JOHNSON COUNTY KANSAS
Mental Health

Feburary 6, 2020

Testimony in Support of SB 249 to Senate Committee on Financial Institutions and Insurance

Mister Chairman and members of the Committee, my name is Tim DeWeese. I am the Director of the Johnson County Mental Health Center, which is a department of Johnson County (KS) Government and employs more than 320 staff who provide behavioral health services to more than 10,000 county residents annually. Johnson County Mental Health Center began operation in 1962 providing outpatient services in one location. Today, the center provides services in five separate facilities located throughout the county and serves as the local mental health authority coordinating the delivery of publicly funded community-based "safety-net" mental health services.

The Mental Health Center is licensed by the State of Kansas as a Community Mental Health Center and has earned a three-year accreditation from Commission on Accreditation of Rehabilitation Facilities (CARF) International. Operations are overseen by the Board of County Commissioners and the day to day operations are managed by an Executive Leadership Team that reports to the Assistant County Manager as well as a 13-member Advisory Board appointed by the Board of County Commissioners.

I appreciate the opportunity to provide this testimony to the Committee today in support of SB 249.

The Mental Health Parity and Addiction Equity Act passed into law in 2008. It promised equity in the insurance coverage of mental health and substance use disorders. It required health plans to treat mental health and substance use conditions like physical medical conditions without treatment or financial limitations. Unfortunately, more than a decade later, mental health parity is still not a reality and too many Americans continue to be denied care when they need it the most. Often times, people don't realize the insurance coverage is different until they seek treatment.

As medical expenses continue to rise, both private and public payers such as commercial insurers, employer self-funded plans, Medicaid, and state and local governmental health plans, often rely on medical management practices as a cost containment strategy. While both physical and behavioral health benefits are subject to these practices, many payers continue to apply treatment limitations to behavioral health services that are more rigorous than those applied to physical health benefits, often to save money. These restrictions on coverage can take many forms but largely fall within three categories:

- Financial requirements include premiums, deductibles, co-payments, and other forms of cost-sharing.

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- Quantitative treatment limitations include visit and day limits, also known as length of stay limitations.
- Non-quantitative treatment limitations include utilization management strategies that restrict or deny access to care, such as prior authorization requirements (which involve "medical necessity" reviews), step therapy or fail-first protocols, and geographic restrictions.

The unequal application of these practices to behavioral health can constitute a violation of federal parity laws. The Federal Parity Law intended to prevent health plans from applying financial requirements or treatment limitations to behavioral health benefits that are more restrictive than those applied to physical health benefits. Additionally, plans cannot apply separate treatment limitations only to behavioral health benefits.

I believe that if advocates, providers, insurance companies and lawmakers work collaboratively we can produce strong public policy. Given the increasingly complex and challenging needs of individuals and families within our communities as well as the prevalence of drugs, and the rise in suicides, it is more important than ever that people have access to the services they need. It is my hope that in Kansas we can collaborate and compromise to pass meaningful legislation this session that will ensure indidviduals have access to healthcare.

#NoHealthWithoutMentalHealth