

From: Rachel Brown [REDACTED]

Sent: Thursday, February 6, 2020 5:22 PM

To [REDACTED] >

Subject: Fw: Kristi L. Bennett Mental Health Parity Act

Hello Jenny, and thanks for asking me to comment on the Kristi L. Bennett Mental Health Parity Act. I do not comment as a representative of any organization. I do speak as a physician, a psychiatrist and a child and adolescent psychiatrist, and, I believe, on behalf of the many patients I have treated over my many years of clinical practice. I have worked in five states, and in a wide variety of different clinical settings, including state hospitals, community mental health, academic centers and private practice. I have seen patients who have been able to pay me out of their own pockets, patients who have used employee-based insurance, and patients who use Medicare or Medicaid to pay for their psychiatric care.

I support the Kristi L Bennett Mental Health Parity Act. Kristi's experience is not an isolated incident. We, and those who work with us in clinics and hospitals, must spend many hours working to authorize treatment for our patients. On occasion, just as in Kristi's situation, treatment is denied, and patients suffer and die. I have seen payment for inpatient treatment - sometimes just for 1 or 2 days - denied for people who have been suicidal or psychotic only the day before. I have seen payment denied for the ongoing use of medications on which a patient has been stable for years, or for medications that are FDA approved for that patient's diagnosis, in favor of a medication preferred by a particular insurance company. We, as clinicians, and our administrative support personnel, spend the time that we need to spend on the phone, preparing documentation and answering questions, in order that our patients can receive the life saving and life sustaining care that they need.

Besides the obvious benefit to patients of care provision that does not wait, I believe this bill will help us, the clinicians. We are a scarce resource. We are highly trained; I hope we are effective, empathic, patient centered physicians. We want to spend our time face to face with patients, treating serious, life threatening illness that impact people's ability to study, to work, and to live fulfilled and productive lives. The more time we, and the organizations in which we work, spend discussing whether or not treatment is justified, the fewer patients we see, and the less effective we can be. In an environment where resources are scarce, the less time we are required to spend away from patient care, surely, the better.

I am very aware of the shortage of resources for people with mental illness - as we work to improve the pipeline of professionals, this bill is one small step to increasing access right now. I am also very aware of the stigma faced by patients with mental illness. It is deep rooted, historically based and impacts their care. I hope that passing this bill may contribute just a little to relieving the suffering faced by them and their families.

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