



Kansas Hospital
ASSOCIATION

TO: House Insurance Committee

FROM: Chad Austin
Executive Vice President

DATE: February 10, 2020

RE: House Bill 2459 – The Kristi Bennett Mental Health Parity Act

The Kansas Hospital Association (KHA) appreciates the opportunity to provide comments in support of House Bill 2459. This legislation creates the Kristi L. Bennett mental health parity act and provides insurance coverage and treatment for persons with substance use disorder, suicidal ideation, or those actively suicidal.

Kansas was once a nationwide leader in providing inpatient and outpatient treatment for those afflicted with mental and behavioral health issues. This is no longer the case. It is one thing to talk about the dire need to increase the availability of mental and behavioral health services when the reality is that funding and insurance coverage for these services is oftentimes inadequate or unavailable.

HB 2459 is a good start. Our goal should be to ease the process of obtaining care for those dealing with mental and behavioral conditions and provide coverage without hesitation to those in need. The diagnoses covered by this legislation includes persons with suicidal ideation, substance use disorder, or those actively suicidal, but should be broadened to include patients who are psychotic and may be experiencing a break with reality evidenced by symptoms such as hallucinations and delusions.

Access and continuity of care continue to be major concerns. For example, patients with cancer, diabetes or severe hypertension typically do not need to jump through multiple insurance hoops to be seen and treated. Prior authorization is a significant hurdle which could be modified, or eliminated and save countless hours for both insurance companies, patients and providers. Unlike psychiatrists and psychologists, the physicians treating these medical conditions most likely do not constantly worry about patients being denied services, experience frequent chart audits, or worry about financial claw backs from insurance companies who deem mental, or behavioral health patient visits as unnecessary. In addition, it is not uncommon for insurance providers to limit the number of patient visits to a psychiatrist, psychologist, or social worker/therapist and outpatient programs based on the number of visits needed for services provided by a physical therapist. Trying to equate the treatment needed for mental conditions to that for physical ailments is inaccurate, unfair and discriminatory.

Thank you for your consideration of our comments. We urge you to support HB 2459.