

Sent: Thursday, February 6, 2020 4:39 AM

To [REDACTED]

Subject: Fwd: Kansas Mental Health Parity Bill SB249 and HB2459

Hi Jennifer,

I wanted to write to you to express my support of the Kristi L. Bennett Act. As a service provider and staff at a community mental health center for the past 13 years, I have seen the insurance concerns first hand. Many focus on the "uninsured", but we need to be worried about those that are "UNDERinsured" and the impacts that has on people. Quality and timely treatment shouldn't be a privilege, yet a basic human right.

I previously worked in a Kansas Emergency Room for five years as a behavioral health assessor. During that time, I had to tell countless people that they "do not qualify" for treatment on an inpatient setting. This was for various reasons, but one of which being that we were required to focus on least restrictive treatment and if that individual was not imminently dangerous than it would never be inpatient.

Not only do insurance companies restrict admissions to the inpatient units, but they also limit how long the individuals can stay there—often 3-5 days. Most have only started to get better and are not ready to discharge, but hospitals are required to discharge them as they will not get reimbursed past the allotted days approved by the insurance company. Insurance companies will likely refute this, saying "facilities have to discharge so quickly because they don't have enough beds to meet the demand" and that's true. However, IF Behavioral health treatment was reimbursed at an equal rate to medical treatment, then more facilities would want to open behavioral units. Johnson County has nearly 600,000 residents, but only 2 inpatient adult units, 1 geriatric inpatient unit and 1 juvenile inpatient unit. However, we have micro hospitals/community hospitals popping up in every corner. And cancer centers being built over night—because that is where the money is. Insurance companies are supporting/paying for illness and neglecting wellness. Ironically, if they readjusted and focused on wellness our rate of illness could in fact decline.

Having had to pre-certify admissions, I would often have to battle with the providers about the need for the treatment. This was almost always by phone, hence those individuals were not on site to assess the person themselves, but solely pick apart my assessment.

Many of my colleagues have stopped accepting insurance reimbursement and have started going with private pay. This is strictly because of the hassle of dealing with numerous insurance companies and the multiple hoops you have to jump through just to help someone. Again, to focus on wellness vs illness.

Insurance companies will try to refute this saying that “there aren’t enough providers”. That’s false, I’m in a group of more than 4,000 metro providers on Facebook and nearly everyday there is a request for a crisis appointment and they are flooded with same day or next day appointment options—only to learn it is restricted to self pay.

I will add that I have add countless conversations with family members of “so I have to wait for them to kill themselves or someone else for them to get [inpatient] help”. This conversation is devastating to have with people and often felt that this was the case because of the constraints the insurance companies put in place.

Please continue your brave efforts to advocate for your sister and those others who are silenced by this system failure.

Thank you,

Jessica Murphy, LMSW