of **HB 2546**.
Michelle Sweeney, Association of Community Mental Health Centers of Kansas, Inc., (Attachment 7), appeared before the committee in support of **HB 2546**.
Melissa Ness, St. Francis Community Services, (Attachment 8), presented written testimony in support of **HB 2546**.
Dona Booe, Kansas Children's Service League, (Attachment 9), gave testimony before the committee in support of **HB 2546**.
Lou Smith, Individual, (Attachment 10), presented written testimony in support of **HB 2546**.
Bruce Linhos, Children's Alliance, (Attachment 11), presented written testimony in support of **HB 2546**.
Gerald Snell, Youthville, (Attachment 12), presented written testimony in support of **HB 2546**.

Minutes of the House Insurance Committee at 3:30 p.m. on February 4, 2010, in Room 152-S of the Capitol.

Jeri Stonestreet, Stonestreet Professional Association, (Attachment 13), presented written testimony in support of **HB 2546**.
Elaine Hayes, Kansas Association of Masters in Psychology, (Attachment 14), presented written testimony in support of **HB 2546**.
Bill Davis, Turning Point Professional Counseling Services, (Attachment 15), presented written testimony in support of **HB 2546**.
Dr. Kenton Olliff, Director, Ft. Hays State University, Kelly Center, (Attachment 16), presented written testimony in support of **HB 2546**.
Kyle Kessler, KVC Behavioral Healthcare, (Attachment 17), presented written testimony in support of **HB 2546**.

Opponents:
Brad Smoot, Blue Cross/Blue Shield, (Attachment 18), appeared before the committee in opposition to **HB 2546**.
Whitney Damron, Kansas Psychological Association, (Attachment 19), gave testimony before the committee in opposition to **HB 2546**.
Marlee Carpenter, Kansas Association of Health Plans, (Attachment 20), presented written testimony in opposition to **HB 2546**.
Rachelle Colombo, The Kansas Chamber, (Attachment 21), presented written testimony in opposition to **HB 2546**.
Dan Murray, National Federation Independent Business, (Attachment 22), presented written testimony in opposition to **HB 2546**.

Hearing closed on **HB 2546**.

Discussion and action on:

HB 2490 **Allowing the insurance commissioner to adopt rules and regulations to enforce the regulation of life insurance companies**.

Representative Peck moved to pass **HB 2490** favorable and place on the Consent Calendar. Seconded by Representative Swenson. Motion carried.

HB 2491 **HB 2491 - Expanding the definition of creditable individual health insurance to include Title XXI of the Social Security Act.**

Representative Grant made a motion for a technical amendment to **HB 2491** by striking the word who on lines 23 and 24 , page 2. Seconded by Representative Peck. Motion passed. Representative Grant made a motion to pass **HB 2491** as amended favorable for passage. Seconded by Representative Swenson. Motion carried.

Representative Grant moved without objection to pass the February 2, 2010 committee minutes as written.

The next meeting will be announced early next week.

The meeting was adjourned at 05:30 p.m.

House Insurance Committee
Guest Sign In Sheet
Thursday, February 4, 2010

Name	Representing
Alex Kotoyantz	P.I.A.
Kerri Spilman	PIAA
Carla Hatton	MHCC
Elaine Pfannenstiel	MHCC
Rusty Andrews	MHCC-KSU MFT Faculty
Dona Boone	KCSL
CR Mankin	KAMFT
Travis Lyon	Little Gov't Relations
Daniel Zorn	KAMFT
Tracy Rakow	KCSL
Michelle Bakker	Capitol Strategies
T. Moore	KHPA
Whitney Damron	KS Psychological Assn
Brad Smoot	BCBS
Lori Church	KAPCIC
Skye Westerlund	KNASW
Dan Murray	NFIB
Jamal Jones	United Healthcare
Mollee Carpenter	KAHP
Bill Sneed	AHIP
Jamie Ann Brown	Aetna, Inc

STATE OF KANSAS
HOUSE OF REPRESENTATIVES

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TOM MOXLEY
REPRESENTATIVE, 68TH DISTRICT

HB- 2546

What I want to leave you with is that these are no light-weight correspondence course, diploma mill degrees. These are rigorous courses of study which have highly prepared graduates and they need to be treated as such. And for the most part they are, except with a noticeable exception in our home state of Kansas

The mission of the Kansas State University Marriage and Family Therapy Master's program is to provide the academic, clinical and professional training necessary for graduates to be successful clinicians in a variety of mental health settings.

The Masters Program requirements include 60 semester credit hours of graduate work, taking about 3 years to complete. This includes a 3 credit hour course in practice equaling 500 client contact hours and 100 hours of supervision from faculty. Currently there are about 24 students in the Masters program. This is considered to be one of the top marriage and family therapy graduate programs in the United States.

What we are asking for is not a new mandate of services from insurance carriers, but rather recognition for this class of providers, which is nearly universally accepted.

There are 24 students enrolled in the Masters program. There are 18 students going for their PHD, which in addition to the other requirements, there is a minimum of 60 credit hours of additional training. The PHD program trains for supervisors, educators and researchers.

Mary Beggs, from Larned area received her Masters and PHD from K-State in marriage and family therapy. It sounds like good news, but she had to move to Colorado where she could be reimbursed for her work and we lost her expertise as an excellent therapist. In addition, her father is a medical doctor and Mary's exit from the State left her parents with no reason to stay in Kansas, so they moved out of the state as well.

What I want to leave you with is that these are no light-weight correspondence course, diploma mill degrees. These are rigorous courses of study, which have highly prepared graduates and they need to be treated as such. And for the most part they are; it is high-time that they were treated like that in our home state of Kansas.

HEIN LAW FIRM, CHARTERED

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Ronald R. Hein
Attorney-at-Law
Email: rhein@heinlaw.com

Testimony re: HB 2546, Reimbursement of Mental Health Services
House Insurance Committee
Presented by Ronald R. Hein
on behalf of
Mental Health Credentialing Coalition
February 4, 2010

Mister 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 HB 2546.

Overview

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.

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. [See Attachments, as well as attachment to Elaine Ptacek testimony.] One of the notable exceptions from the insurance companies that reimburse our providers is the largest insurer in Kansas, Blue Cross Blue Shield of Kansas. Despite most Blue Cross Blue Shield companies throughout the nation reimbursing our providers, Blue Cross Blue Shield of Kansas and Blue Cross Blue Shield of Kansas City do not currently reimburse the three mental health professionals that we represent.

History of Efforts to Solve this Issue with BCBS-Kansas

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 told by the legislature to do so.

We presented our study clearly demonstrating that reimbursing our three mental health providers not currently reimbursed by them would provide a financial benefit to Blue Cross Blue Shield, 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 2008 Legislative Session, the MHCC introduced HB 2601, which bill passed the House Insurance Committee with two "No" votes, and which passed, after some floor amendments, on final action in the House 83-41. The Senate Financial Institutions and Insurance Committee (SFII) did not hear the bill. In 2009, we introduced SB 104 in the Senate, and SFII heard the bill, but the Chairman refused to bring the bill to a vote, despite our view that we had the votes in the

committee to pass the bill.

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 solution.

HB 2546 Does Not Expand K.S.A. 40-2, 105a-Mental Health Mandate

I would note that HB 2546 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 HB 2546 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.

K.S.A. 40-2248, *et. seq.*- Impact Study

We are very cognizant of Kansas law which attempts to establish requirements for an "insurance mandate" to be approved by the Kansas legislature. I have attached a Report for the Legislature which our organization prepared to comply with 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 either unconstitutional. because it is an unconstitutional delegation of legislative authority, and, in essence, attempts to bind a future legislature, or it is invalid. 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 HB 2546 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. See attached list of mandates passed by the Kansas Legislature without any Impact Reports required by K.S.A. 40-2248 having been done. The Kansas Insurance Department informed us that they have NO copies of any Impact Reports and are not aware of any being prepared. The Kansas Legislative Research Department informs us that they are only aware of one Impact Report having been prepared, and that is for the tele-medicine issue, which has not yet been enacted. [See Attachment, list of mandates passed by the Legislature since 1990 which did not have impact reports prepared in compliance with K.S.A. 40-2248, *et. seq.*

Likewise, I would point out that despite our argument that K.S.A. 40-2248 is

unconstitutional or invalid, and has NOT been followed, our group has still prepared an Impact Study in compliance with that statue. I would also note that K.S.A. 40-2248 *et. seq.,* provides for the Kansas State Employees Health Plan to adopt the proposed "mandate" for the state employees for at least one year. We have also complied with that provision of the statute, because the SEHP contracts with insurers who do reimburse our providers, and they have done so in excess of one year. Therefore, our group has complied with ALL of the requirements of K.S.A. 40-2248, *et. seq.*

Review of Other Testimony

In the following testimony, you will hear how unfair the BCBS policy has been to individuals and families who desire treatment for mental disorders. You will hear about the problems of access to 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.

Pro-Active Mental Health Treatment Reduces Healthcare Costs

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 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 their daughter sought 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 many medical procedures that would require prescriptions for pain medication. She sought a specific surgery, and using her deceitful and manipulative powers 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 not 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 out of state. 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 her life, 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.

As part of the girl'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 out of state, 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 savings for mental health treatment apply equally to depression, and numerous other mental health disorders.

KNASW Neutral, KPA Opposition Addressed

Kansas National Association of Social Workers (KNASW) is neutral on HB 2546. The Kansas Psychological Association (KPA) has, in the past, opposed our legislation, ostensibly because they contend that we have not gone through the same process that they went through. They passed their legislation in 1974, prior to the enactment of K.S.A. 40-2248, and therefore were NOT required to conduct an Impact Report prior to their seeking their legislation. The records of their first committee hearing are not available, but the minutes of their second hearing are attached to my testimony. There is no evidence that they did any kind of study. However, even assuming that they did conduct a study in 1974, our group has also conducted an Impact Study, and has filled the Impact

Report in compliance with K.S.A. 40-2248, et. seq. And therefore we simply believe that the KPA is wrong when they try to contend that our group has not gone through the same process that they have. In fact, we would argue strenuously that the process we have followed is FAR more strenuous than what they did to enact their statute.

Conclusion

We respectfully urge this committee to eliminate the unfairness and the disparity which currently exists, and to recommend HB 2546 for passage.

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

Health Plans that recognize Marital and Family Therapists

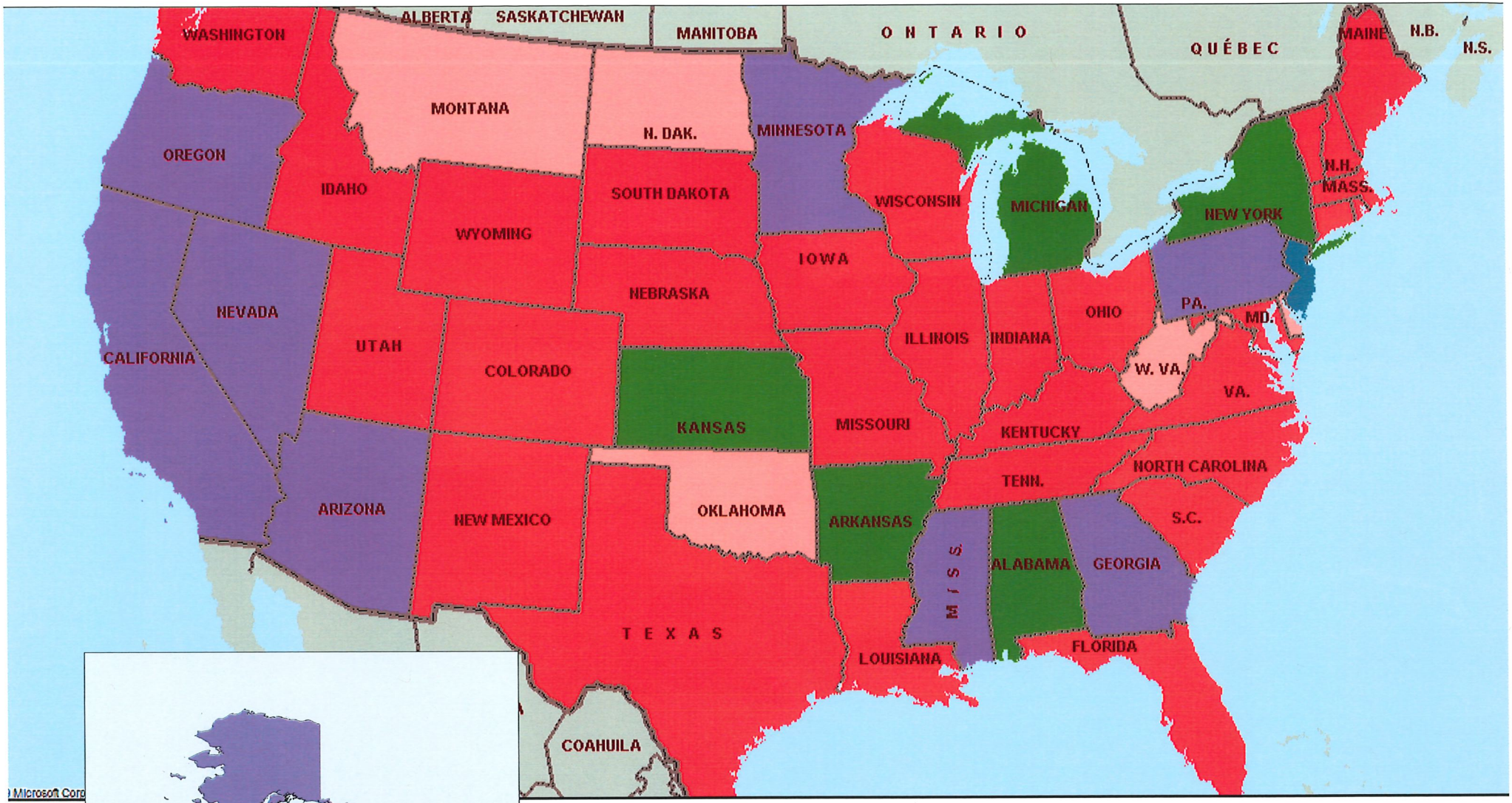
Health Plan	Type of Plan
Aetna Behavioral Health	MBHO
Aetna, Inc.	Parent
Alaska, Premera Blue Cross Blue Shield	Blue
APS Healthcare, Inc.	MBHO
APWU Health Plan	Federal Plan
Arizona, Blue Cross and Blue Shield	Blue
Behavioral Health Network	MBHO
Blue Cross Blue Shield Federal Employee Program	Federal Plan
California, Blue Shield	Blue
California, Wellpoint Health Networks (Blue Cross)	Blue
Cigna Behavioral Health	MBHO
CIGNA HealthCare, Inc.	Parent
Colorado, Anthem Blue Cross and Blue Shield	Blue
ComPsych Corporation	MBHO
Connecticut, Anthem Blue Cross and Blue Shield	Blue
CONTACT Behavioral Health Services	MBHO
DAKOTACARE	Network
FHC Health Systems	Parent
First Health	Network
Florida, Blue Cross and Blue Shield	Blue
Georgia, Blue Cross and Blue Shield	Blue
Government Employees Health Association, Inc. (GEHA)	Federal Plan
Hawaii Medical Service Association	Blue
Health Net, Inc.	Parent
Highmark, Inc.	Parent
Humana, Inc.	Staff
Idaho, Blue Cross	Blue
Idaho, Regence BlueShield of Idaho	Blue
Illinois, Blue Cross and Blue Shield	Blue
Indiana, Anthem Blue Cross and Blue Shield	Blue
Iowa, Wellmark Blue Cross and Blue Shield	Blue
Kentucky, Anthem Blue Cross and Blue Shield	Blue
Louisiana, Blue Cross and Blue Shield	Blue
Magellan Health Services	MBHO
Mail Handlers Benefit Plan (MHBP)	Federal Plan
Maine, Anthem Blue Cross and Blue Shield	Blue
Maryland, CareFirst Blue Cross Blue Shield	Blue
Massachusetts, Blue Cross and Blue Shield	Blue
Medica Health Plans	Network
MHN	MBHO
MHNet Behavioral Health	MBHO
Minnesota, Blue Cross and Blue Shield	Blue
Mississippi, Blue Cross and Blue Shield	Blue
Missouri, Anthem Blue Cross Blue Shield of Missouri	Blue

Health Plans that recognize Marital and Family Therapists

Health Plan	Type of Plan
NALC Health Benefit Plan	Federal Plan
Nebraska, Blue Cross and Blue Shield	Blue
Nevada, Anthem Blue Cross and Blue Shield	Blue
New Hampshire, Anthem Blue Cross and Blue Shield	Blue
New Mexico, Blue Cross and Blue Shield	Blue
North Carolina, Blue Cross and Blue Shield	Blue
Ohio, Anthem Blue Cross and Blue Shield	Blue
Oregon, Regence BlueCross BlueShield of Oregon	Blue
Oxford Health Plans	Network
Pacificare Behavioral Health	MBHO
Pennsylvania, Highmark Blue Cross Blue Shield - Pittsburgh	Blue
Pennsylvania, Highmark Blue Shield	Blue
Pennsylvania, Independence Blue Cross - Philadelphia	Blue
Premera Blue Cross	Parent
Regence Group, The	Parent
Rhode Island, Blue Cross and Blue Shield	Blue
Rural Carrier Benefit Plan	Federal Plan
South Carolina, Blue Cross and Blue Shield	Blue
South Dakota, Wellmark Blue Cross and Blue Shield	Blue
Tennessee, Blue Cross and Blue Shield	Blue
Texas, Blue Cross and Blue Shield	Blue
United Behavioral Health (OptumHealth Behavioral Solutions)	MBHO
UnitedHealth Group, Inc.	Parent
UnitedHealthcare	Parent
Utah, Regence BlueCross BlueShield of Utah	Blue
ValueOptions	MBHO
Vermont, Blue Cross and Blue Shield	Blue
Virginia, Anthem Blue Cross and Blue Shield	Blue
VMC Behavioral Healthcare Services	MBHO
Washington, Premera Blue Cross	Blue
Washington, Regence BlueShield	Blue
Wellmark Blue Cross Blue Shield	Parent
WellPoint, Inc.	Parent
Wisconsin, Wellpoint/BlueCross BlueShield of Wisconsin	Blue
Wyoming, Blue Cross and Blue Shield	Blue

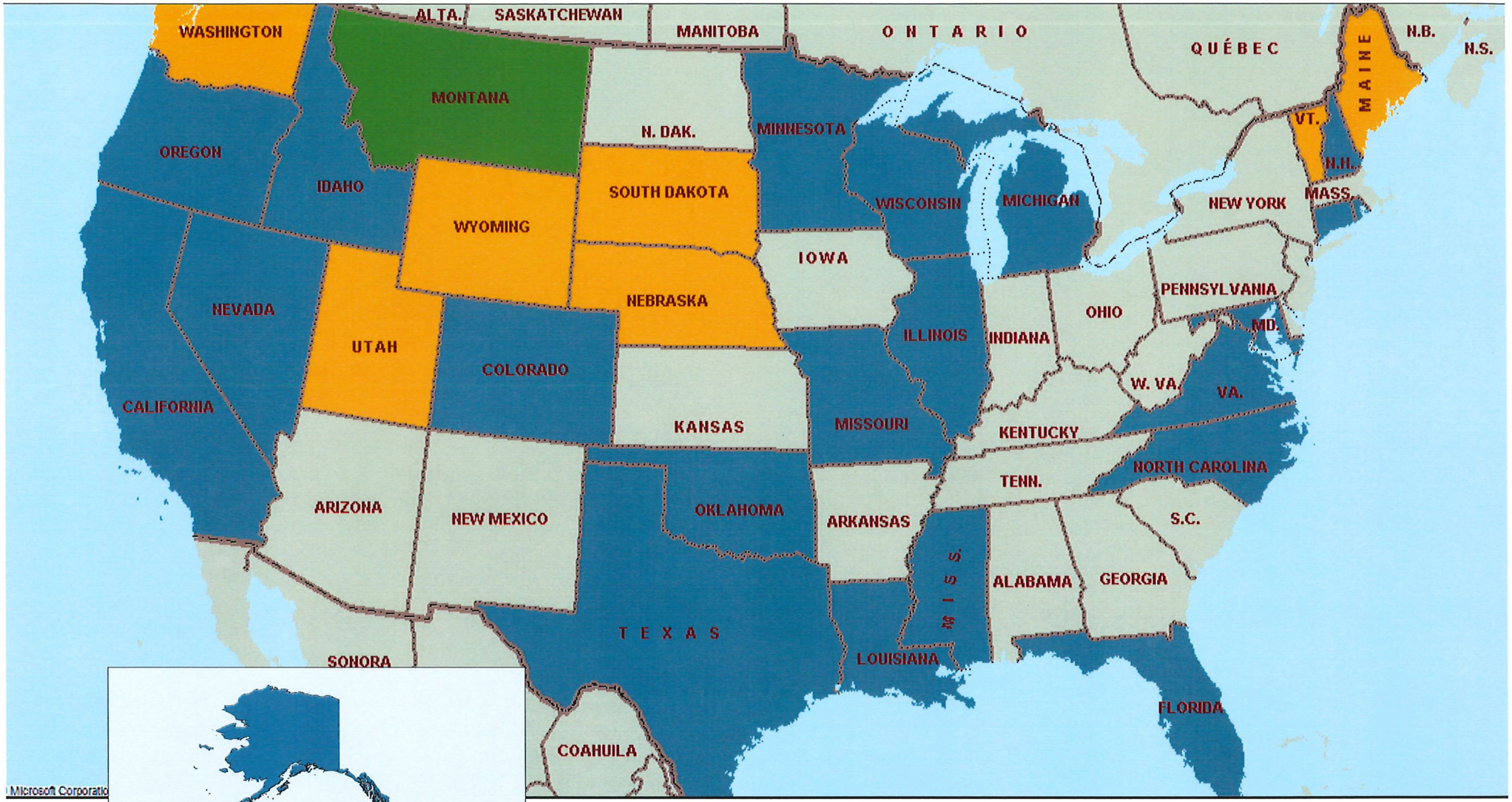
These plans are believed to recognize LMFTs as eligible providers of mental health services. This table does not include all of the health plans that recognize LMFTs. Some listed companies might refuse to recognize a particular LMFT because their provider networks are full or the provider does not otherwise meet the general requirements of the plan. "Blue" means state Blue Cross Blue Shield plans. "Federal Plan" means a plan that provides health benefits to federal employees. "MBHO" means managed behavioral health organization. "Network" includes commercial and HMO companies. "Parent" means a company that owns one or more of the other plans listed in this table. "Staff" refers to staff model HMO plans. The Blue plans are listed by the state where they have a majority of their business. Some listed Blue plans are subsidiaries of larger corporations or parent plans. The Blue plan titles listed are not the complete names of these plans. This table was developed by the American Association for Marriage and Family Therapy (AAMFT).

BCBS Coverage of LCMFT and LCPC State by State



● = BCBS companies do not reimburse LCMFT or LCPC
● = BCBS companies reimburse LCMFT
● = BCBS companies reimburse MFT
● = BCBS companies reimburse both LCMFT and LCPC
● = BCBS companies reimburse LCMFT for government employees

States with Vendorship Laws for LCMFT and LCPC



Legend

▲ = LCMFT Vendorship Laws

▲ = LCPC Vendorship Laws

▲ = Vendorship Laws covering both

Provider Mandates from 1990 to the Present

Immunizations 1995- 40-2,102

Maternity Stays 1996- 40-2,160

Prostate Screening 1998- 40-2,164

Diabetes Supplies and Education 1998- 40-2,163

Reconstructive Breast Surgery 1999- 40-2,166

Dental Care in a Medical Facility 1999- 40-2,165

Off-Label Use of Prescription Drugs* 1999- 40-2,167

Osteoporosis Diagnosis, Treatment, and Management 2001- 40-2,166a

Mental Health Parity for Certain Brain Conditions 2001- 40-2,105a

MINUTES OF THE HOUSE COMMITTEE ON INSURANCE

Held in Room 527-S, at the Statehouse at 9 a.m./p.m., on January 28, 1974, 1973.

All members were present except: Anderson, _____, _____, _____, _____, _____.

Conferees appearing before the Committee were:
Ron Todd, Insurance Department

The Committee considered the following items: SB 385, HB 1287 and HB 1775.

Chairman Ward called meeting to order at 9 A.M. Stated the meeting was for consideration of Bills and we will start discussion on SB 385. Several comments were made as to the fact many psychologists held high positions. Some of the committee members felt rates would go up, but statements from Blue Cross do not indicate this. It was also stated more people may go to psychologists, because psycharists usually hospitalize a person for treatment, and the consumer usually has hospital coverage. It was generally felt psychologists were as qualified as chirpracters and others.
Mr. Feleciano moved SB 385 be passed favorably as amended. Seconded by Mr. Sprague. Motion passed.
Mr. Male moved and Mr. Southern seconded to report HB 1287 favorably as amended. Yes 4, No. 5. General discussion followed as to whether casualty agents were included. It was felt by adding them, this bill might spread to other businesses. Mr. Hoy moved to take out the word "live", line 2, page 1 and it would then read "An Act relating to insurance; requiring additional education for insurance agents as a condition to renrewal of licenses; and prescribing powers and duties of the insurance commissioner with respect thereto." Mr. Male pointed out this would be difficult and the bill is full of the word "life." The motion was lost for lack of a second. Mr. Feleciano moved to pass out favorably as amended. Seconded by Mr. Laird. Yes 5, No. 7. Mr. Zajic moved to pass out HB 1287 adversely, seconded by Mr. Male. Yes 7, No. 5.
HB 1775 was then discussed. Amendment offered by the Insurance Commissioner was read. (see attached.) Mr. Todd: Sections 3 and 4 were adopted earlier. We thought you might want to add No. 5 as an exemption. Several groups are opposed and they pointed out they often hire, on a salary or on a contract basis, specialists to assist in certain items. It was not our desire to require these
The next meeting of the Committee will be held on January 29, 1974, at 9 a.m./p.m., in Room 527-S.

These minutes were read and approved by the Committee on _____.

Chairman

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

Insurance Reimbursement of Mental Health Professionals

Impact Report
Pursuant to K.S.A. 40-2248, *et.seq.*

Presentation
to
House Insurance Committee
February 4, 2010

by the

Mental Health Credentialing Coalition

Kansas Association for Marriage and Family Therapy
Kansas Counseling Association/Kansas Mental Health Counselors Association
Kansas Association of Masters in Psychology

TABLE OF CONTENTS

Presentation

Appendices

Presentation Re: Clinical Level Mental Health Providers to Blue Cross/Blue Shield of Kansas by Mental Health Credentialing Coalition December, 2003

Overview

Kansas has a tremendous resource in the five clinical level mental health professionals licensed by the Kansas Behavioral Sciences Regulatory Board to diagnose and treat mental disorders in this state. Of these five, only two are included in the panels of, and considered reimbursable for their services by Blue Cross/Blue Shield of Kansas (BCBS). All of these professionals provide services that have been shown to decrease utilization, and therefore the costs, of providing medical and surgical services. Such a reduction in costs provides a mechanism to reduce or hold the line on insurance rates for physical and mental health services benefitting both consumers and the health insurance companies. Providing reimbursement for all five of these mental health professionals will be beneficial for the public, the State of Kansas, and BCBS of Kansas.

History of Kansas Providers Permitted By Law To Diagnose and Treat Mental Disorders

In Kansas, five non-medical mental health professions are licensed to diagnose and treat mental disorders in an independent practice setting: Licensed Psychologists (LPs), Licensed Specialist Clinical Social Workers (LSCSWs), Licensed Clinical Marriage and Family Therapists (LCMFTs); Licensed Clinical Psychotherapists (LCPs, the clinical level masters in psychology], and Licensed Clinical Professional Counselors (LCPCs). [See Exhibit 1 for a comparison of the scopes of practice for these five mental health professionals.] These five mental health professions have met statutorily required requirements for licensure, including education, training, clinical supervised practicums, and other requirements. These five mental health professions, all of whom are licensed by and regulated by the Behavioral Sciences Regulatory Board (BSRB) of the State of Kansas, practice in the areas of marriage and family therapy, masters in psychology (or clinical psychotherapy), professional counseling, psychology, or social work. [See Appendices A, B, C, D, and E for State Statutes and BSRB Rules and Regulations governing these five mental health professions]

Of these five, only two are included in the panels of, and considered reimbursable for their services by, Blue Cross/Blue Shield of Kansas (BCBS): Psychologists and Licensed Specialist Clinical Social Workers.

The other three professions (Licensed Clinical Marriage and Family Therapists, Licensed Clinical Psychotherapists, and Licensed Clinical Professional Counselors) are not included in such BCBS panels nor are they eligible for reimbursement pursuant to BCBS contract. This exclusion exists despite such professionals having equivalent state licensing requirements and the same legal authority and ability to diagnose and treat mental disorders. [See Exhibit 2 for a comparison of statutory lincensure requirements for the five licensed clinical mental health care

providers.] A review of Exhibit 2, and the statutes themselves, clearly demonstrates that the requirements are virtually equal, and undeniably equivalent. Despite these three providers having the same legal ability and actual ability to diagnose and treat mental disorders as the two providers eligible for reimbursement by BCBS, they are denied reimbursement by BCBS for the same or similar mental health services.

These comparisons of education, training, supervised experience practicum, and other requirements convinced the legislature that all five of these mental health professionals should be treated equally in the eyes of the law with regards to the ability to diagnose and treat mental disorders in an independent setting. [It should be noted that persons licensed in the four masters level professions of marriage and family therapists, professional counselors, social workers, and masters level psychologists who do NOT meet the clinical level statutory requirements are permitted by law to diagnose and treat mental disorders when under the supervision of a mental health professional licensed to diagnose and treat mental disorders in an independent setting, but for the purposed of this paper, only the clinical level professionals licensed to diagnose and treat mental disorders in an independent setting will be discussed further herein.]

[For information purposes, physicians licensed to practice medicine and surgery are also statutorily authorized by the State of Kansas to diagnose and treat mental disorders. This authority exists for all persons licensed to practice medicine and surgery, and not just Psychiatrists. Medical Doctors (M.D.s) who engage in other specialties, such as Orthopedic Surgeons, are also permitted to diagnose and treat mental disorders by Kansas law, and it is presumed that if such a physician DID provide such mental health services, that such services would be subject to reimbursement pursuant to BCBS contract. However, once again, persons licensed to practice medicine and surgery will not be discussed further herein.]

In addition, since 1991, the State of Kansas has utilized screening, or gatekeeping, processes for psychiatric hospital admissions. The Legislature, by state statute, has identified "Qualified Mental Health Professionals" (QMHPs) who are authorized to perform these pre-admission screens. All of the five BSRB licensed mental health professionals identified above are recognized statutorily as QMHPs and are permitted to perform these screenings.

Insurance Reimbursement Is Not Equivalent for Equivalent Mental Health Providers

In addition to the data and information outlined above, attached [Exhibit 3] is a letter from Ms. Phyllis Gilmore, Executive Director of the Board of Behavioral Sciences of the State of Kansas stating the BSRB's position regarding the equivalency in the eyes of the law with regards to the five mental health professions licensed and regulated by the BSRB.

Consumers do not understand why, when all of the professions are equal in the eyes of the law, they can walk into one provider (e.g., LSCSW) and receive reimbursement for the mental health services, but walk into another provider (e.g., LCP) and have the same mental health services not subject to insurance coverage. At least with regards to BCBS of Kansas health insurance policies, there is not equivalent reimbursement for equivalent mental health services provided by equivalent mental health professions.

This presentation requests BCBS of Kansas to include within the reimbursement contracts for health insurance that cover mental health services Licensed Clinical Marriage and Family Therapists, Licensed Clinical Psychotherapists, and Licensed Clinical Professional Counselors, the three appropriately licensed professions that are currently excluded from reimbursement. Specifically, we ask that BCBS of Kansas include these licensed mental health professional within the panel of recognized and reimbursable providers when mental health insurance coverage is provided by the company.

This paper provides a summary of research and information establishing why reimbursement of such mental health professionals is advantageous to the company and to the public.

The case for reimbursing the three providers currently excluded is based upon the following three assertions:

- Inclusion of these providers creates no negative impact on health-care costs, and might reduce health care costs in the long run;
- Inclusion of these providers creates a positive impact on health-care services provided; and
- Inclusion of these providers is justifiable from a business, professional and public policy perspective.

Inclusion Creates No Negative Impact on Health-Care Costs

The use of mental health services to reduce other healthcare costs has been well documented. For example, a recent article in the Journal of Marital and Family Therapy [Appendix F] cites a 21.5% reduction in patients' use of healthcare services. Other articles show the effects of mental health treatment on medical utilization. [Exhibit 4] When patients seek assistance from mental health professionals, they tend to make less use of medical treatment lowering overall expenditure of health insurers.

Conventional wisdom would seem to suggest that when the number of providers is increased, the total utilization of the services provided by those providers is also increased. Recent studies have shown that, with regard to delivery of mental health services, increasing the number of providers does *not* have an impact on utilization. For instance, the United States Office of Personnel Management conducted a major study regarding the addition of other providers to the Federal Employees Health Benefits Program (OPM, 1986). [U. S. OPM (1986) "A Study Relating To Expanding the Class of Health Practitioners Authorized to Received Direct Payment or Reimbursement in Accordance with 5 U.S.C. 8902(k)(1)] 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 a review of the literature, a recent paper by the Muskie School of Public Service and 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." [See Exhibit 5]

Studies have shown that members of the three professions excluded from reimbursement by BCBS often provide treatment regimens for mental disorders that are far shorter than the average length of treatment provided by psychologists and social workers. Simmons and Doherty [Appendix G] found that practitioners of family therapy average eleven sessions per case compared to fourteen sessions for individual therapy. Shorter length of treatment also contributes to lower costs.

Inclusion Creates a Positive Impact on Health-Care Services Provided

The five BSRB licensed mental health professions come from different educational backgrounds. This diversity increases choice for consumers. Such diversity among qualified professionals is positive for the overall provision of mental health services, and will, in the long run and possibly the short-run, permit reduction or elimination of longer, more intense, more costly mental health services.

Another positive impact on health-care service is the availability of members of the three excluded professions in the rural areas of the state. Many rural areas of Kansas are under-served by both medical and currently reimbursable non-medical mental health professionals. Many members of the three excluded professions are currently practicing in these under-served, rural areas. Reimbursing providers who tend to be more urban based while not reimbursing mental health providers available in rural areas presents problems for consumers, the insurance provider, and the public health of the state. [See U. S. Department of Health and Human Services, Bureau of Health Professionals website at: http://bhpr.hrsa.gov/shortage/ and Appendix H]

Provision of mental health services helps reduce utilization of medical/surgical services. Increasing the availability of qualified mental health professionals not only eases access problems in rural areas of the state. Increasing the availability of qualified mental health professionals also reduces costs for services now provided by higher cost providers, including physician services, Increasing the availability of qualified mental health professionals will reduce the need for future mental health and medical/surgical services.

Inclusion Is Beneficial from a Business, Professional, and Public Policy Perspective

While professional pride may lead to turf battles that may at times become passionate and heated, research demonstrates that it is usually difficult to distinguish between mental health professions when it comes to effectiveness in treating mental disorders. Many third-party payers simply rely on the state (through licensure) to decide which professions to recognize as qualified practitioners and reimburse accordingly.

In Kansas, statutory licensure alone is not always considered a basis for reimbursement by insurance providers because of the simplistic assessment that additional providers will increase costs. The result has been legislative utilization of mandated reimbursement statutes. Since currently only psychologists and clinical level social workers are mandated for reimbursement in Kansas, due primarily to the historical order of their licensure, some insurance companies,

including BCBS, provide reimbursement to those providers while not reimbursing the excluded providers referenced in this presentation.

Many providers seek reimbursement by approaching the legislature and trying to impose a statutory mandate. Many businesses oppose mandates because they fear an increase in health insurance premiums. The MHCC presents this proposal as an alternative to such a mandate. We believe that the inclusion of these providers will benefit BCBS in the long run. We believe that opening a dialogue is a better approach than simply commencing a legislative mandate battle without an opportunity to explore how this could be a win/win opportunity for the state, BCBS, and the public..

Reimbursement of one profession over another makes effective mental health provider choices difficult for the consumer. Most Kansans do not make a distinction among mental health professionals other than to distinguish between licensed and unlicensed practitioners. Consumers are confused when their selected provider is unable to access BCBS for reimbursement of the services they receive.

Given the equality of ability, legal authority to diagnose and treat mental disorders, and licensure among the five non-medical mental health professions in Kansas, it is clear that the Legislature recognizes the equivalency of these five mental health professionals. Standardization of the reimbursement for these professions makes sense, both from the perspective of fairness and from the perspective of protection of, and service to, the public.

Legislative action over the past decade has focused on increasing collaboration among health care providers, including mental health professionals, in an effort to increase the quality of care for Kansans. This collaboration, long the standard of practice for the three BCBS-excluded professions, can also serve to hold down costs by creating a treatment environment which encourages the most effective and efficient treatment modalities available.

Lastly, as noted above, inclusion of these mental health professionals will increase access to and provide improved mental health service delivery in rural, underserved areas of the state.

Reimbursement Policies of Other Insurance Companies and Other States

Although we recognize that BCBS of Kansas is a separate and distinct company from BCBS companies in other states, an analysis of reimbursement policies for BCBS affiliated companies in other states shows that BCBS of Kansas excluded providers ARE covered by BCBS affiliated companies in other states. Exhibit 6 lists the states where BCBS affiliated companies reimburse all or some of the three professions not currently reimbursed by BCBS of Kansas.

Likewise, other insurance companies in Kansas currently recognize and reimburse for mental health services provided by LCPs, LCPCs, and LCMFTs, the three BCBS of Kansas excluded mental health providers. Numerous insurance companies currently provide for reimbursement of these three non-mandated professions based upon their current policies of insurance in Kansas. [Exhibit 7] Three points are obvious from this chart: 1) from the provider's standpoint, a statutory mandate is the approach to utilize to insure insurance coverage for provider services; 2)

the quiltwork, hodge-podge approach to insurance reimbursement for mental health services is confusing to the providers and the consumers, and there appears to be a need for consistency; and 3) some insurers must not have seen a significant increase in health care costs by addition of these mental health care professions.

Conclusion

Kansans have used and continue to use the services of professional counselors, marriage and family therapists, and masters in psychology to successfully meet their mental health needs. Given the research regarding the efficacy of these professionals in diagnosing and treating mental disorders, the research showing a lack of negative impact on insurers, the need for fairness to all qualified mental health professionals, the public's need for accessability to mental health services, and the legislature's recognition of the equivalency of competence, ability, and training of such mental health professionals, we respectfully request BCBS of Kansas to begin the process of accepting the appropriately licensed clinical level members of these three professions for reimbursement by the company in plans where mental health services are covered.

EXHIBIT 1

SCOPE OF PRACTICE COMPARISON FOR LICENSED CLINICAL MENTAL HEALTH PROVIDERS AUTHORIZED TO DIAGNOSE AND TREAT MENTAL DISORDERS

Licensed Specialist Clinical Social Worker	Licensed Clinical Marriage and Family Therapist	Licensed Clinical Professional Counselor	Licensed Clinical Psychotherapists	Licensed Psychologist
KAR 102-2-1a (e) "Clinical social work practice" means the professional application of social work theory and methods to the treatment and prevention of psychosocial problems, disability, or impairment, including emotional and mental disorders. Clinical social work shall include the following: (1) Assessment; (2) diagnosis; (3) treatment, including psychotherapy and counseling; (4) client-centered advocacy; (5) consultation; (6) evaluation; and (7) interventions directed to interpersonal interactions, intrapsychic dynamics, and life support and management issues.	K.A.R. 102-5-1 (c) "Clinical marriage and family therapy practice" means the professional application of marriage and family therapy theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including behavioral, emotional, and mental disorders. Clinical marriage and family therapy shall include the following: (1) Assessment; (2) diagnosis of mental disorders; (3) planning of treatment, which may include psychotherapy and counseling; (4) treatment intervention directed to interpersonal interactions, intrapsychic dynamics, and life management issues; (5) consultation; and (6) evaluation, referral, and collaboration.	K.A.R. 102-3-1a (e) "Clinical professional counselor practice" means the professional application of professional counseling theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including behavioral, emotional, and mental disorders. Clinical professional counseling shall include the following: (1) Assessment; (2) diagnosis of mental disorders; (3) planning and treatment, which may include psychotherapy and counseling; (4) treatment intervention directed to interpersonal interactions, intrapsychic dynamics, and life management issues; (5) consultation; and (6) evaluation, referral, and collaboration.	K.A.R. 102-4-1a (d) "Clinical psychotherapy practice" means the independent practice of master's level psychology and the application of psychology theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including behavioral, emotional, and mental disorders. Clinical psychotherapy shall include the following: (1) Assessment; (2) diagnosis of mental disorders; (3) planning of treatment, which may include psychotherapy and counseling; (4) treatment intervention directed to interpersonal interactions, intrapsychic dynamics, and life management issues; (5) consultation; and (6) evaluation, referral, and collaboration.	K.A.R. 102-1-1 (c) "Clinical psychological services" means the application by persons trained in psychology of established principles of learning, motivation, perception, thinking, and emotional relationships to problems of behavior adjustment, group relations, and behavior modification when those principles are applied through either or both of the following activities: (1) Providing psychological assessment and therapeutic treatment to individuals or groups with the intent of modifying attitudes, emotions, and behaviors that are intellectually, physically, socially, or emotionally maladaptive; or (2) performing any other clinical applications of psychological principles as approved by the board.

EXHI. 2

COMPARISON OF LICENSURE REQUIREMENTS FOR LICENSED CLINICAL MENTAL HEALTH CARE PROVIDERS STATE OF KANSAS--2002

BASIS OF COMPARISON	CLINICAL PROFESSIONAL COUNSELORS	CLINICAL PSYCHOTHERAPISTS	CLINICAL MARRIAGE AND FAMILY THERAPISTS	CLINICAL SOCIAL WORKERS	CLINICAL PSYCHOLOGISTS
Qualified Mental Health Professional – KSA 59-2946 (j)	LPC & LCPC	LMLP & LCP	LMFT & LCMFT	LMSW & LSCSW	LP
Statutory Authorization to Diagnose & Treat Mental Disorders	KSA 65-5802 Independent Practice	KSA 74-5361 Independent Practice	KSA 65-6402 Independent Practice	KSA 65-6306 Independent Practice	KSA 74-5302 Independent Practice
Graduate Education Accrediting Body	CACREP	MPAC	COAMFTE	CSWE	APA
Graduate Education Requirements for Licensure	2-year program minimum – 60 graduate semester hours	2-year program minimum – 60 graduate semester hours	2-year program minimum – COAMFTE accredited degree or related field degree with defined core curriculum	1-year or 2-year CSWE accredited program or equivalent	3-year program minimum – 90 graduate semester hours
Minimum Coursework Supporting Clinical Practice (7/1/2003)	15 graduate semester hours supporting diagnosis and treatment of mental disorders	15 graduate semester hours supporting diagnosis and treatment of mental disorders	15 graduate semester hours supporting diagnosis and treatment of mental disorders	15 graduate semester hours supporting diagnosis and 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 – 2 semesters of practicum in doctoral program (no total set)
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 years	150 hours minimum over 2 years	150 hours minimum over 2 years	150 hours minimum over 2 years	45 hours minimum over 1 year
Competency Examination	National clinical examination required	National clinical examination required	National clinical examination required	National clinical examination required	National clinical examination required

EXHIBIT 3

State of Kansas
Behavioral Sciences Regulatory Board

KATHLEEN SEBELIUS
Governor

PHYLLIS GILMORE
Executive Director

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January 21, 2003

Mr. Ronald R. Hein
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Mental Health Credentialing Coalition
Hein Law Firm, Chartered
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Dear Ron:

I have received your letter of December 2, 2002, in which you essentially requested that I issue a written statement comparing the licensure requirements for all masters level trained mental health professionals in Kansas.

In answering that question, some background information is warranted. First of all, the State of Kansas has recognized various mental health groups either at the certification level, the registration level, or the licensure level at different times throughout the years. There are four mental health providers that are recognized by Kansas Statute as licensed mental health practitioners that provide for a minimum of a masters level academic degree. These four practitioner professions are professional counselors, social workers, masters level psychologists, and marriage and family therapists.

The Behavioral Sciences Regulatory Board also licenses psychologists, but these providers are required by statute to have a doctorate level degree in order to be licensed in Kansas. For that reason, in responding to your request, I am not going to discuss that particular group.

Regarding the four masters level providers licensed by Kansas Statute, each of them also has specific licensure requirements to permit the provider to be licensed by the State of Kansas, and specific separate and additional requirements to be licensed by the State of Kansas to engage in independent practice. The provider titles that are licensed pursuant to Kansas law to practice mental health services under the licensure act stated, and who

are further authorized to engage in independent practice, not under the direction or supervision of another licensed provider, are as follows (listed first is the provider area, followed by the specific name of the licensee in that provider group permitted to engage in independent practice):

Social Worker: Licensed Specialist Clinical Social Worker (LSCSW)
Professional Counselor: Licensed Clinical Professional Counselor (LCPC)
Masters Level Psychologist: Licensed Clinical Psychotherapist (LCP)
Marriage & Family Therapist: Licensed Clinical Marriage & Family Therapist (LCMFT)

Although historically there has been a different history, philosophy, and orientation of each of the mental health provider groups indicated, the statutory criteria for both licensure to practice, and for licensure to engage in independent practice, for the individual licensees which I have identified above are substantially equivalent. The Kansas Statutes are very consistent regarding the level of education, the character, the qualifications and background, the continuing education, and other requirements that must be met to practice at the masters level, and such additional requirements as are necessary to be able to also engage in independent practice.

All four of the licensees that I have identified above as being permitted by Kansas law to engage in independent practice are specifically permitted to "diagnose and treat mental disorders" recognized by the DSM IV.

I hope that this letter sufficiently responds to your request. If I can provide any additional information, please feel free to contact me.

Sincerely,

Phyllis Gilmore

Phyllis Gilmore
Executive Director

Additional Articles Regarding Reduction in Health Care Costs as a Result of Access to Mental Health Services

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EFFECTS OF LICENSURE LAWS AND RULES ON ACCESS TO MENTAL HEALTH SERVICES IN RURAL AREAS PRELIMINARY EXECUTIVE SUMMARY

DRAFT 4/10/02

EFFECTS OF LICENSURE LAWS AND RULES ON ACCESS TO MENTAL HEALTH SERVICES IN RURAL AREAS
PRELIMINARY EXECUTIVE SUMMARY

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April, 2002

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BACKGROUND

It is well-established that rural communities suffer disproportionately from a shortage of mental health professionals (Knesper, et al., 1984; Lambert & Agger, 1995; Stuve, et al., 1989). For example, the supply of psychiatrists is 14.6 per 100,000 in urban areas as compared with 3.9 per 100,000 in rural areas (Hartley, Bird and Dempsey, 1999). Non-physician mental health professionals include psychologists, social workers, marriage and family therapists, licensed professional counselors and advanced practice nurses. This study investigates whether and the extent to which licensure laws that determine the permissible scope of practice for each of these professions may affect the availability of mental health services. These effects may be direct, by establishing barriers that are difficult to overcome for those seeking to practice in rural areas, or indirect, by making it difficult for members of some professions to practice independently and be reimbursed, thereby necessitating that they practice in institutional settings more common in more populated areas.

METHODS

This study examines licensure laws and accompanying rules for social workers, psychologists, professional counselors and marriage and family therapists in all states with at least ten percent of the population living in rural areas (total of 40 states). Where licensure laws and rules have explicit implications for reimbursement for one or more of these professions, this is also

This study was funded by a grant from the federal Office of Rural Health Policy, Health Resources and Services Administration, U.S. Department of Health and Human Services (Grant U1CRH00013-04 S3 R3).

2-28

reported. Because licensure laws for advanced practice nurses do not address specific mental health services in most states, our analysis for that profession was inconclusive, and will be addressed in a future report. For the remaining four mental health professions, we identified core mental health services: assessment, diagnosis, treatment planning, individual and group counseling, and psychotherapy. Prescriptive authority had not been granted to any of these professions at the time of our analysis. Our examination of scope of practice began with analysis of licensure laws, was followed with analysis of licensure rules (administrative codes) issued by the state boards that oversee each profession, and, in many cases, was followed with calls to state board staff to determine precise meaning of terms that we found varied considerably from one state to another. The research team was trained and advised by an attorney who is also a clinician and has extensive experience with interpretation of licensure laws.

FINDINGS

1. **Licensure laws authorize psychologists, social workers, marriage and family therapists and licensed professional counselors to practice *assessment, treatment planning*, and *individual and group counseling* independently in most states.** Many states do not explicitly grant the authority for *diagnosis* or *psychotherapy* to social workers, MFTs or LPCs, but only one state explicitly denies it. Payers may choose to interpret failure to mention these two practices as denial of such authority. Thus, while states have not created explicit barriers to practice, they have often avoided language that might be used to break down barriers.
2. **The purpose of state licensure laws is to determine who is qualified to practice, not who is eligible for reimbursement. A few states explicitly deny the use of scope of practice laws as a mandate for third party reimbursement.** Payers who seek guidance from scope of practice laws as to whom they should be paying for specific services will be disappointed. States that wish to make it clear that a specific profession is authorized to provide a service and be paid for it have done so through a separate piece of legislation, such as "vendorship" or "freedom of choice" laws. Studies have found **no significant increase in costs to insurance carriers resulting from extending reimbursement to new mental health professions** through such laws (Frank, 1989, Lieberman, 1988). In fact, one study found that the increased competition resulted in a drop in psychiatrist's fees (Frank, 1982), while another found that the number of social

workers practicing in rural settings almost doubled following a vendorship law (Lieberman, Shatkin and McGuire 1988).

3. **Laws that require supervision to be performed exclusively by a member of the profession in a face-to face setting may make it difficult for a new graduate to log the number of required hours within the specified time limit to qualify for independent practice.**
4. **A few states explicitly allow supervision that is not face-to-face, such as use of tele-health technologies or telephone**. Perhaps more importantly, a few states have recognized the negative effect on access to care of competition among the mental health professions, and have placed explicit language in statutes or rules encouraging collaboration and cooperation among the professions. Most notable are states that have consolidated the oversight of these professions into a single board, or a single mental health practices act. Other policies that may achieve this end include allowing supervision by members of other professions and encouraging collaboration with other professionals as part of the continuing education requirements.

RECOMMENDATIONS:

1. **States can simplify licensure and clarify clinical roles by combining regulatory functions for several professions into a single office or agency.** A first step toward this end is either combining Marriage and Family Therapy and Licensed Professional Counseling into a single board, or creating a mental health professional practice act, as Utah has done, that addresses all mental health professions.
2. **Since we found no evidence in state licensure laws to support payers who choose not to reimburse Marriage and Family Therapists or Licensed Professional Counselors for essential mental health services, Medicare should reconsider its position on these professions.** States that have not done so should consider vendorship laws to bring reimbursement policies into congruency with licensure laws by affirming the right of these professions to practice independently and be reimbursed by third party payers. An interim policy that might address rural access needs would be to **authorize direct reimbursement to these professions only in designated shortage areas**. A precedent for such a policy can be found in the Federal Employees Health Benefits Program policy that "requires non-HMO FEHB plans to

reimburse beneficiaries, subject to their contract terms, for covered services obtained from *any licensed provider* in [underserved areas] (our italics, Federal Register, 2001)

3. Several strategies could be employed to **reduce professional competition over the right to practice and be reimbursed**. New Hampshire has addressed this issue by encouraging collaboration among the professions, while several other states have begun to address it through combined boards or mental health professional practice acts. The professional associations that represent these professions must provide leadership by taking the lead at the state level in working toward mental health professional practice acts and consolidated regulatory functions.
4. New graduates of programs that train mental health professionals can begin to address rural needs soon after graduation, if arrangements can be made for them to receive the supervision required in all states. Supervision may be easier to arrange in states where it is permissible to be supervised by a member of another profession. Another way of facilitating supervision is to **explicitly allow telephone and tele-health technologies to be employed in supervision.** A few states, such as Idaho, Wyoming and Colorado, explicitly allow electronic supervision, acknowledging its necessity for rural practice sites. In rural states where electronic supervision is not permitted, professional associations, state rural health associations, offices of rural health, and Medicaid programs should work together to allow it.
5. **The effect of changes in reimbursement, supervision, and regulation of these professions on the geographic distribution of practitioners must be evaluated.** Unfortunately, effects cannot be accurately assessed with current workforce data. Few states have accurate data on the practice locations of all mental health professionals in a format that would enable such analysis, and there is no systematic data gathering at the federal level. The dearth of good data has resulted in most states continuing to use psychiatrists as the only profession considered in the process of designating mental health professional shortage areas (Bird et al. 2001). Improvement in the availability of mental health workforce data should be made a higher priority, and assigned explicitly to a federal agency.
6. On July 1, 2002, New Mexico will become the first state to grant prescriptive authority to psychologists. The American Psychological Association, as well as the state affiliate in New Mexico, has argued that New Mexico's rural population and the dearth of psychiatrists outside of Albuquerque and Santa Fe make a compelling argument for prescriptive authority

for psychologists. Since the New Mexico law will require extensive additional training for psychologists to qualify for this privilege, including a 400-hour practicum supervised by a physician, it remains to be seen how many psychologists will qualify, and how many of them will practice in rural areas. **New Mexico's psychologist prescribing law must be monitored closely, tracking the number of psychologists who qualify, both urban and rural, as well as shifts in practice locations**. The availability of lower-cost oversight of psychotropic medications is likely to be of interest to managed behavioral health organizations, who may, in turn, create increased incentives for prescribing psychologists to practice in more populous areas of the state.

7. **The growing profession of advanced practice registered nurses specializing in mental health holds great promise for rural areas**, combining medical training that is more extensive than that proposed for prescribing psychologists in New Mexico, with a tradition of both collaboration and independent practice. We regret that we were not able to include data for this profession in this study. Our methodology did not discover sufficient information on which to base conclusions. We hope to address this profession in a future project.

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EXHIBIT 6

STATES BCBS AFFILIATES REIMBURSE ONE OR MORE OF THE LCPs, LCPCs, LCMFTs

Alabama
Alaska
California
Colorado
Connecticut
District of Columbia
Florida
Georgia
Idaho
Illinois
Maine
Maryland
Massachusetts
Michigan
Mississippi
Missouri
Montana
Nevada
New Hampshire
New Jersey
New Mexico
North Carolina
Oklahoma
Rhode Island
South Carolina
South Dakota
Texas
Utah
Vermont
Virginia
Washington
Wyoming

EXHIBIT 7

INSURANCE COMPANIES THAT REIMBURSE LICENSED MENTAL HEALTH PROFESSIONALS
STATE OF KANSAS (p. 1 of 2)

	FREE MARKET PROVIDERS		STATUTORILY MANDATED PROVIDERS		
INSURANCE COMPANIES	CLINICAL PROFESSIONAL COUNSELORS	CLINICAL PSYCHO-THERAPISTS	CLINICAL MARRIAGE AND FAMILY THERAPISTS	CLINICAL SPECIALIST SOCIAL WORKERS	CLINICAL PSYCHOLOGISTS
Aetna US Healthcare	X		X	X	X
American Medical			X	X	X
American PsychSystems		X	X	X	X
Benefit Management, Inc	X		X	X	X
Blue Cross/Blue Shield of KC		X	X	X	X
Central Benefits	X			X	X
Central States SE & SW Areas of Health Welfare Fund			X	X	X
Ceridian Life (EAP)	X			X	X
Champus/Tricare			X	X	X
Chesterfield Resources			X	X	X
Cigna	X	X	X	X	X
ComPsych Corp.			X	X	X
Consortium	X	X	X	X	X
CorpHealth, Inc.			X	X	X
Corporate Serv. Of American	X			X	X
Coventry			X	X	X
EPOCH Group LC	X			X	X
First Health Network			X	X	X
First Health Systems			X	X	X
First Benefit Services			X	X	X
Focus	X			X	X
Health Partners				X	X
Heartland Health	X			X	X
Integra-EAP/HMP			X	X	X
Integrated Health Plan, Inc. (IHP)*	X			X	X
Kansas Health Plan		X		X	X
Kansas Preferred Health	X			X	X
Koch Industries Employee Group Benefit			X	X	X
Magellan Behavioral	X	X	X	X	X
Mail Handlers Benefit			X	X	X

INSURANCE COMPANIES THAT REIMBURSE LICENSED MENTAL HEALTH PROFESSIONALS
STATE OF KANSAS (p. 2 of 2)

	FREE MARKET PROVIDERS		STATUTORILY MANDATED PROVIDERS		
INSURANCE COMPANIES	CLINICAL PROFESIONAL COUNSELORS	CLINICAL PSYCHOTHER-APISTS	CLINICAL MARRIAGE AND FAMILY THERAPISTS	CLINICAL SPECIALIST SOCIAL WORKERS	CLINICAL PSYCHOLOGISTS
Managed Health Network	X			X	X
Medicare				X	X
Medicare-Railroad				X	X
MultiPlan		X		X	X
Mutual of Omaha Health Partners of Kansas			X	X	X
NEIEP Value Options			X	X	X
New Directions (Various Employers BC/BS)		X		X	X
One Health Plan	X			X	X
People Resources (EAP)	X			X	X
Preferred Health	X	X	X	X	X
Preferred Mental Health Management	X		X	X	X
Preferred Plus of Kansas, Inc.		X	X	X	X
Premier Blue (HMS)				X	X
Principal Health Care of Kansas			X	X	X
Prudential Health Care	X		X	X	X
Sloans Lake Managed Care	X			X	X
TriCare – Certified		X		X	X
TriCare – Credentialed		X		X	X
TriCare (PGBA)			X	X	X
UniCare			X	X	X
United Behavioral Health	X	X		X	X
United Healthcare	X			X	X
Value Healthcare	X			X	X
Value Options	X	X	X	X	X
Village Business Investments (EAP)	X			X	X
VMC Behavior Health (EAP)	X			X	X
Wellmark Supplies, Inc.	X		X	X	X
Wilks Corroon Corp. of Kansas			X	X	X
Working Solutions (EAP)	X			X	X
WPPA				X	X

Testimony re: HB 2546
Reimbursement of Mental Health Services
House Insurance Committee
Presented by Daniel Lord, Ph.D., LCMFT
on behalf of KAMFT and the
Mental Health Credentialing Coalition
February 4, 2010

Mr. Chairman, and 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 at Friends University, in Wichita, and a Licensed Clinical Marriage and Family Therapist (LCMFT). During my 20 years of teaching and training Marriage and Family Therapy professionals, I have served two terms on the Behavioral Sciences Regulatory Board, appointed by former Gov. Bill Graves, and also served 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, president, and past president.

My testimony today regards your consideration of HB 2546, 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 across the past three decades.

To begin with, let me clarify that, across the United States, the primary work force for mental health service delivery is a core of non-medical peer professions with graduate training in psychology, clinical social work, marriage and family therapy, or professional counseling. These professionals are regulated by respective state governments and their regulatory agencies in virtually every state. Standards for graduate education and training are set by their respective national accrediting bodies. They each utilize well established and respected national competency examinations for licensure.

Here in Kansas, these professions successfully work together in the complex and broad array of mental health and child welfare services depended upon by our state's citizens. This has come about because of the Legislature's support for a multi-profession approach to mental health service provision in our state. In 1996, the Legislature recognized each of these professions as "qualified mental health professionals" within our community mental health centers. In 1999, out of the work of the Legislature's *Task Force on Providers of Mental Health Services*, a credentialing structure was established for Kansas that defined standards of graduate education and supervised practice supporting a uniform authorization to diagnose and treat mental disorders. For nearly a decade and a half, the Kansas Behavioral Sciences Regulatory Board has worked with all five licensed professions at one table to oversee a coordinated development of administrative rules for protecting a public who could likely seek services from any of the respective professions' licensees.

The result is a regulatory and work force environment that has minimized turf battles and focused more on effective consumer services. Now, community mental health centers across the state, and SRS and its contractors, can select mental health professionals based on a professional's strengths and skills rather than specific licensure. More importantly, because of past effective legislative solutions, consumers being served through these organizations across our state have much improved access to qualified mental health providers wherever they live.

This improved consumer access, however, does ***not*** extend to our citizens who depend on private insurance coverage for access to mental health services, particularly Blue Cross/Blue Shield. Consistent insurance reimbursement of Kansas' qualified mental health providers is not occurring, and consumers are paying the price both financially and in personal distress. In rural areas, more qualified professionals are now available because of our state's regulatory framework, but many remain excluded from reimbursement. Whether urban or rural, an employer's change in health care plans can now result in a consumer's loss of a valued mental health care provider reimbursed in one plan but not another. For these citizens, disruptions in mental health care range from lengthy waiting lists during severe distress, to long and costly drives for providers limited by restricted panels, to having to end mental health treatment at painfully sensitive points in order to seek and start again with a different provider covered by a new insurance company.

The hardships caused by inconsistent and arbitrary insurance reimbursement are problems for consumers that the Legislature has recognized and addressed in years past. The first time was in 1974, when psychologists were required to be paid for mental health care parallel to physicians and physical care. This occurred a second time in 1982 with a parallel statute addressing the services of clinical social workers. With that second action, 28 years ago, the Legislature created a solution that covered *every licensed mental health professional serving our state's citizens at that time.* In every way, HB 2546 is simply an update of that important action. It recognizes that consistent insurance coverage, for persons purchasing private health insurance, will be accomplished only by statutory action. It also will end the arbitrary exclusion of qualified providers by insurance companies who currently claim they are restricted to reimbursing only the professions covered by the two existing insurance statutes.

Without HB 2546, mental health reimbursement practices will continue to contradict the Legislature's priorities of the past three decades. Left as it is now, current arbitrary reimbursement practices will continue to create inefficiencies and hardships in our state's mental health service delivery. In fact, left as they are now, current insurance reimbursement practices violate even the standard of care set for Medicaid services in 2006. Perhaps somewhat ironically, a person with a Medical card has broader access to mental health services than a person *purchasing* coverage by Blue Cross/Blue Shield.

On behalf of our state's citizens and consumers of mental health services, our state's well trained core of mental health professionals, and future professionals who chose to train and hopefully stay and serve in our state, I urge you to address updating this statutory solution to better match the Legislature's priorities supporting fair and effective mental health service delivery.

Thank you, and I would be happy to respond to questions.

Kansas House Insurance and Financial Institutions Committee
Testimony Re: HB 2546
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 4, 2010

Mr. Chairman 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 have also taught 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 House Bill 2546. 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. However, recent studies have shown that increasing the number of providers does not have an impact on costs. These studies are referenced in the report given you by Mr. Ron Hein. For instance, the United States Office of Personnel Management conducted a major study regarding the addition of other 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.

Another example of how confusing current law can be for Kansans stems from the fact that marriage and family therapists are eligible for reimbursement through the Federal Blue Cross and Blue Shield plan as well as the Government Employees Health Association plan. One citizen, employed by the Federal Government, can access our services using Blue Cross/Blue Shield while the citizen employed by the State cannot.

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. Echoing this concern is a letter from an associate of mine, a Licensed Psychologist, included with my testimony. He relates the difficulty in adequately serving Kansans whose insurance coverage excludes some licensed mental health professionals and he also asks for your support of this legislation.

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. This "Brain Drain" is one of the key reasons you have as part of my written material a letter from Dr. Virginia Moxley, dean of the College of Human Ecology at Kansas State University urging your passage of this bill. With the marriage and family therapy programs in her College, she sees the effect of inadequate Kansas insurance law as it forces talented graduates out of our State.

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.

I stand ready for questions from the committee.

College of Human Ecology
Office of the Dean
119 Justin Hall
Manhattan, KS 66506 -1401
785-532-5500

January 28, 2010

Clark Shultz, Chairman
House Insurance Committee
Kansas House of Representatives
State of Kansas
Topeka, KS

Dear Mr. Shultz & Members of the House Insurance Committee:

Kansas needs your support of House Bill 2546. 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 House Bill 2546 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 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 House Bill 2546, 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 House Bill 2546 to help us stop this loss.

Thank you for your attention and your action.

With best regards,

Virginia Moxley

Virginia Moxley, PhD
Dean

Andrews & associates

February 4, 2010

To Chairman Clark Shultz and the Members of the House Insurance Committee:

I regret that I cannot attend today's hearing on House Bill 2546 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 precludes me at times from doing what is in the best interests of my clients.

Passage of House Bill 2546 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: HB 2546-Reimbursement of Mental Health Services
House Insurance Committee
Presented by Elaine Ptacek
On behalf of the
Mental Health Credentialing Coalition
February 4, 2010

Mr. 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 HB 2546. 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 more than 200 insurance companies and are providers for the state mental health programs, Medicaid and Healthwave 21.
* As of January 1, 2010, The BCBS Federal Employee Program (FEP) insurance reimburses LCPC, LCMFT's.
* 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 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 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.
* LPC/LCPC's are reimbursed by 33 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 programs who have stayed in Kansas and who have left Kansas over the **last 10 years**. Insurance reimbursement is not a problem in most states, but many graduates are leaving Kansas because of BCBS not allowing us in the provider network. Over 50% of the graduates in the mental health field leave the state.

Letter from Lindsey Bradley and response from BCBS that Lindsey would like me to share. I have copies in my office of several letters our self paying clients with BCBS have sent to BCBS if you would like a copy.

Letter from Dr. Ottley, MD and Neurologist at the Ottley Neurology Center

BSRB Licensee by County

US Companies that Reimburse LPC/LCPC's.

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 HB 2546.

Thank you for allowing my testimony.

January 17, 2009

Re: Landon J. Bradley/Lindsey J. Bradley
Member ID#XSB813347432
Group#0810111

Mr. Chairman and House Insurance and Finance Committee:

I am writing to ask you to please consider recognizing Licensed Clinical Professional Counselors, Licensed Clinical Marriage and Family Therapists and Licensed Clinical Psychotherapists as covered mental health providers pursuant to your health insurance contracts. Other insurers in Kansas reimburse these providers and your refusal puts me in a position of paying out of pocket for such services while at the same time I already pay premiums for mental health coverage.

The Behavioral Science Regulatory Board requires these providers (LCPCs. LCMFTs, and LCPs,) to complete at least a 60 hour Master program and 4000 hours of clinical experience, plus pass a National Exam. They are all licensed by Kansas Law and are all totally authorized to diagnose and treat mental disorders, and to perform their services in independent practice in the same manner as other providers that you, BCBS, do recognized, Social Workers and Psychologists.

In my personal case, you're not recognizing these providers have caused a financial strain to me as a single mother. My three year old son is presently in play therapy with Elaine Ptacek, LCPC of Heartland Rural Counseling in Colby, Kansas. His play therapy is necessary for his mental well-being and we are seeing steady progress. So again I am asking that you please consider recognizing Licensed Clinical Professional Counselors, Licensed Clinical Marriage and Family Therapists and Licensed Clinical Psychotherapists as covered mental health providers.

If you have any questions please feel free to contact me at (785) 460-0221 or lindseyjean2000@yahoo.com. Thank you for your time.

Sincerely,

Lindsey J. Bradley

Lindsey J. Bradley
535 S Lincoln
Colby, KS 67701

1133 SW Topeka Boulevard
Topeka, Kansas 66629-0001
www.bcbsks.com

January 22, 2010

Lindsey Bradley
535 S Lincoln Ave
Colby KS 67701 3031

Member: Lindsey Bradley
ID#: 813347432
Inquiry #: 201002103951

Dear Ms. Bradley:

Thank you for your recent letter requesting that Blue Cross and Blue Shield of Kansas expand our provider network to include licensed clinical professional counselors, licensed clinical marriage and family therapists, and licensed clinical psychotherapists. I would note that your letter was not received intact as the right side of the letter was cut off.

We take seriously our responsibility to each and every Blue Cross and Blue Shield of Kansas member to maintain a provider network that offers access to a wide range of health care professionals, while at the same time taking the necessary steps to control the cost of health insurance premiums for all our members.

In this instance, our actuaries project that expanding our network to include these additional providers would require that the health insurance premiums paid by all members be raised to cover a projected increase in the number of claims submitted. Statistics indicate that for every 1 percent increase in premium costs, 3,000 Kansans can no longer afford health insurance coverage at all.

We do recognize that our members in certain areas of the state, particularly in western Kansas, face greater challenges locating contracting providers due to an overall shortage of health care professionals in their

immediate area. This is a problem that is not unique to mental health providers but, rather, to many types of health care providers, including primary care physicians, pediatricians, cardiologists and endocrinologists. Resolving this issue by identifying ways to recruit and retain providers in rural areas of Kansas is an issue that needs a statewide solution.

At this time, we firmly believe that our current network offers our members access to the types of providers they need to receive quality care for the mental health services covered by their benefits plan. We have no plans to expand our network at this time.

Again, we thank you for sharing your concerns with us and appreciate the opportunity to respond to you.

Sincerely,

Linda Liggett

Linda Liggett, Resolution Specialist
Special Service Department

1/27/10

Insurance and Financial Institutions Committee,

To whom it may concern;

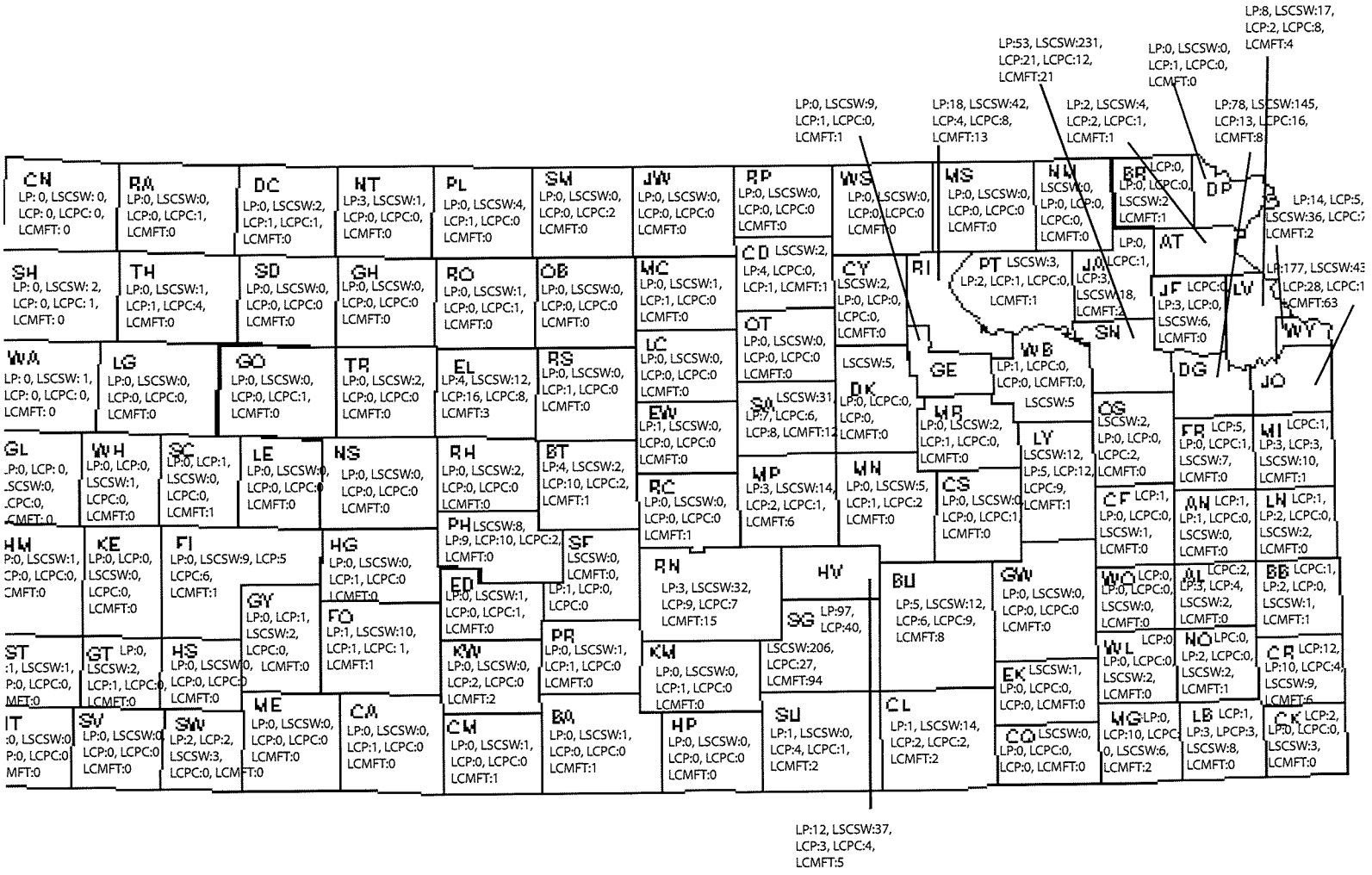
I am writing to request that Blue Cross and Blue shield expand their provider network to include Licensed Clinical Professional Counselors, Licensed Clinical Marriage/Family Therapists and Licensed Clinical Psychotherapists.

Many patients in Western Kansas do not have access to good mental health care in their communities because of your current limited provider network. It is not feasible for them to drive to larger cities on a weekly basis to manage their current healthcare needs.

Please consider expanding your provider network to allow better coverage for our patients in Western Kansas.

With Regards,

Barbara-Jean Ottley, MD
Diplomat of the American Board of Psychiatry and Neurology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DC LP:0, LSCSW:2, LCP:1, LCPC:1, LCMFT:0
NT LP:3, LSCSW:1, LCP:0, LCPC:0, LCMFT:0
PL LP:0, LSCSW:4, LCP:1, LCPC:0 LCMFT:0
SW LP:0, LSCSW:0, LCP:0, LCPC:2 LCMFT:0
JW LP:0, LSCSW:0, LCP:0, LCPC:0 LCMFT:0
RP LP:0, LSCSW:0, LCP:0, LCPC:0 LCMFT:0
WS LP:0, LSCSW:0, LCP:0 LCPC:0
WS LP:0, LSCSW:0, LCP:0, LCPC:0 LCMFT:0
NW LSCSW:0, LCP:0, LCPC:0, LCMFT:0
BR LP:0, LCPC:0, LSCSW:2 LCMFT:1
DP
AT
SH LP: 0, LSCSW: 2, LCP: 0, LCPC: 1, LCMFT: 0
TH LP:0, LSCSW:1, LCP:1, LCPC:4, LCMFT:0
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GH LP:0, LSCSW:0, LCP:0, LCPC:0 LCMFT:0
RO LP:0, LSCSW:1, LCP:0, LCPC:1, LCMFT:0
OB LP:0, LSCSW:0, LCP:0, LCPC:0 LCMFT:0
MC LP:0, LSCSW:1, LCP:1, LCPC:0 LCMFT:0
CD LSCSW:2, LP:4, LCPC:0, LCP:1, LCMFT:1
CY LSCSW:2, LP:0, LCP:0, LCPC:0, LCMFT:0
RI
PT LSCSW:3, LP:2, LCP:1, LCPC:0, LCMFT:1
JA LP:3, LSCSW:18, LCMFT:2
SN
JF LCPC:0 LP:3, LCP:0, LSCSW:6, LCMFT:0
LV
WY
WA LP: 0, LSCSW: 1, LCP: 0, LCPC: 0, LCMFT: 0
LG LP:0, LSCSW:0, LCP:0, LCPC:0, LCMFT:0
GO LP:0, LSCSW:0, LCP:0, LCPC:1, LCMFT:0
TR LP:0, LSCSW:2, LCP:0, LCPC:0 LCMFT:0
EL LP:4, LSCSW:12, LCP:16, LCPC:8, LCMFT:3
RS LP:0, LSCSW:0, LCP:1, LCPC:0 LCMFT:0
OT LP:0, LSCSW:0, LCP:0, LCPC:0 LCMFT:0
LC LP:0, LSCSW:0, LCP:0, LCPC:0 LCMFT:0
EW LP:1, LSCSW:0, LCP:0, LCPC:0 LCMFT:0
SA LSCSW:31 LP:7, LCPC:6, LCP:8, LCMFT:12
DK LP:0, LCPC:0, LCP:0, LCMFT:0
LSCSW:5,
GE
WB LP:1, LCPC:0, LCP:0, LCMFT:0, LSCSW:5
WR LP:0, LSCSW:2, LCP:1, LCPC:0, LCMFT:0
LY LSCSW:12, LP:5, LCP:12, LCPC:9, LCMFT:1
DG
JO
OG LSCSW:2, LP:0, LCP:0, LCPC:2, LCMFT:0
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WI LCPC:1, LP:3, LCP:3, LSCSW:10, LCMFT:1
GL LP:0, LCP: 0, LSCSW:0, LCPC:0, LCMFT: 0
WH LP:0, LCP:0, LSCSW:1, LCPC:0, LCMFT:0
SC LP:0, LCP:1, LSCSW:0, LCPC:0, LCMFT:1
LE LP:0, LSCSW:0, LCP:0, LCPC:0 LCMFT:0
NS LP:0, LSCSW:0, LCP:0, LCPC:0 LCMFT:0
RH LP:0, LSCSW:2, LCP:0, LCPC:0 LCMFT:0
BT LP:4, LSCSW:2, LCP:10, LCPC:2, LCMFT:1
PH LSCSW:8, LP:9, LCP:10, LCPC:2, LCMFT:0
RC LP:0, LSCSW:0, LCP:0, LCPC:0 LCMFT:1
WP LP:3, LSCSW:14, LCP:2, LCPC:1, LCMFT:6
WN LP:0, LSCSW:5, LCP:1, LCPC:2 LCMFT:0
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CF LCPC:1, LP:0, LCPC:0, LSCSW:1, LCMFT:0
AN LCPC:1, LP:1, LCPC:0, LSCSW:0, LCMFT:0
LN LCPC:1, LP:2, LCPC:0, LSCSW:2, LCMFT:0
HW P:0, LSCSW:1, CP:0, LCPC:0, CMFT:0
KE LP:0, LCP:0, LSCSW:0, LCPC:0, LCMFT:0
FI LP:0, LSCSW:9, LCP:5 LCPC:6, LCMFT:1
HG LP:0, LSCSW:0, LCP:1, LCPC:0 LCMFT:0
SF LSCSW:0, LCMFT:0, LP:1, LCP:0, LCPC:0
ED LP:0, LSCSW:1, LCP:0, LCPC:1, LCMFT:0
GY LP:0, LCP:1, LSCSW:2, LCPC:0, LCMFT:0
FO LP:1, LSCSW:10, LCP:1, LCPC: 1, LCMFT:1
RN LP:3, LSCSW:32, LCP:9, LCPC:7 LCMFT:15
HV
SG LP:97, LCP:40, LSCSW:206, LCPC:27, LCMFT:94
BU LP:5, LSCSW:12, LCP:6, LCPC:9, LCMFT:8
GW LP:0, LSCSW:0, LCP:0, LCPC:0 LCMFT:0
WO LCP:0, LP:0, LCPC:0, LSCSW:0, LCMFT:0
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BB LCPC:1, LP:2, LCP:0, LSCSW:1, LCMFT:1
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GT LP:0, LSCSW:2, LCP:1, LCPC:0 LCMFT:0
HS LP:0, LSCSW:0, LCP:0, LCPC:0 LCMFT:0
PR LP:0, LSCSW:1, LCP:1, LCPC:0 LCMFT:0
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EK LSCSW:1, LP:0, LCPC:0, LCP:0, LCMFT:0
WL LCP:0 LP:0, LCPC:0, LSCSW:2, LCMFT:0
NO LCPC:0, LP:2, LCPC:0, LSCSW:2, LCMFT:1
CR LCP:12, LP:10, LCPC:4, LSCSW:9, LCMFT:6
IT :0, LSCSW:0 P:0, LCPC:0 MFT:0
SV LP:0, LSCSW:0, LCP:0, LCPC:0 LCMFT:0
SW LP:2, LCP:2, LSCSW:3, LCPC:0, LCMFT:0
ME LP:0, LSCSW:0, LCP:0, LCPC:0 LCMFT:0
CA LP:0, LSCSW:0, LCP:1, LCPC:0 LCMFT:0
CW LP:0, LSCSW:1, LCP:0, LCPC:0 LCMFT:1
BA LP:0, LSCSW:1, LCP:0, LCPC:0 LCMFT:1
HP LP:0, LSCSW:0, LCP:0, LCPC:0 LCMFT:0
SU LP:1, LSCSW:0, LCP:4, LCPC:1, LCMFT:2
CL LP:1, LSCSW:14, LCP:2, LCPC:2, LCMFT:2
CO LSCSW:0, LP:0, LCPC:0, LCP:0, LCMFT:0
WG LP:0, LCP:10, LCPC 0, LSCSW:6, LCMFT:2
LB LCP:1, LP:3, LCP:3, LSCSW:8, LCMFT:0
CK LCP:2, LP:0, LCPC:0, LSCSW:3, LCMFT:0
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LP:78, LSCSW:145, LCP:13, LCPC:16, LCMFT:8
LP:8, LSCSW:17, LCP:2, LCPC:8, LCMFT:4
LP:14, LCP:5, LSCSW:36, LCPC:7 LCMFT:2
LP:177, LSCSW:43 LCP:28, LCPC:1 LCMFT:63
LP:12, LSCSW:37, LCP:3, LCPC:4, LCMFT:5

AMERICAN COUNSELING ASSOCIATION

Health Plan Coverage of Licensed Professional Counselors

(updated May 21, 2007)

Following is a list of health plans—both employer-funded and managed care plans—covering licensed professional counselors (LPCs), obtained through a quick survey of a *small portion* of the membership of the American Counseling Association and the American Mental Health Counselors Association over the weekend of May 19-20, 2007. The survey was by no means exhaustive, and more plans/employers are being added as responses are still coming in. The list includes both managed care organizations as well as employers (both public and private), and public health care programs.

To the best of our knowledge, all of these health plans cover LPCs as independent practitioners without requiring physician referral and supervision: neither of our organizations have received a complaint or notice regarding physician referral and supervision requirements being imposed by any health plan besides TRICARE. We are in the process of getting explicit confirmation of this from our members for the plans on this list.

The plans listed below cover millions of people, as shown by a few of the numbers for specific plans or employers. Just four of the health plans on the list cover roughly almost 100 million people: United Behavioral Health covers approximately 25 million people; AETNA covers approximately 36 million people (and will start offering services to the 18 million AARP members in 2008); Cigna covers 14.2 million people for behavioral health services; and Magellan covers 22 million people.

Estimated numbers of covered individuals for some of the larger employers on the list include:

IBM - 350,000 people
GM - 284,000 people
Anheuser-Busch - 31,485 people
Daimler/Chrysler - 83,130 people
Motorola - 66,000 people
Nissan - 159,771 people
The Teamsters - 4.1 million members
United Parcel Service – 483,000 people
USPS - 700,000 people
Verizon - 217,000 people

Twenty-two states ***require*** insurers to either cover or offer coverage of licensed professional counselors, including Arkansas, Connecticut, Florida, Kansas, Illinois, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, New Hampshire, Rhode Island, South Dakota, Texas, Utah, Vermont, Virginia, Washington, and Wyoming.

For further information, contact Scott Barstow with the American Counseling Association at 800-347-6647 x234, or by e-mail at sbarstow@counseling.org, or Beth Powell with the American Mental Health Counselors Association at 703-548-6002 x105, or by e-mail at bpowell@amhca.org.

A54 MultiPlan
Acadiana EAP
Access Behavioral Health Care
Accordia Health Management Associates Inc (First

Health)
ACI / ACI - EAP
Administrative Concepts, Inc.
Advocare
Aetna Elect Choice/POS
Aetna Health Management
Aetna Managed Choice/POS
Aetna Open Choice/PPO
Aetna Quality Point of Service/QPOS
Aetna Select Choice/HMO
Aetna USAccess/HMO
AIG
Allegiance
Allen Group, The
Allied Work Partners
Ameriben
America's Health Plan, Inc.
American Behavioral
American Behavioral Benefits Managers
American Lifecare
American Substance Abuse Professionals
Americhoice
Amerigroup
Amerihealth
Anheuser-Busch
Ann Clark Associates - EAP
Anthem BCBS Key Care/Key Advantage
Anthem Blue Cross/Blue Shield
Anthem Blue Traditional
APS Healthcare (Motorola, Freescale, others)
Archeus, Inc.
Arizona Foundation for Medical Care
Arizona Medical Network
Arizona Public Service EAP
Assurant Health
AssureCare (out-of-network)
Asuris
Atlantis
Aultcare
AVMed
Bay Care Health CVO, Inc.
BayCare Health System
BDA EAP
Beacon Health Strategies
Beech Street MCO
Beech Street/CAPP Care
Beechwood
Behavior Management Associates, Inc.
Behavioral Health Consultants
Behavioral Health CT, LLC (CT)
Behavioral Health Partners - EAP
Behavioral Health Services - EAP
Behavioral Health System
Bellevue Health Network
BSSI / Benefit System and Service Inc.
Benesight/Beechstreet
Benzinger, DuPont & Associates
Berkshire Health Partners (PA-PPO)
Blue Chip
Blue Cross Blue Shield
Blue Cross/Blue Shield of Massachusetts
Blue Cross/Blue Shield of Alaska
Blue Cross/Blue Shield of Arizona
Blue Cross/Blue Shield of Arkansas
Blue Cross/Blue Shield of Florida
Blue Cross/Blue Shield of Idaho
Blue Cross/Blue Shield of Illinois
Blue Cross/Blue Shield of Indiana
Blue Cross/Blue Shield of Minnesota
Blue Cross/Blue Shield of Montana
Blue Cross/Blue Shield of New York
Blue Cross/Blue Shield of North Carolina
Blue Cross/Blue Shield of Ohio
Blue Cross/Blue Shield of Tennessee
Blue Cross/Blue Shield of Texas
Blue Cross/Blue Shield of Washington
Blue Cross/Blue Shield of West Virginia
BlueChoice
BlueCross/BlueShield - CareFirst
Boise Professional Associates EAP
Bradman Network
BS Personal Choice
Business Health Partners - EAP
Business Health Services
Cameron & Associates, Inc.
Capital Blue Cross
Capital Blue Cross in Pennsylvania
Capp Care, Inc.
Cardinal/McKinley
Carebridge
Carebridge - EAP
CareFirst BCBS
Cariten PPO
Cascade Behavioral Health - ODS
CBA
CCN (Community Care Network)
Central Benefits
Ceridian
Ceridian - EAP
Ceridian Performance Partners
Ceridian (Lifeworks)
CHA (Community Health Alliance)

Chesnut Global Partners - EAP
Chestnut Health Systems
CHIPS
Choice Behavioral Health Partnership
Choice Care Network (CCN)
ChoiceCare
ChoiceCare Network/Humana
CHP+ (Colorado low income program)
Cigna
Cigna Behavioral Health
Ciminero & Associates, P.A.
Cisneros & Associates
Claremont Behavioral Services
Cleveland Health Network
CNR Health/ IRG
Commerce Benefits
Commonwealth Administrators/CHA Health
Community Care Network (CCN)
Community Care Options
Community First Health Plans
Companion
Comprehensive Behavioral Care
ComPsych Behavioral Health Corp.
ComPsych - EAP
Conagra
Concern - EAP
Connecticare
Conoco
Cooper Tire
Coordinated Care Program
CoreSource
CorpCare - EAP
CorpHealth / CorpHealth - EAP
Corporate Counseling Assoc, Inc.
Coventry/First Health Network
Creighton University
Crites & Associates
Daimler/Chrysler Helpline-MMO
Devon - EAP
Devon Health Plan
Diversified Group Administrators
Dorris & Associates, Inc.
EAP Consultants
EAP International
EAP Systems
EAP, Inc
Empire Blue Cross/Blue Shield
Employee Assistance Associates, Inc.
Employee Assistance Center
Employee Benefit Management Services (EBMS)
Employee Benefits Management Co.
Employee Resource Systems
Employee Services, Inc.
Employee Support Systems
ESI - EAP
ETP
EV Benefits
Evolutions Healthcare Systems
Fallon
Family Enterprises Inc. / FEI Behavioral Health
Federal Black Lung Program
Federal Occupational Health
FEI - EAP
First Advantage EAP
First Choice Health - EAP
First Health
First Health/CCN
First Health/CCN - PPO
First Health Services, Inc.
First Sun EAP
Fiserv Health
Florida First
Fugorn
Galaxy Health Network
Gary L. Wood & Associates, P.A.
Gen Am Benefits / Great West
General Motors
Genesis Hospital Systems
GHI
GHI Value Option
GHI-BMP
Great West
Group Health
Guardian
Guardian Resources, Inc.
Gulfstream
Harris Rothenberg International
Harris Rothenberg, LLC. - EAP
Harvard Pilgrim
Health America/Health Assurance
Health Care USA (HCUSA)
Health Choice
Healthlink
Health Management Center
Health Management Partners, Inc.
Health Partners
Health Star/Medcare Management
Healthcare Value Management
HealthNet
Healthspan
HealthWise
Highmark Blue Cross/Blue Shield

HMHS
HMO Health Ohio/MMO
The Holman Group
Horizon BCBS of NJ (HMO)
Horizon Behavioral Services
Horizon Health
Horizons Behavioral Health - EAP
Humana
Humana HMO
Humana/Choice Care
I.E. Shafer
IBM - Cigna
Inova - EAP
Integrated Behavioral Health (IBH)
Integrated Health Plans
Integrated Insights, Inc.
Integrated Mental Health Services
Interface EAP
Intergroup PPO
Intermountain
Interplan Health Group - PPO
Kathleen Greer Associates, Inc.
Keystone HMO
LifeEra
LifeWatch EAP
LifeWise
Longaberger Basket Co.
Lytle Behavioral Health, Inc.
Magellan
Magellan - EAP
Mailhandlers
MAMSI
Managed Behavioral Health (MHN)
Managed Care Concepts - EAP
Managed Care of America PPO
Managed Care Strategies
Managed Health Network
MAPS
MAPS - EAP
Mass Behavioral Health Partnership (MassHealth/Medicaid etc.) (MA)
Matrix Integrated Psych Services - EAP
MDIPA
MedBen
Medcost
Medical Mutual
Medical Mutual Insurance of Ohio
Medical Mutual Traditional
MedMut/SuperMed Plus
MedMut/SuperMed Preferred
Mednet
Medspan
Menninger Care Systems
Mental Health Network - EAP
Mental Health Network (MH Net)
Mercy Health Plans
Methodist EAP
MetNet (Patient's Advocates, Harvard Pilgrim, United Health Care)
MHB
MHNet Behavioral Health
Midland / Midlands Choice
Mines & Associates, P.C.
Motorola - APS
Mount Carmel Behavioral Healtcare - Mount Carmel Hospital
Multiplan
Mutual of Omaha
MVP
NC State Health Plan (Health Choice)
Neighborhood Health Plan
New Avenues & Midwest Behavioral Health Plan
New Directions Behavioral Health
New West
NGS American
Nissan
NJ Plus
Oasis Health Care
Occupational Health Consultants of America
ODS Healthcare (Oregon)
Ohio Bureau of Workers Compensation
Ohio Health Choice (UTstudentsPHConly)
Ohio Health Network/CAPP Care
Ohio Preferred Network/CAPP Care
Ohio State Univ. Managed Healthcare System, Inc.
Oklahoma First Health
On Mind/Westrope Health
One Health Plan
One Nation Insurance Company (PRO)
Optima
Optimum Choice/MAMSI/Alliance PPO
Oxford
Pacific Behavioral Health
PacifiCare / Pacificare Behavioral Healthcare Inc.
Palm Beach County School Board - UBH
Paramount (HMO)
PayPal
People Resources, Inc.
Personal Care in Illinois
Polaris
PPO Next
PPO Oklahoma

PPOM
PPOplus
Preferred Resource Network
Premera Blue Cross/Blue Shield
Primarilink
Primary Physician Care
Princeton Healthcare System - EAP
Principal Health Care PPO
Private Health Care System - PPO
Private Health Care Systems
Private Health Care Systems/Kaiser Permanente
Private Healthway Systems
Pro America Managed Care
Provident
Psychcare
Qualchoice
Quantum EAP
REACH EAP
Regence Blue Shield
Reliant Behavioral Health - EAP
Resource EAP, Inc.
ResponseWorks, Inc.
RMSCO Inc.
Sagamore
Sanford/Souix Valley Health Plan
Sand Creek Group, Ltd. - EAP
SAP Referral Services (SRS)
Sentara
Sentara Behavioral Health Services
Sentara Mental Health Management Employee Assistant Program
Siemens
Sobel & Raciti - EAP
Solutions, Inc. - EAP
Southern Health
St. Augustine Healthcare
St. Barnabas Healthcare
St. Barnabas Management Services, LLC
Stevens Wellspring Group
Sun Health/Florida Health
Support Source (Formerly Behavioral Health Services, Inc.)
T.E.A.M., Inc.
Teamsters / Teamsters Behavioral Health
Tenet Hospitals - Cigna
Texas True Choice
The Allen Group - EAP
The Allen Group
The Bradman Network - EAP
The Holman Group - EAP
The University of Chicago
The Wellness Corporation
The Wellspring Group
TNCARE
TRIAD Hospitals
Tronox LLC
TRPN (Three Rivers)
Tufts
U.S. Dept. of Labor, Office of Workers' Compensation Programs (ACS)
Unicare
Uniform / Uniform Medical
Union Pacific
United Behavioral Health/EmplPPODiv
United Behavioral Health/HMO Division
United Health Care/United Behavioral Health – EAP
United Parcel Service
Unity
University of Pittsburgh Health Care Plans (UPMC)
USA Managed Care
USPS
USPS - EAP
Valley Preferred
Value Behavioral Health
Value Options
Value Options/National Network
ValueCare
Verizon - EAP
Virginia Health Network
Virginia Premiere
VMAC
VMC Behavioral Healthcare Services
VMC Behavioral Healthcare Services - EAP
VMI - EAP
VRI Vydas Resources, Inc
Waterstone
Wayne Corporation
WEA
Wellcare
WellCare/StayWell
Wellchoice
Wellpoint / WellPoint Behavioral Health
WellSpan EAP
Wellmark/Blue Cross Blue Shield
Western Behavioral Health
Western Health
Wheeler EAP
Whirlpool, Inc. - EAP
WorkLife Solutions - EAP

4 - Most
A54 MultiPlan
Acadiana EAP
Access Behavioral Health Care
Accordia Health Management Associates Inc (First Health)
ACI
ACI - EAP
Administrative Concepts, Inc.
Advocare
Aetna (PPO, HMO, EAP)
Aetna Elect Choice/POS
Aetna Health Management
Aetna Managed Choice/POS
Aetna Open Choice/PPO
Aetna Quality Point of Service/QPOS
Aetna Select Choice/HMO
Aetna USAccess/HMO
AIG
Allegiance
Allen Group, The - EAP
Allen Group, The
Allied Work Partners
Ameriben
America's Health Plan, Inc.
American Behavioral
American Behavioral Benefits Managers
American Lifecare
American Substance Abuse Professionals
Americhoice
Amerigroup
Amerihealth
Anheuser-Busch
Ann Clark Associates - EAP
Anthem BCBS Key Care/Key Advantage
Anthem Blue Cross/Blue Shield
Anthem Blue Traditional
APS Healthcare (Motorola, Freescale, others)
Archeus, Inc.
Arizona Foundation for Medical Care
Arizona Medical Network
Arizona Public Service EAP
ASAP
Aspria
Assurant Health
AssureCare (out-of-network)
Asuris
Atlantis

Aultcare
Avera Health
AVMed
Bay Care Health CVO, Inc.
BayCare Health System
BDA EAP
Beacon Health Strategies
Beech Street MCO
Beech Street/CAPP Care
Beechwood
Behavior Management Associates, Inc.
Behavioral Health Consultants
Behavioral Health CT, LLC (CT)
Behavioral Health Partners - EAP
Behavioral Health Services - EAP
Behavioral Health System
Behavioral Health Systems - Birmingham, AL - Manage Care Co for CLECO
Bellevue Health Network
Benesight/Beechstreet
Benzinger, DuPont & Associates
Berkshire Health Partners (PA-PPO)
Blue Chip
Blue Cross Blue Shield
Blue Cross Blue Shield - Federal Employee Plan
Blue Cross out of network
Blue Cross/Blue Shield of Alaska
Blue Cross/Blue Shield of Arizona
Blue Cross/Blue Shield of Arkansas
Blue Cross/Blue Shield of Florida
Blue Cross/Blue Shield of Idaho
Blue Cross/Blue Shield of Illinois
Blue Cross/Blue Shield of Indiana
Blue Cross/Blue Shield of Louisiana
Blue Cross/Blue Shield of Massachusetts
Blue Cross/Blue Shield of Minnesota
Blue Cross/Blue Shield of Montana
Blue Cross/Blue Shield of North Carolina
Blue Cross/Blue Shield of Ohio
Blue Cross/Blue Shield of Tennessee
Blue Cross/Blue Shield of Texas
Blue Cross/Blue Shield of Washington
Blue Cross/Blue Shield of West Virginia
BlueChoice
Boise Professional Associates EAP
Bradman Network
Bradman Network, The - EAP
BS Personal Choice

Business Health Partners - EAP
Business Health Services
Cameron & Associates, Inc.
Capital Blue Cross
Capital Blue Cross in Pennsylvania
Capp Care, Inc.
Cardinal/McKinley
Carebridge
Carebridge - EAP
CareFirst Blue Cross/Blue Shield
Cariten PPO
Cascade Behavioral Health - ODS
CBA
CCN (Community Care Network)
Central Benefits
Ceridian
Ceridian - EAP
Ceridian Performance Partners
Ceridian/Military One Source
CHA (Community Health Alliance)
Champ VA
Chesnut Global Partners - EAP
Chestnut Health Systems
CHIPS
Choice Behavioral Health Partnership
Choice Care Network (CCN)
ChoiceCare
ChoiceCare Network/Humana
CHP+ (Colorado low income program)
Cigna
Cigna Behavioral Health
Ciminero & Associates, P.A.
Cisneros & Associates
Claremont Behavioral Services
Cleveland Health Network
CNR Health/ IRG
Commerce Benefits
Community Care Network (CCN)
Community First Health Plans
Companion
Comprehensive Behavioral Care
ComPsych
ComPsych - EAP
Conagra
Concern - EAP
Connecticare
Conoco

Cooper Tire
Coordinated Care Program
Core Source
CorpCare - EAP
CorpHealth
CorpHealth - EAP
Corporate Counseling Assoc, Inc.
Coventry/First Health Network
CoverTN
Creighton University
Crime Victims (WA and MT)
Crites & Associates
CT Behavioal Health Partnership (CT)
Daimler/Chrysler Helpline-MMO
Dakotacare
Dell
Devon - EAP
Devon Health Plan
Diversified Group Administrators
Dorris & Associates, Inc.
EAP Consultants
EAP International
EAP Systems
EAP, Inc
Empire Blue Cross/Blue Shield
Employee Assistance Associates, Inc.
Employee Assistance Center
Employee Benefit Management Services (EBMS)
Employee Resource Systems
Employee Services, Inc.
Employee Support Systems
ESI - EAP
ETP
EV Benefits
Evolutions Healthcare Systems
Fallon
FARA
Federal Black Lung Program
Federal Employee Program (FEP)
Federal Occupational Health
FEI - EAP
First Administrators
First Advantage EAP
First Choice Health - EAP
First Health
First Health/CCN
First Health/CCN - PPO

First Sun EAP
Fiserv Health
Florida First
Fugorn
Galaxy Health Network
Gary L. Wood & Associates, P.A.
GEHA
General Motors
Genesis Hospital Systems
GHI
GHI Value Option
GHI-BMP
Golden Rule
Great West
Green Springs
Group Health
Guardian
Guardian Health Net
Guardian Resources, Inc.
Gulfstream
Harris Rothenberg International
Harris Rothenberg, LLC. - EAP
Harvard Pilgrim
Health America/Health Assurance
Health Care USA (HCUSA)
Health Choice
Health Management Center
Health Management Partners, Inc.
Health Partners
Healthcare Value Management
Healthkeepers (Anthem HMO)
HealthNet
HealthNet Federal (TriCare Standard and Prime)
Healthscope
Healthspan
HealthWise
Highmark Blue Cross/Blue Shield
HMO Health Ohio/MMO
Holman Group, The - EAP
Horizon BCBS of NJ (HMO)
Horizon Behavioral Services
Horizon Health
Horizons Behavioral Health - EAP
Humana
Humana HMO
Humana Military Health Services
Humana/Choice Care

A.E. Shafer
IBM - Cigna
Impact
Innovative Resource Group
Inova - EAP
Integrated Behavioral Health (IBH)
Integrated Health Plans
Integrated Insights, Inc.
Integrated Mental Health Services
Interface EAP
Intergroup
Intergroup PPO
Intermountain
Interplan Health Group - PPO
Kathleen Greer Associates, Inc.
Keystone HMO
LifeCares
LifeEra
LifeWatch EAP
LifeWise
Longaberger Basket Co.
Lytle Behavioral Health, Inc.
Magellan
Magellan - EAP
Mailhandlers
MAMSI
Managed Behavioral Health (MHN)
Managed Care Concepts - EAP
Managed Care of America PPO
Managed Care Strategies
Managed Health Network
MAPS
MAPS - EAP
Mass Behavioral Health Partnership (MassHealth/Medicaid etc.) (MA)
Matrix Integrated Psych Services - EAP
MDIPA
MedBen
Medcost
Medicaid
Medicaid Maryland
Medicaid Montana
Medicaid New Hampshire
Medicaid North Carolina
Medicaid South Carolina
Medicaid South Dakota
Medicaid Texas
Medicaid Vermont

Medicaid Virginia
Medicaid West Virginia
Medical Mutual
Medical Mutual Insurance of Ohio
Medical Mutual Traditional
MedMut/SuperMed Plus
MedMut/SuperMed Preferred
Mednet
Medspan
Menninger Care Systems
Mental Health Network - EAP
Mental Health Network (MHNet)
Mercer First Choice
Mercy Health Plans (Unity, MC+, PremierPlus, St. Johns Mercy)
Methodist EAP
MetNet (Patient's Advocates, Harvard Pilgrim, United Health Care)
MHB
MHN (Health Net's behavioral health subsidiary)
Midland
Midland's Choice
Military One Source EAP
Mines & Associates, P.C.
Motorola - APS
Mount Carmel Behavioral Healthcare - Mount Carmel Hospital
Multiplan
Mutual of Omaha
MVP
NC State Health Plan (Health Choice)
Neighborhood Health Plan
New Avenues and Midwest Behavioral Health Plan
New Directions - EAP
New Directions Behavioral Health
New West
NGS American
Nisson
NJ Plus
Occupational Health Consultants of America
ODS Healthcare (Oregon)
Office of Group Benefits - State of Louisiana
Ohio Bureau of Workers Compensation
Ohio Health Choice (UTstudentsPHConly)
Ohio Health Network/CAPP Care
Ohio Preferred Network/CAPP Care
Ohio State University Managed Healthcare System, Inc.
Oklahoma First Health
On Mind/Westrope Health
One Health Plan

One Nation Insurance Company (PRO)
Optima
Optimum Choice/MAMSI/Alliance PPO
Oxford
Pacific Behavioral Health
PacifiCare
Palm Beach County School Board - UBH
Paramount (HMO)
Pay-Pal
People Resources, Inc.
Personal Care in Illinois
PHCS (Private HealthCare Systems)
PHCS/Kaiser Permanete
Polaris
PPO Next
PPO Oklahoma
PPOM
PPOplus
Preferred One
Preferred Resource Network
Premera Blue Cross/Blue Shield
Primarilink
Primary Physician Care
Princeton Healthcare System - EAP
Principal Health Care PPO
Principal Life
Private Health Care Systems
Private Health Care Systems - PPO
Private Healthway Systems
Pro America Managed Care
Provident
Psychcare
Qualchoice
Quantum EAP
Quantum Health Solutions - EAP
REACH EAP
Regence Blue Shield
Reliant Behavioral Health
Reliant Behavioral Health - EAP
Resource EAP, Inc.
Resource Int'l Employee Assistance Services (RIEAP, Inc.)
ResponseWorks, Inc.
RMSCO Inc.
Rural Wisconsin Health Cooperative
Sagamore
Sand Creek Group, Ltd. - EAP
Sanford Health

Sanford/Souix Valley Health Plan
SAP Referral Services (SRS)
Schaller Anderson/Contact Managed Care
Select Net Plus
Sentara
Sentara Behavioral Health Services
Sentara Mental Health Management Employee Assistant Program
Siemens
Signature Healthcare System
Sobel & Raciti - EAP
Solutions, Inc. - EAP
Sooner Care
Southern Health
St. Alexius - EAP
St. Augustine Healthcare
St. Barnabas Healthcare
St. Barnabus Management Services, LLC
Stevens Wellspring Group
Sun Health/Florida Health
Support Source (Formerly Behavioral Health Services, Inc.)
T.E.A.M., Inc.
Teamsters
Teamsters Behavioral Health
Tenet Hospitals - Cigna
Texas True Choice
TLC Advantage
TNCARE
TRIAD Hospitals
Tricare
Tricare for Life
Tricare Prime
Tricare West
TriWest
Tronox LLC
TRPN (Three Rivers)
Tufts
U.S. Dept. of Labor, Office of Workers' Compensation Programs (ACS)
Unicare
Uniform Medical
Union Pacific
United Behavioral Health
United Behavioral Health (state employees)
United Behavioral Health (United Health Care)
United Behavioral Health/EmplPPODiv
United Behavioral Health/HMO Division
United Health Care
United Health Care/United Behavioral Health - EAP

United Technologies
Unity
University of Chicago
University of Pittsburgh Health Care Plans (UPMC)
USA Managed Care
USI
USPS
USPS - EAP
Valley Preferred
Value Behavioral Health
Value Options
Value Options/National Network
ValueCare
Verizon - EAP
Virginia Health Network
Virginia Premiere
VMAC
VMC Behavioral Healthcare Services
VMC Behavioral Healthcare Services - EAP
VMI - EAP
VRI-Vydas Resources, Inc
Warren Shepell International - EAP
Waterstone
Wayne Corporation
WEA
WEBTPA - Insurance for American College of Surgeons (underwritten by New York Life)
Wellcare
WellCare/StayWell
Wellchoice
Wellness Corporation, The
Wellpoint
WellPoint Behavioral Health
WellSpan EAP
Wellspring Group, The
Welmark/Blue Cross Blue Shield
Western Behavioral Health
Western Health
Wheeler EAP
Whirlpool, Inc. - EAP
Workers Assistance Program
Workers Comp
WorkLife Solutions - EAP

February 4, 2010

Legislative Testimony of

C.R. Macchi, PhD, LCMFT
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Purpose

Proposed Inclusion of Marriage and Family Therapists (MFTs) in Insurance Reimbursement Legislation

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), an Approved Supervisor training therapists and supervisors-in-training, and the President of the Kansas Division of AAMFT. 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 BCBSKS 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

Inability to Provide Therapeutic Services

According to the Behavioral Sciences Licensing Board (BSRB) of Kansas (State of Kansas, 2009 revision), 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. Since 1996, in accordance with Kansas statutes governing the other mental health professions in Kansas, a Licensed Clinical Marriage and Family Therapist "...is authorized to diagnose and treat mental disorders" (p. 3).

Despite my qualifications and ability to provide effective services to clients living in Kansas, I am unable to provide services to those who have BCBSKS insurance coverage. Providing reimbursement for services such as mine would not only *not add* to the costs of those services (Crane, 2008), it would simply expand the pool of qualified practitioners and would have the effect of *reducing* health care costs for treatment of the diabetes or other chronic illnesses with which I specialize.

Discontinuity of Service

Clients seeking therapeutic services rely upon continuity of care throughout 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 several employers choosing to change coverage to BCBSKS, clients have been faced with the difficult decision 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 and subsequent sessions.

Inhibiting Collaboration

Comprehensive therapeutic services require collaboration among medical and mental health professionals (Centers for Disease Control and Prevention, 2001; McDaniel, Hepworth, & Doherty, 1992). Functioning as part of an effective multidisciplinary team requires that clients' insurance plans enable them to access all of the needed services. 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 et al., 1992; Sperry, 2006).

I am on the Advisory Committee of the St. Francis Diabetes Center. The 2009 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 residents 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 have heard from numerous members of KAMFT who have shared similar stories and challenges to providing needed mental health treatment.

I propose that the state legislature vote yes on HB2546 to remove those unnecessary barriers through the inclusion of MFTs in existing laws addressing the provision of mental health services.

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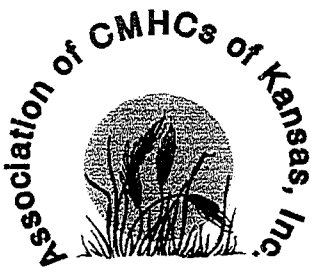

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Web Site: www.acmhck.org

Testimony to the House Insurance Committee

Testimony on
House Bill 2546

February 4, 2010

Presented by:

Michelle Sweeney, Policy Analyst
Association of Community Mental Health Centers of Kansas, Inc.

Mister Chairman and members of the Committee, my name is Michelle Sweeney, the Policy Analyst for the 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, with help available via phone 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. 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, annually serving over 125,000 Kansans with mental illness.

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] Five of the top ten leading causes of disability world wide are mental disorders--such as depression, schizophrenia, bipolar disorders, alcohol use and obsessive compulsive disorders.[2] Of the non-communicable diseases, neuropsychiatric disorders (which include mental illness and substance use disorders) contribute the most to disease burden worldwide - more than heart disease and cancer.[3]

I stand before you today in support of House Bill 2546. 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 mental illness and substance use disorders. We support the concepts in House Bill 2546 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 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 provides access and choice for Medicaid consumers, we believe it would provide access and choice for those with private insurance.

The Association supports amending Kansas statute to allow for vendorship for BSRB licensees, thereby increasing access and choice 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.

[2] *Regional Strategy for Mental Health*, World Health Organization Western Pacific Region, 7 August 2001; Read at http://www.wpro.who.int/NR/rdonlyres/02421D66 -3336-4C76-8D59-6ADA8B53D208/0/RC5214.pdf on 2-2-09.

[3] Prince, M. , Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M., et al. (2007). No health without mental health. *Lancet, 370*, 859–877.

Saint Francis Community Services
Serving Children and Families Since 1945

2010 LEGISLATIVE SESSION~

Senate Financial Institutions and Insurance
HB 2546 – Insurance Reimbursement for Certain Services

Saint Francis Community Services has a rich history of serving troubled youths and their families over 60 years. We provide a range of services from family preservation, reintegration/ foster care, drug and alcohol services, foster care homes, residential services and community supports. Through those programs we serve over 2000 children and families, in 53 rural and frontier counties, with 12 offices and over 500 full and part time employees. *We support the passage of HB 2546 because it would expand the pool of qualified licensed professionals available to provide an important service in the steps leading to permanency for children in our care.*

For over three years Saint Francis has participated in a Rural Committee of Mental Health Services for Children and Families. Through that participation we have become increasingly concerned about the availability of professionals to provide timely and quality child welfare and mental health services in Kansas. In fact that is one of the barriers identified by families and helping professionals working with children in the Child in Need of Care System. This bill would allow us to tap into *current qualified resources* to perform critical services in the permanency continuum under the guidance of the state and its regulatory body. At Saint Francis we believe that finding solutions to gaps in human resources, whom the courts recognize, takes on greater urgency because of the rural and frontier nature of our service area. In addition, the economic climate has begun to have an additional impact on connecting with available resources.

We believe this bill gives recognition to the changing role of qualified professionals available to serve the children and families and at the same time creates a greater degree of choice for our client population.

We look forward to working with you on its successful passage.

Respectfully submitted,
Melissa L. Ness JD, MSW
Advocacy Coordinator, St. Francis Community Services

2010 POLICY AGENDA~

SERVING A RURAL POPULATION

The needs, perspectives and culture of our rural and frontier population shall be reflected in decisions and policies that shape services to children and families at all levels.

MENTAL HEALTH AND BEHAVIORAL SERVICES

All children in the child welfare system will have access to quality, and timely mental health and behavioral health services designed to sustain and reunite families.

MANAGING POSITIVE SYSTEMS CHANGE

System changes that impact children and families must be adequately funded, accompanied by plans to build system capacity, and have a process for monitoring and evaluating performance against outcomes.

For more information contact
mlness@connections-unlimited.net

The system serving children and families will reflect regional differences, ensure access to critical services and effectively manage change

House Insurance
Date: 2-4-10
Attachment # 8

Kansas Children's Service League

Giving Kids Our Best. For Over 100 Years.

Toll-free
877-530-5275
www.kcsl.org

3545 SW 5th Street
P.O. Box 5268
Topeka, KS 66606
Tel 785-274-3100
Fax 785-274-3822

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Pratt
Salina
Satanta
St. John
Stafford
Topeka
Ulysses
Wichita

Kansas Children's Service League is the Kansas Chapter of Prevent Child Abuse America, a member of the Child Welfare League of America and the United Way. Accredited by the Council on Accreditation.

February 4, 2010

The Honorable Clark Schultz, Chair
House Committee on Insurance
Room 152-S, Statehouse

Re: H.B. 2546

Chair Schultz and Members of the Committee:

I am Dona Booe, Vice President of Program Services for the Kansas Children's Service League. Thank you for the opportunity to provide testimony regarding H.B. 2546.

This bill would require insurance companies to provide reimbursement for mental health services provided by licensed clinical marriage and family therapists, licensed clinical professional counselors, and licensed clinical psychotherapists.

The Kansas Children's Service League provides outpatient mental health services at our Topeka, Wichita, and Kansas City offices. Our clinical staff of seven individuals has a variety of educational backgrounds, and includes three Licensed Clinical Marriage and Family Therapists (LCMFT). By placing more of our staff on an even playing field for reimbursement, H.B. 2546 would enable us to provide additional freedom of choice to the children and families we serve. It would also allow us to schedule our staff and appointments more effectively. Because services not currently covered by insurance must be funded through grants or other funding sources, the ability to receive insurance reimbursement for services provided by our LCMFT staff would allow us to stretch those other funding sources to serve additional clients who do not have insurance coverage.

Passage of H.B. 2546 would have several important benefits to individuals seeking mental health services. It would allow clients greater freedom of choice to select therapists with whom they're comfortable. In some communities, it may make the difference between having access to a covered provider and having to pay out of pocket or travel to a different location in order to receive services. KCSL supports the passage of H.B. 2546.

This concludes my testimony, but I would be happy to address any questions you may have.

House Insurance
Date: 2-4-10
Attachment # 9

Re: HB 2546—Comments before House Insurance Committee February 4, 2010.

Chairman Clark Schultz, I thank you for the opportunity to submit the following comments to 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 HB 2546 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 in 1982 which 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. HB 2546 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.

Lou Smith, RHU, Independent Agent, MS, LMFT
2812 W. Driftwood Circle
Wichita, KS 67204
316-831-9742

CHILDREN'S ALLIANCE

Community Agencies Serving Children and Families

Testimony on 2546

House Insurance

February 4, 2010

The Children's Alliance is the association of the private child welfare agencies in Kansas. Our members provide a host of agencies to children in the custody of the state including; adoption, foster care, residential services, family preservation, and independent living services. The goal for any child in out of home care in Kansas is to be reintegrated as quickly as possible with family or be placed in an alternative placement that can provide the child permanence.

One of the greatest challenges that our member agency face is finding timely mental health services for these youth. While the community mental health centers are a resource for these children because of the variety of demands on their services attention to the needs of these youth is not always very timely. This is especially true in attempting to find services for children in the more rural parts of our state.

The longer a child in care for outside their home the more difficult reintegration becomes. The concern we want to share with this committee is that while there are licensed private mental health providers available in many of the communities around the state the fact that BC/BS will not reimbursement them for services causes a barrier to the timely treatment and the reintegration of those families.

The providers addressed in this bill; Licensed Clinical Marriage and Family Therapists, licensed clinical Professional Counselors, and Licensed Clinical Psychotherapists represent a resource for mental health services that is denied our clients if there parents are insured by BC/BS of Kansas.

If Kansas had plenty of other mental health resources available to serve these children we would not be supporting passage of this bill. We don't have the mental health resources we need in Kansas which is why we are asking this committee to pass HB 2546.

Bruce Linhos

Executive Director

House Insurance
Date: 2-4-10
Attachment # 11

Youthville

Chairman Shultz and Members of the Committee:

Thank you allowing me the opportunity to provide written testimony in support of House Bill 2546. 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 (PRTF) 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, Garden City and Concordia.

HB 2546 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 accept providers from these disciplines into their network solely based upon their discipline. *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 provider network. Many of these customers 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

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www.youthville.org

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 HB 2546.

Thank You,

Gerald Snell
Chief Clinical Services Officer
Youthville
316.640.1375
gsnell@youthville.org

STONESTREET PROFESSIONAL OFFICES

February 4, 2010

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Topeka, KS 66614

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Rep. Clark Shultz
Chairman, House Insurance Committee
Kansas State Capitol, Room 166-W
300 SW 10th Street
Topeka, KS 66612

Dear Rep. Clark,

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 the passage of HB 2546 and 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

House Insurance
Date: 2-4-10
Attachment # 13

Re: HB 2546
House Insurance Committee
February 04, 2010

Mister 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).

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.

My name is Bill Davis and I am sole owner of Turning Point Professional Counseling Services in Hays, Kansas with outreach offices in Quinter and Colby. Turning Point currently has a staff of six counselors doing a general mental health practice in Western Kansas. I want to offer testimony on H.B.2546 as to why I believe it is imperative this Bill be passed.

Our counselors are skilled, professionals who have met all requirements for licensure in the State of Kansas to provide mental health counseling for those Kansans who are suffering and in need. Through a rigorous 60-hour Masters program our counselors have gained the necessary skills as required by the state of Kansas Behaviorial Sciences Licensure Board to help benefit our community and society at large.

Sadly, I have had clients come to us for services only to inform them that the Blue Cross/Blue Shield insurance they have been paying for will not reimburse for our services. This results in the client being forced to self-pay. Very often we are the only mental health provider available in the area, which gives the client with BCBS "coverage" no coverage at all. When a client has come to us and is hurting emotionally or facing destructive behaviors that may be life-threatening to him/her or family members, it is unconscionable for an insurance provider to selectively tell them "NO" to professional services. This scenario is more common than not out here in Western part of the state where mental health services are not readily available to all.

People are facing the stark reality of mental health needs and services in these times of societal stress; military personnel and their families are having to deal with the stresses and impact of war; suicide rates have never been higher than now. Mental health services in the agrarian communities of Western Kansas have never been more needed- the results of economic stress, losing the family farm, farm-related accidents. I would hope that the Kansas Legislature would address these needs and finally listen to the people who are paying for professional mental health services, but not able to receive them at the discretionary will of BCBS. This is simply wrong by any logic or rational thought, and addressing the inequity by BCBS of denying certain mental health professionals by passing H.B. 2546 is the responsible thing to do.

Bill Davis, M.S., LPC, CADC

February 3, 2010

To Whom It May Concern:

I am writing on behalf of the licensed clinical counselor professionals in the state. It is troubling that most insurance companies will reimburse these practitioners, yet Blue Cross/Blue Shield refuses to do so. As a member of the core faculty of the counseling department at Fort Hays State University, I know how stringent the educational requirements are that our students must meet. Since it has been shown that the educational and licensing requirements for clinical counselors are as strict or more strict than those of clinical social workers, that cannot be the reason for lack of recognition by one insurance carrier.

As a clinical counselor in private practice, I know there are people who if they want services, and cannot pay privately, they must travel. Also with the severe budget cuts to area mental health centers, there needs to be more practitioners available to see clients. If the budget cuts continue, enlarging the pool of professionals who can be reimbursed by the largest insurer in the state would seem to be a good way to offset the lack of funds for mental health. It seems that budget cuts come at the worse times for those struggling with mental health issues, and the economic downturn only increases the need for mental health services.

I would hope the Kansas Legislature would seriously consider H.B. 2546.

Kenton L. Olliff, PhD, LCPC, NCC

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House Insurance Committee
Testimony in Support of HB 2546
February 4, 2010
Written Testimony

Chairman Shultz and honorable members of the Committee, I am Kyle Kessler, Vice-President for Communications and Governmental Affairs at KVC Behavioral HealthCare. We appreciate the opportunity to provide written testimony in **support of HB 2546.**

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 HB 2546 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.

In conclusion, KVC strongly supports passage of HB 2546 and urges passage by the Committee. Thank you for your consideration.

BRAD SMOOT
ATTORNEY AT LAW

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STATEMENT OF BRAD SMOOT
LEGISLATIVE COUNSEL
BLUE CROSS BLUE SHEILD OF KANSAS
HOUSE INSURANCE COMMITTEE
REGARDING 2010 HOUSE BILL 2546
FEBRUARY 4, 2010

Mr. Chair and Members:

Thank you for this opportunity to comment on HB 2546, 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 800,000 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. This bill is not being demanded by our customers or the employers who pay for most health insurance we provide. It's not about customer complaints to the insurance department or that the Insurance Commissioner has concluded that our mental health network is inadequate. Instead, this bill is promoted by certain mental health providers demanding that the Legislature force BCBSKS to make direct reimbursement to them rather than through the long standing methods we believe are most appropriate and cost effective for our members.

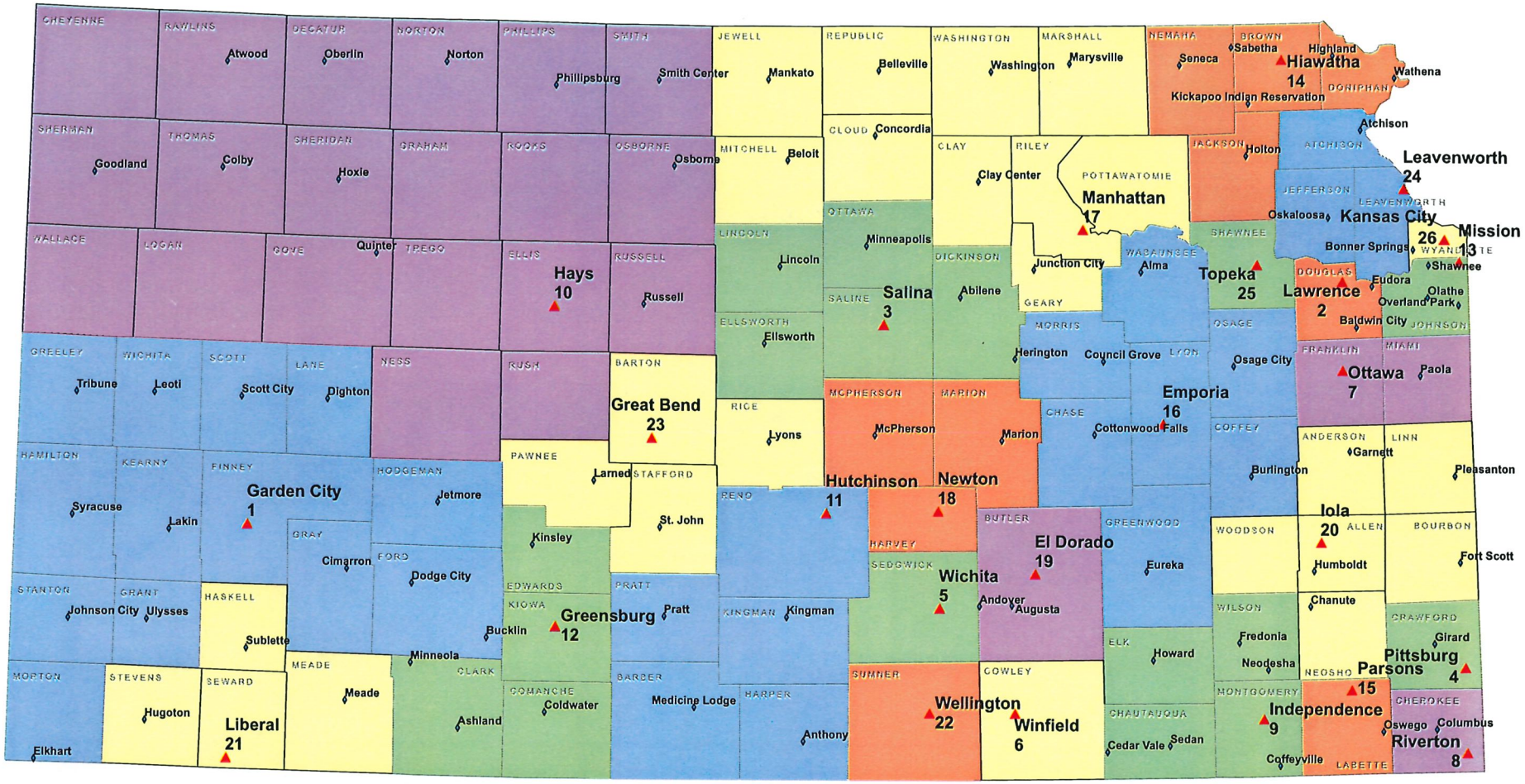
Please don't assume that the three mental health provider groups have no access to BCBSKS patients or reimbursement. They do. We pay such providers when they work and bill through Kansas hospitals and community mental health centers (CMHC's). In the early Eighties, the Legislature embarked upon an effort 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 to professional counselors. Services provided by all three of the licensed professionals covered by HB 2546 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. We also reimburse these providers for services rendered through a Kansas hospital. 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 local hospitals and CMHC's. See CMHC map.

Normally, insurers contract with enough providers of various types and in regions to serve their insureds. BCBSKS provider 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 BCBSKS customer, you see this reflected in your hospital or doctor bill. Last year BCBSKS saved its policyholders more than $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. Does this bill mean we have to contract with all such providers (commonly known as "any willing provider legislation)? If we don't contract with them, how do we protect our customers from "balance billing?" Do we have to "reimburse" them whatever they demand? Despite our request in 2009 and 2010 that proponents clarify these critical issues, HB 2546 makes no attempt to do so.

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 private employers and families. We think these provisions apply to mental health providers as well as the myriad of other mandates thrown at you each year. Regrettably, advocates for HB 2546 steadfastly ignore the test track requirements, even though the Kansas Health Policy Authority concludes that this mandate will have an adverse fiscal impact on your state budget.

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, HB 2546 addresses none of these issues. Nor have proponents answered the many fundamental questions about how this bill would work. Thank you for considering our views.

Community Mental Health Centers of Kansas



Locations of Community Mental Health Centers
Key to Map

1. **Area Mental Health Center** - Garden City
   Counties Served: 13

   Full time outpatient offices in Dodge City, Ulysses, and Scott City. Satellite offices in: Tribune, Leoti, Lakin, Dighton, Syracuse, Cimarron, Jetmore, Johnson City, and Elkhart

2. **Bert Nash Community Mental Health Center**
   Lawrence
   Counties Served: 1

   Satellite offices in Eudora and Baldwin.

3. **Central Kansas Mental Health Center** - Salina
   Counties Served: 5

   Satellite offices in Lincoln, Minneapolis, Abilene, Ellsworth, and Herington.

4. **Community Mental Health Center of Crawford County** - Pittsburg
   Counties Served: 1

   Satellite office in Girard

5. **COMCARE of Sedgwick County** - Wichita
   Counties Served: 1

   Family Consultation Service - Wichita
   (Licensed Affiliate of COMCARE)
   Counties Served: 1

6. **Cowley Community Mental Health Center**
   Winfield
   Counties Served: 1

7. **Elizabeth Layton Center, Inc.**
   Ottawa
   Counties Served: 2

   Satellite office in Paola

8. **Family Life Center, Inc.** - Riverton
   Counties Served: 1

   Satellite office in Columbus.

9. **Four County Mental Health Center**
   Independence
   Counties Served: 4

   Satellite offices in Fredonia, Neodesha, Sedan, Coffeyville, and Howard

10. **High Plains Mental Health Center** - Hays
    Counties Served: 20

    Branch offices in Norton, Phillipsburg, Goodland, Colby, Russell, and Osborne. Outpatient counseling is also provided in Atwood, Hoxie, Oberlin, and Smith Center.

11. **Horizons Mental Health Center** - Hutchinson
    Counties Served: 5

    Satellite offices in Pratt, Kingman, Medicine Lodge, and Anthony.

12. **Iroquois Center for Human Development**- Greensburg
    Counties Served: 4

    Satellite offices in Kinsley, Ashland, Coldwater, and Minneola.

13. **Johnson County Mental Health Center** - Mission
    Counties Served: 1

    Satellite offices in Olathe, Overland Park and Shawnee.

14. **Kanza Mental Health & Guidance Center** - Hiawatha
    Counties Served: 4

    Satellite offices in Sabetha, Seneca, Holton, Highland, Wathena, and Kickapoo Indian Reservation.

15. **Labette Center for Mental Health Services** - Parsons
    Counties Served: 1

    Satellite office in Oswego

16. **Mental Health Center of East Central Kansas**
    Emporia
    Counties Served: 7

    Satellite offices in Council Grove, Alma, Osage City, Cottonwood Falls, Eureka, and Burlington.

17. **Pawnee Mental Health Services** - Manhattan
    Counties Served: 10
    Satellite offices in Jewell, Marshall, Washington, Mitchell, Republic, Pottawatomie, Concordia, Clay Center, and Junction City

18. **Prairie View, Inc.** – Newton
    Counties Served: 3

    Satellite offices in McPherson and Marion.

19. **South Central Mental Health Counseling Center**
    El Dorado
    Counties Served: 1

    Satellite offices in Andover, August, and Rose Hill

20. **Southeast Kansas Mental Health Center** - Iola
    Counties Served: 6

    Satellite offices in Chanute, Ft. Scott, Garnett and Pleasanton

21. **Southwest Guidance Center** - Liberal
    Counties Served: 4

    Satellite offices in Sublette, Hugoton, and Meade

22. **Sumner County Mental Health Center** - Wellington
    Counties Served: 1

23. **The Center for Counseling and Consultation**
    Great Bend
    Counties Served: 4

    Satellite offices in Larned, St. John, and Lyons.

24. **The Guidance Center** - Leavenworth
    Counties Served: 3

    Satellite offices in Atchison and Oskaloosa.

25. **Valeo Behavioral Health Care** -Topeka
    Counties Served: 1

    Family Service & Guidance Center – Topeka
    (Licensed Affiliate of Valeo BHC)
    Counties Served: 1

26. **Wyandot Center for Community Behavioral Health**
    Kansas City
    Counties Served: 1

    Satellite office in Bonner Springs.

WHITNEY B. DAMRON, P.A.

TESTIMONY

TO: The Honorable Clark Shultz, Chair
And the Members of the House Insurance Committee

FROM: Whitney Damron
On behalf of the Kansas Psychological Association

RE: HB 2546 An Act concerning insurance; providing for reimbursement for certain services.

DATE: February 4, 2010

Good afternoon Chairman Shultz and Members of the House Insurance Committee. I am Whitney Damron and I appear before you today on behalf of the Kansas Psychological Association to express our concerns with the mandated health care provisions contained in HB 2546.

The Kansas Psychological Association (KPA) represents doctoral-level psychologists in Kansas and comprises the most advanced trained group of non-physician mental and behavioral health specialists. In 2009, there were 737 licensed psychologists in Kansas.

As drafted and as we have seen in virtually every session for the past decade or so in one form or another, the proponents of HB 2546 are seeking legislative-mandated insurance coverage for their services.

While the KPA does not oppose vendorship for these practitioners, we would note there is a formal process that is required to be followed under Kansas law for the imposition of insurance mandates. Specifically, K.S.A. 40-2248 and 40-2249 requires an impact statement to be created to assess the social and financial effects of the proposed mandated coverage.

Furthermore, we do not believe all three licensees seeking vendorship under this legislation are one in the same; they are three distinct and separate health care professions with different educational and training requirements. Accordingly, each should be evaluated independently under K.S.A. 40-2248 and 40-2249. We believe it is inappropriate for a collection of health care providers to effectively create a coalition to advance their vendorship efforts in a manner that subverts or dilutes the application of statutory protections that have been in place for many years.

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In the past, we have seen documents that have been proposed as meeting the statutory requirements of an impact study, but we believe such previous studies submitted into the legislative process were not performed by independent, third party entities for their specific proposals, but were rather compilations of other studies and anecdotal information on the same or similar subject matter.

The KPA believes the specific legislative proposals outlined in legislation such as HB 2546 should be the subject of a comprehensive study and analysis for each applicant seeking vendorship and that compiling data and studies from other states and countries does not meet the requirements envisioned with current state requirements for review.

In closing, I would note that testimony provided to this Committee and others in past years indicates that these practitioners are able to obtain reimbursement from some insurance carriers, but primarily their resistance is found with one carrier in Kansas, albeit the largest one.

We would respectfully suggest that if a company such as Blue Cross, which is clearly a leader in the field of health care and health care insurance, believes they could provide superior service to their customers at a lower cost than they are currently able to provide under existing agreements with mental health professionals, or if their customers were demanding it, we expect they would do so.

We do not believe it is appropriate for the Legislature to insert itself into contractual relationships between insurance companies and the health care providers they choose to work with.

The State of Kansas has historically mandated what kinds of services shall be covered under a policy, but discretion has been left to the insurance carrier to determine how best to meet the requirements of an insurance mandate.

Legislation such as HB 2546 will fundamentally alter the decision-making process and likely lead to even more attempts to broaden health care provider mandates that those proposed under this legislation.

On behalf of the Kansas Psychological Association, I thank you for the opportunity to present this testimony to you today.

Whitney Damron

Attachment

Kansas Legislature

40-2248

Chapter 40.--INSURANCE
Article 22.--UNIFORM POLICY PROVISIONS

40-2248. Mandated health benefits; impact report to be submitted prior to legislative consideration. Prior to the legislature's consideration of any bill that mandates health insurance coverage for specific health services, specific diseases, or for certain providers of health care services as part of individual, group or blanket health insurance policies, the person or organization which seeks sponsorship of such proposal shall submit to the legislative committees to which the proposal is assigned an impact report that assesses both the social and financial effects of the proposed mandated coverage. For purposes of this act, mandated health insurance coverage shall include mandated optional benefits. It shall be the duty of the commissioner of insurance to cooperate with, assist and provide information to any person or organization required to submit an impact report under the provisions of this act.

History: L. 1990, ch. 162, § 1; July 1.

40-2249

Chapter 40.--INSURANCE
Article 22.--UNIFORM POLICY PROVISIONS

40-2249. Same; contents. The report required under K.S.A. 40-2248 for assessing the impact of a proposed mandate of health coverage shall include at the minimum and to the extent that information is available, the following:

(a) The social impact, including:

(1) The extent to which the treatment or service is generally utilized by a significant portion of the population;

(2) the extent to which such insurance coverage is already generally available;

(3) if coverage is not generally available, the extent to which the lack of coverage results in persons being unable to obtain necessary health care treatment;

(4) if the coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship on those persons needing treatment;

(5) the level of public demand for the treatment or service;

(6) the level of public demand for individual or group insurance coverage of the treatment or service;

(7) the level of interest of collective bargaining organizations in negotiating privately for inclusion of this coverage in group contracts; and

(8) the impact of indirect costs which are costs other than premiums and administrative costs, on the question of the costs and benefits of coverage.

(b) The financial impact, including:

(1) The extent to which insurance coverage of the kind proposed would increase or decrease the cost of the treatment or service;

(2) the extent to which the proposed coverage might increase the use of the treatment or service;

(3) the extent to which the mandated treatment or service might serve as an alternative for more expensive treatment or service;

(4) the extent to which insurance coverage of the health care service or provider can be reasonably expected to increase or decrease the insurance premium and administrative expenses of policyholders; and

(5) the impact of this coverage on the total cost of health care.

History: L. 1990, ch. 162, § 2; July 1.

Kansas Association of Health Plans

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February 4, 2010

HB 2546
Written Testimony Before the House Insurance Committee
Marlee Carpenter, Executive Director

Chairman Shultz 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 HB 2546. 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.

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. There are more than 11 mandates that have been proposed during the 2009/2010 Legislative Session.

HB 2546 limits an insurance company's ability to contract. Even though many insurance companies reimburse for services required by the bill, mandates are not good business practice and increase the cost of insurance and in return, doing business in the state.

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.

Legislative Testimony

achieve more

HB 2546

February 4, 2010

House Financial Institutions

Rachelle Colombo, Senior Director of Legislative Affairs

Chairman Brown, 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 HB 2546 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 and impose further cost on the health care system. The growing cost of health care is already prohibitive to employers.

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.

As our economy has grown weaker, businesses are forced to make tough decisions and more and more small businesses are opting not to offer health insurance – because they can't afford to. The more mandates that are heaped on to our costly health care system, the more expensive it will become while providing fewer affordable price points for those who purchase it. This will result in a growing number of uninsured, as studies have shown.

The Pacific Research Institute found that if the cost of insurance premiums rises by 1 percent, the number of uninsured people increases by 0.5 percent. This illustrates the detrimental impact of even minor increases in premium price on the market.

The Kansas Chamber opposes HB 2546 because mandates increase the cost of health care and reduce affordable options for those purchasing health benefits.

Thank you for the opportunity to offer these comments today.

THE KANSAS CHAMBER

835 SW Topeka Blvd. **Topeka, KS** 66612 785.357.6321

NFIB
The Voice of Small Business®

House Insurance Committee
Daniel S. Murray: State Director, NFIB-Kansas
Written Testimony in Opposition to HB 2546
February 4, 2010

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

Chairman, 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 over 4,000 members in Kansas. Thank you for the opportunity to comment on HB 2546.

NFIB-Kansas opposes HB 2546. 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 members and their employees. However, NFIB continues to be greatly concerned by government imposed mandates that discourage consumer control and innovative health plan design.

While mandates make small business health insurance more comprehensive, they also make it more expensive. Mandates require insurers to pay for care consumers may have previously funded out of their own pockets, thereby raising the price of premium to cover the increased claims the insurer anticipates to take place as a result of the mandate.

In some markets, mandated benefits increase the cost of health insurance by as much as 45 percent. Mandating benefits is like requiring auto insurance to not only cover collisions and auto damage but to also pay for new tires, engine tune ups and oil changes. Imagine what an auto insurance policy would cost if that were the case!

Mandates, regardless of the form they take or how well intentioned, drive up the cost of health insurance, especially in the small 2-50 employee market. NFIB-KS wants small business to have affordable benefit packages that can be tailored to their workforce needs. When contemplating proposed health-insurance mandates, we urge you to consider the impact on small business. Thank you for the opportunity to comment.

Small Business Isn't Small
Collectively, small business isn't small. It provides employment to 54.7% of the non-farm private work force in Kansas. It generates more than 50% of the gross domestic product. It possesses half of the business wealth in the U.S. In the past decade, it has annually provided 60% to 80% of net new jobs. It has been giving 67% of workers their first job. It hires a larger proportion of women, younger workers, older workers, and part-time workers than does big business.

National Federation of Independent Business – KANSAS
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