



# MENTAL HEALTH COLORADO

## HB 18-1357: CONCERNING ACCESS TO BEHAVIORAL HEALTH CARE SERVICES

Creates a state ombuds office to help Coloradans navigate the mental health system. Requires insurers to document and disclose compliance with mental health parity and network adequacy laws.

**Position:** Strongly support

### Sponsors

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Rep. Dafna Michaelson Jenet (D-Commerce City)  
Sen. Bob Gardner (R-Colorado Springs)  
Sen. Angela Williams (D-Denver)

### Support

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- Current law requires insurance carriers to maintain adequate networks of mental health providers and to guarantee equal coverage for mental health and physical care.
- More than 400,000 Coloradans report not getting the mental health and substance use services they need.<sup>1</sup>
- Coloradans go out-of-network seven times as often for mental health treatment as for physical care.<sup>2</sup>
- This ombuds office will serve Coloradans who are uninsured or have public or private health benefit coverage (both state and federally regulated plans).
- The bill reflects a recent recommendation by the President's Commission on Combating Drug Addiction and the Opioid Crisis, which urged state and federal regulators to require health plans to document and disclose their compliance strategies.

### Testimony

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HB18-1357 is currently scheduled to be heard in the House Public Health Care & Human Services Committee, April 17, 2018 at 1:30 pm in Room 0107.

<sup>1</sup> 2017 Colorado Health Access Survey, Colorado Health Institute.

<sup>2</sup> 2017 Milliman Research Report, Addiction and mental health vs. physical health.



4/17/18 Testimony – House Bill 1357

Amy P. Jones

I was diagnosed as having bipolar disorder over 30 years ago. I received better mental health care in the 1980's and 90's than I do today.

My 19-year old son Blake was diagnosed with bipolar disorder last year, though he had been showing manic/depressive episodes since before he was a teen. It's been seven years since the symptoms first presented themselves and we have yet to find him sufficient care.

For a long time Blake suffered. It was no surprise to me when he turned to dangerous drugs to manage his mood swings, not uncommon for people with an untreated mood disorder. Soon my son had complicated a mental disorder further by adding a substance abuse problem.

We have too many stories to share about how the current mental healthcare system has failed us so I will give you an example of the most recent.

THE FALL OF 2017 - My son had graduated to using methamphetamines and heroin. He was having manic episodes more frequently, sometimes disassociating and becoming violent. He was becoming a danger to himself and others.

By this time I knew the names and faces of the entire crisis care team at Kaiser Permanente's Behavioral health department. I knew the myriad of prompts to get a live person on the phone. I was well versed on the Mental Health Parity Act and shared that knowledge with my insurance company and the health professionals that wouldn't or couldn't offer my son care. By then I knew there were no mental health and/or substance abuse treatment options "in network", even though we had the best plan; 100% mental health and substance abuse coverage after our deductible. By this time I knew that in the middle of a psychological crisis, when we needed medical help urgently, the behavioral health team at Kaiser would tell us to go to the ER. The same recommendation made in the past, too many times to count. Once at the ER I knew that even if Kaiser would refer us to one of the few mental health hospitals available that they would only cover care for 72 hours. Which happened only once when Blake was 15. He was released from the psych hospital in less than 72 hours over medicated on mood stabilizers with no aftercare plan.

By October 2017 my son had completely gone off the rails mentally as well as physically. He weighed only 106lbs on a 5'10" frame. He was so sick that we thought we were going to lose him. He begged for help we couldn't find.

From September 15<sup>th</sup> to December 15<sup>th</sup> my son had visited the ER five times. We were told by Kaiser as well as other crisis help lines that the ER would place him on

a M1 72 hour hold, which none of them did. One hospital kept him sixteen hours because we demanded to see a patient advocate and refused to leave until we had a hospital to send him to. We frantically called the Kaiser Behavioral Health crisis team for solutions. I left messages, sent emails most of which were not returned. Eventually I was connected with a crisis nurse, who told me that she could make an appointment for Blake to be assessed, and at that time we could discuss his options. However the soonest available appointment was five days from then. The ER Psych team, Blake's personal psychiatrist and therapist at the Denver Step program all recommended that he be hospitalized immediately and contacted Kaiser on our behalf. We got nowhere. Eventually we had to take money out of our retirement account, and borrow money from family to send Blake to a private treatment facility.

Finally, after five ER visits, three private treatment facilities and almost \$100,000 out of our own pocket we were able to get Blake stable. He seems to be on the right combination of medication and benefited from a patchwork of behavioral therapy, none of which was covered by insurance. We are grateful that he is currently stable, and at the same time know that mental health and substance abuse recovery is life long. We understand our son wasn't "fixed", but thankfully his illness is currently under control.

I believe we desperately need a person in a position to advocate for and assist consumers in accessing behavioral health care. We also need an office that holds insurers and the insurance commission accountable to the mental health parity laws and reports on their findings. Consumers also need a person/office that will help us navigate the process when filing a complaint. The insurance companies are too big for one person to fight, especially in the midst of a crisis.

Please pass the HB 1357 establishing a behavioral health care ombusperson and parity reports! Thank you for your consideration.

Amy Jones

303-525-3965

A SIDE NOTE - The portion of our ER bills that were covered by the insurance company alone would have paid for 9 months of inpatient treatment (which doesn't exist by the way). Had we been able to access treatment when the problem first presented itself we would have saved not only ourselves but our insurance company over half of the money that was paid out. It makes no sense to me.

Rep. McKean,

I am writing this email to ask for your support of **HB 18-1357**. Mental health and substance abuse issues should be of utmost importance to all who live in, and love, Colorado.

I am a parent who has extensive experience with the Colorado mental health care system—the good and the bad. About 5 years ago, I discovered that both of my daughters were struggling with addiction—one to methamphetamine and one to opioids/heroin. I started making calls trying to find someone—anyone—who could help us. We had very little money to pay for any rehab options outright, but we had insurance, and some places shot us down because it was the wrong insurance. Others required a minimum of \$1000, or \$3500, just to start the process and at times, I received the information that our insurance didn't cover inpatient treatment. Others did not even return my calls.

Often, there were no beds available if you could find a location which accepted the insurance—specifically for my teenage daughter. My older daughter had Medicaid in addition to our insurance, but she was still continually denied admission for inpatient treatment and always guided to IOPs. **She died of a fentanyl overdose in our Loveland home on 12/14/16, and I found her. She was 3 days shy of turning 27 years old.** My worst nightmare had come true. Fortunately, my other daughter now has 28 months in recovery after she completed a long-term rehab stay in Utah in 2015. To get this assistance, we told our story to a TV production team and allowed them to film their intervention and her treatment was paid for through a scholarship.

We are raising our deceased daughter's son, who is now 7, and he has a slew of issues from the trauma he has experienced in his short life. Without the Medicaid given to him as a precursor to our adoption of him through the DHS system, we would not be able to get him the help he so desperately needs. You have an entire generation of children who are losing parents and other loved ones to mental health and substance use issues, and you must do something to help us all.

I could write you a lengthy letter of all our experiences during the past 5 years, but I know your time is valuable. Suffice it to say, I have worked with many professionals in the mental health industry. I have had many conversations with case workers within the legal and social services system. I have begged for help from both treatment centers and insurance companies. I would be happy to have a conversation with you, as well, if you would like to hear more of our story. You may contact me at (970)581-8419.

Please, Rep. McKean, support **HB 18-1357**.

Sincerely,

Jill Conner  
House District 51  
2276 W. 46<sup>th</sup> St.  
Loveland, CO 80538

## **Supporting HB 18-1357: Concerning Access to Behavioral Health Care Services**

My name is Carrie Baatz. I live in Colorado Springs (80922), and I am a Peer Support Specialist at The Independence Center. I live with bipolar disorder and post-traumatic stress disorder, and I depend on medication and therapy to maintain my well-being and ability to work. I strongly support the effort in this bill to ease Coloradans' access to mental health care. I am sharing a few of my personal experiences accessing mental health care that illustrate the need for this resource:

- In 2013 my company changed insurance providers, and I no longer had coverage for my psychiatrist. I was given a list of psychiatrists who were in my new insurance network. I called them all, and none of them were taking new patients. I spoke with one psychiatrist who initially expressed interest in taking me on as a patient (over the phone). Then he asked me to tell him my diagnosis; I told him, and he changed his tone and said that he actually wasn't taking new patients. It took me a few months to find the nurse practitioner who could prescribe me the mood stabilizer that I need to take every day. During that time, I went without any medication, and I suffered depression and mania symptoms.
- **When people are unable to access the mental health care that they need, they are at risk for experiencing mental health crises, and this can be life or death.** Due to stigma and lack of education about mental health conditions and treatments, I went for about 10 years (1999-2009) experiencing anxiety, depression, mania, dissociation and delusions without treatment. As a result, my symptoms escalated, and I experienced a crisis in 2009 that required me to go to a psychiatric hospital for a week. Being in the hospital was the first time I received treatment for bipolar disorder. Had I been able to access preventative care or mental health care sooner, my family and I could have avoided this crisis.

Thank you for your consideration.

Carrie Baatz

[Carrie.a.baatz@gmail.com](mailto:Carrie.a.baatz@gmail.com)

719-481-8181 x108

Dear Representative Singer,

I am writing to urge you to support HB18-1357. As a medical health provider and family member of a young teen who has battled with depression and debilitating anxiety, I have first-hand experience with the immense challenges involved in getting prompt and appropriate care for individuals seeking mental health treatment. I have witnessed young patients go from functioning in school to dropping out because they could not obtain the help they needed for their mental health conditions.

This past fall, I watched my brother attempt to navigate "the system" to get mental health care for my niece. He was told she was not "bad enough" to warrant therapy and care more than once a month. Within two months, my niece had a suicide attempt. At this point, I convinced my brother to take her to a therapist for which we now pay out of pocket.

**Coloradans cannot afford to allow individuals with mental illness to get "bad enough" to warrant thorough care—it prolongs much-needed therapy and medicinal intervention, puts a tremendous burden on families trying to do right by their children and loved ones, and places a huge burden on state resources. Allowing a mental health condition to get to the level of crisis is absolutely substandard care and attention afforded to a medical condition.**

Health care professionals would not allow a patient's high blood pressure to worsen or to have a heart attack before treating his/her medical condition. There is no three month (or longer) wait list for a cardiology appointment, yet this has become the norm for those seeking treatment for mental illness.

Mental illness is a medical condition that deserves better diagnosis, management, and treatment. Please support HB18-1357 and help make mental health care more accessible.

Thank you,  
Molly Gilpin  
PA-C  
Mom, sister and aunt

Sir/Ma'am

I would like to thank you for being engaged in insurance coverage for people suffering with mental illness. We have had to go through more obstacles than I think people suffering from other illnesses would have to go through.

In 2013 our son was still under our insurance-TRICARE. We went through the provider list, and also googled the providers listed to find a psychiatrist. None of the providers on the list called us back, and didn't have good reviews. We ended up paying out of pocket to get our son seen. Until our son came off of our insurance in 2015, each time he was hospitalized he didn't come home well. He was still very delusional. The insurance wouldn't pay for him to stay longer. He was sent home to my husband and I. Unfortunately, we do not have the skills required to provide care for him. Eventually, he would spiral back into the same state he was in, and be hospitalized to start over again. It seemed as though we were going around in circles.

Once our son was 25, he could no longer be on our insurance, and was put on Medicaid. Our son never saw the same provider twice. There is an extremely high turn-over rate for providers that take Medicaid in Colorado Springs, not to mention it's hard to find someone that takes Medicaid. Our first dealings with Medicaid, was when our son couldn't attend a day-treatment program. He went one day and the facility discontinued taking Medicaid for the day program. My son was devastated. Not too long after that, he was right back where he started.

From the end of 2015 till September 2017, our son got to the point where he could work. He was taking an Invega injection. The moment he started making enough money to be on his own, Medicaid went away and the insurance he had would not pay for the shot. We couldn't afford to come out of pocket for the monthly injection. After finding something that finally worked, we couldn't afford to pay for it. Again, he went downhill.

In September 2017, his mania had become out of control. He was hospitalized on four different occasions. Each time it was no more than a few days. In October 2017, he began threatening behavior. We contacted the hospital he was in and pleaded with them to put our son on court mandated medications. We also sent the hospital a time-line going back 2009. We were told this was impossible to get him on court-mandated medications. Instead of keeping our son to avoid him or anyone else being in danger; they released him. Their reasoning why he was released was; he denied any suicidal/homicidal ideations; he made several statements about needing a place to stay until he got on disability; and was making racial remarks toward patients on the unit, and the team decided he was at his baseline. Unfortunately, the team was mistaken. He has delusions that he has children, he has no children. For whatever reason, when his mania is out of control, he goes after his friend from high school that currently lives in Florida. After he was discharged, our son went to straight to Florida, he called the police on his friend and told them his kids were being sexually abused by his friend. The little kids were pulled out of their home for a welfare check. This scared not just the kids but the entire family. On 3 November 2017, after driving back from Florida, my son broke into my house and took my husband's rifle. He proceeded to go out in the street and started to change his clothes (down to his underwear). He began banishing the rifle, stating he was going to rid the world of pedophiles. He was arrested and released around 12 Dec 2017. Still very delusional. On 26 December 2017, he thought his

daughter was in a local restaurant. He approached the child, and started talking to her as if he was her father. He was thrown out of the facility. He bashed in the window, cutting someone in the process. My son didn't use a gun to bash in the window and hurt someone. He used his legs. He is currently in jail.

Insurance companies, mental health facilities, and hospitals don't care about mental illness. It's all about making money. My son could have killed someone. I have worked with mentally ill people. They say all kinds of things. I find it very disturbing that providers/staff at an inpatient mental health facility are treating people, and they obviously don't know that mentally ill patients say all kinds of things, not to mention, they have delusions of grandeur and think they are invincible. In my opinion, my son was released due to the fact they were not making money. It's not about doing the right thing, it's about how much money comes out of it.

I totally understand that people need to make money. At the same time, something needs to be done. We have had so many shootings. Most of them caused by mentally ill people that have not been treated. The priority should be keeping everyone safe, not on how much money is made. If insurance companies, pharmaceutical companies, and hospitals/facilities were not so consumed by making money, situations like what I have experienced could easily be avoided.

Sincerely,

Sharon L. Cantwell

A handwritten signature in black ink that reads "Sharon L. Cantwell". The signature is written in a cursive style with a large, sweeping initial "S".