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**To:** Jene Vickery, Chairman  
Members of the House Insurance Committee

**From:** Robyn Chadwick  
Vice President  
Administration  
Ascension Via Christi Hospital St. Teresa, Inc.

**Date:** February 10, 2020

**Subject:** House Bill 2459

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Thank you Chairman Vickery, and members of the House Insurance Committee for allowing us to submit our testimony on House Bill 2459, the Kristi Bennett Mental Health Parity Act. My name is Robyn Chadwick, and I serve as the Vice President of Administration at Ascension Via Christi Hospital St. Teresa, as well as lead our Behavioral Health Service line for Ascension Via Christi Hospitals in Wichita, KS.

Today, Ascension has 2,600 care sites in 20 states and the District of Columbia. Ascension Via Christi is the largest healthcare system in our state with more than 6,100 employees and serves Kansas through our nine owned or co-owned hospitals, physician clinics, and outpatient ancillary and retail (home based services).

As I am sure you are hearing more and more, when individuals are struggling with behavioral health and/or substance abuse disorders, they will seek the most urgent point of care, which often times is our emergency department. The way our current health insurance system operates, the prior authorization, concurrent review, and utilization review requirements do not differentiate between patients with behavioral health disorders vs. those with physical conditions.

A typical denial we receive from an insurance company seems to focus on a particular moment in time documented in a medical record where the patient expresses a positive turn in their condition, when a few minutes or hours later they experience suicidal thoughts again. Under most insurance company criteria, a patient must fail at a lower level of outpatient care in order to be approved to be admitted to an inpatient facility.

We consistently experience challenges with obtaining authorization from insurance companies for a patient to receive the appropriate level of behavioral health care, particularly when such patient is in urgent need of care. The State of Kansas has a suicide crisis. The most recent data available (Kansas Annual Summary of Vital Statistics) we reviewed shows the rate of suicide in our state rose 45 percent

from 1999 to 2016, which put us in the top 5 rates of increased suicides in the U.S. In 2017, 544 Kansans took their own life. The number of deaths by suicide is rising at an alarming rate. According to Headquarters, Inc., the suicide prevention hotline for the State of Kansas, they received over 25,000 calls this past year. Given these trends we expect the numbers to continue to rise.

By removing the current insurance coverage barriers, we believe Kansas citizens who are experiencing a behavioral health crisis will be able to not only gain access to urgent care, but will also have better opportunity to achieve more positive continuum of care.

We appreciate this opportunity to provide this testimony, and hope you will support passage of House Bill 2459.