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MARK SAMSEL
5TH DISTRICT

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PROPONENT Testimony – HB 2459 – The Kristi L. Bennett Mental Health Parity Act

#ForThePeople

Dear Chairman Vickrey & Honorable Insurance Committee Members:

I. Introduction.

"When anything is going to happen in this country, it happens first in Kansas."

— *William Allen White, Emporia, 1922*

Kansas once boasted the leading mental health treatment and results in the world.[1] Regrettably, from our beautiful prairies and waving wheat fields to our growing college towns and vibrant cities, mental health has now become the crisis of our generation.[2] As we've heard throughout our communities and in the Statehouse, the numbers are staggering:

- Clinical depression has surpassed cancer to become the number one silent killer, especially for young people.
- Suicide has become the *number one cause of death* in our young people age 15 to 24, more than all other diseases combined.
- One person takes their own life every 40 seconds.
- Rates of suicide have doubled in just the last few years.
- One in five (20%) of us will experience a mental health disorder in our lifetime.
- One dollar spent on mental health brings a four dollar return.[3]

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[1] Meg Wingerter, *Osawatomie State Hospital: A leading light for mental health care slowly dims*, July 22, 2016, *available at* https://www.khi.org/news/article/osawatomie-state-hospital-once-a-leading-light-for-mental-health-care (last accessed Feb. 7, 2020).

[2] *See, e.g.*, Hunter Funk, *Raising awareness for the rise in farmer suicides*, *available at https://www.ksn.com/news/raising-awareness-for-the-rise-in-farmer-suicides* (last accessed Feb. 7, 2020).

[3] Bill Snyder, *Science seeks a better way to measure stress, anxiety and depression*, Dec. 9, 2019, *available at* https://engineering.stanford.edu/magazine/article/science-seeks-better-way-measure-stress-anxiety-and-depression (last accessed Feb. 7, 2020).

From our farmers and working parents to our youth and professionals, clinical depression and stress-related emotional disorders are responsible for high rates of suicide. Nationally, some 20% of the population will experience a mental health disorder during their lifetime, and globally these disorders cost the economy $2.5 trillion every year, making the pursuit of a solution an economic no-brainer.

Fortunately, many of these mental health issues are curable, and full recovery is often possible. As research shows, treating depression and other mental health or substance use disorders helps not only the individual, but also their parents, families, friends, and others.[4] Proactive treatment also reduces the burden on our local law enforcement and emergency professionals, while increasing student and worker performance and productivity in our classrooms and businesses. Perhaps most important, it also enhances quality of life—and saves lives—in our communities.

The National Institute of Mental Health counsels: "If you're overwhelmed by stress, ask for help from a health professional. You should seek help right away if you have suicidal thoughts, are overwhelmed, feel you cannot cope, or are using drugs or alcohol more frequently as a result of stress. Your doctor may be able to provide a recommendation. Resources are available to help you find a mental health provider."[5]

II. The Problem.

Asking for or seeking help is often a difficult decision in today's society. Finding an appropriate healthcare professional can also be difficult, especially in our rural areas. At these critical moments, unfortunately, we are often exacerbating the problem by complicating, delaying or outright denying patients' access to help before they ever even get to speak with a medical professional. We must remove or lower these barriers to initial treatment, and ensure that healthcare decisions are made in consultation with healthcare professionals. As highlighted below, HB 2459 is designed to address the most common problems that our fellow Kansans encounter when seeking assistance for mental health issues.

III. HB 2459.

HB 2459 contains two sets of virtually identical provisions, set forth separately for health insurers not insuring small employers (Section 1) and small employer insurers (Section 2). They can be summarized as follows:

Revised Section 1(a)(1). Requires insurers to provide coverage for diagnosis and treatment of mental illness or substance use disorder, as defined in subsection (b)(3) consistent with the American Psychiatric Association.

Parity: The coverage must not be subject to deductibles or other restrictions that are more strict or limiting than those that apply to other covered services, such as physical health.

Revised Section 1(a)(2)(A). Requires **minimum coverage** for medically necessary:

[4] https://www.psychiatrictimes.com/depression/three-new-studies-major-depression
[5] *5 Things You Should Know About Stress, National Institute of Mental Health, available at* https://www.nimh.nih.gov/health/publications/stress/index.shtml (last accessed Feb. 7, 2020).

Outpatient Treatment: 180 days, in-network.
Inpatient Treatment: 14 days, in-network.
KEY 1: Doctor decides. Notes must be kept in patient file for review. Prior authorization, concurrent review, retrospective review (after-the-fact), or other utilization review prohibited during these timeframes.
KEY 2: At any point during the initial 180 days (outpatient) or 14 days (inpatient), the doctor, in consultation with the patient, may determine coverage or treatment is no longer appropriate.

New Section 1(a)(2)(C). For inpatient treatment, if in-network facility is not immediately available, the insurer must apply network exceptions to ensure that the patient is admitted to a facility within 24 hours.

New Section 1(a)(2)(D). Aside from any applicable co-payment, deductible or on-insurance, treating providers may not require prepayment for patients afflicted with suicidal ideation, substance use disorder, or are actively suicidal.

IV. Illustrative Benefits of HB 2459.

HB 2459 puts mental illnesses on par with physical ones. We don't reject Kansans when they present with physical ailments, and we shouldn't reject those with mental illnesses either. A couple instances illustrate the positive impact that HB 2459 will have. By removing the initial barrier to outpatient care for up to 180 days and to inpatient care for up to 14 days, we should not only improve outcomes sooner, but also avoid and reduce troubling and costly cycling in and out of patients, readmissions, more expensive emergency care, and instances of suicide or attempted suicide. It also eliminates the problem of non-medical persons rejecting treatment and the resulting effect it may have on those already in a vulnerable state. Remarkably, I have had multiple reports of individuals presenting for help, only to be denied because they had not previously attempted suicide. That standard is completely unacceptable. HB 2459 would prevent it.

As another example, those presenting with substance use disorder related to opioids may be admitted. Then, after detox treatment for a day or two, receive notification from non-healthcare professionals that their treatment is not medically necessary, and thus discharged. Tragic stories then result from individuals taking the same dosage as that prior to treatment, but with a different tolerance, overdose and resulting death.

V. Conclusion.

In closing, I ask for your enthusiastic and immediate support of HB 2459. Our fellow Kansans sent us here to help solve the pressing problems of our great State. None are more urgent or important than the mental health of our citizens. Let's show the world that KANSAS will **#LeadTheWay** when it comes to our future and mental health.

I welcome any questions, concerns, or ideas to improve our mental health legislation.

Very truly yours,
/s/ Mark Samsel
Mark Samsel
State Representative, House District 5