



**Written testimony in support of HB21-1068 (Insurance Coverage Mental Health Wellness Exam) to the House Health & Insurance Committee by Sarah Barnes, Manager of Special Policy Initiatives at the Colorado Children's Campaign**

- Madam Chair and members of the committee, my name is Sarah Barnes and I am the Manager of Special Policy Initiatives at the Colorado Children's Campaign.
- Thank you for the opportunity to testify in support of HB 1068, and thank you Representatives Michaelson-Jenet and Titone for your leadership on this bill.
- **The Colorado Children's Campaign supports HB 1068** because it will help broaden access to mental health exams for Colorado kids and families, including screenings and connections to services.
- Even prior to the COVID-19 pandemic, many youth in Colorado were facing mental and behavioral health challenges. In 2019, more than one third of high school students reported that they felt sad or hopeless almost every day for two weeks (a hallmark symptom of clinical depression) according to results from the Healthy Kids Colorado Survey.
- Evidence suggests that developmentally appropriate mental health exams for children and youth that incorporate input from parents, caregivers or other trusted adults in the child's life when appropriate, can help support the mental well-being of kids.
- The disruptions, social isolation, and stress of the COVID-19 pandemic have only exacerbated mental and behavioral health challenges for children and families in Colorado. Annual mental health exams, as provided for in HB 1068, are one strategy that can help identify the behavioral health supports and services that children and families need to be healthy.
- We urge your support of HB 1068 as a strategy to increase access to mental health exams for Colorado kids and families. Thank you.

HB 21-1068

Health and Insurance Committee

My name is Megan Marx and I serve on the Colorado Coalition for Parity. I am asking that you support HB 21-1068: Concerning Health Insurance Coverage for an Annual Mental Health Wellness Examination Performed by a Qualified Mental Health Care Provider.

There is a tried-and-true statement that “...an ounce of prevention is worth a pound of cure.” For 100 years annual physical health examinations in America have, without a doubt, prevented and reduced the symptoms of many physical health ailments. Additionally, they allow patients to develop a professional relationship with a physical healthcare provider, someone who establishes a baseline for their physical health. Annual physical health examinations have undoubtedly saved hundreds of thousands of lives since they were widely adopted by physicians around the country in 1920.

A similar model of care does not exist for mental health care. Instead, in America we have a crisis response system for mental health care. This means that, to receive care, an individual must be firmly in the grips of a mental health disorder, that they may have hurt themselves, or others, before they can access care, and that they will undoubtedly require more intensive, more expensive crisis services, delivered over an extended period of time, to get better, if they get better. An obvious example of this reactive policy-driven approach is that insurance coverage is not generally provided for a mental health disorder until the individual qualifies for a specific diagnosis.

HB 21-1086 moves us away from this crisis response system for mental health care by mandating coverage for annual mental health wellness examinations. Much like an annual physical health examination, an annual mental health wellness examination would support the patient in understanding, preventing and/or reducing their symptoms of a mental health disorder. It would also allow the patient to develop a professional relationship with a mental healthcare provider, someone who establishes a baseline for their mental health. More importantly, by connecting patients to providers earlier in the disease process, it would reduce the risk for harm to both the patient and the community. The potential for this approach to improve the health and wellness of Colorado citizens and communities is significant.

It is important to note that this is NOT a new mandate. The federal Mental Health Parity and Addiction Equity Act (MHPAEA) was signed into law in 2008, under President George W. Bush. By implication MHPAEA requires that mental health disorders be treated on par with, or in the same manner, that we treat physical health disorders. This piece of state legislation is intended to assure Colorado’s compliance with that federal law.

While up-front costs are needed to implement this legislation, it is projected to save the healthcare system money over time as people increasingly access mental health care services at a lower level of care, reducing the need for mental health crisis care. It is a relatively small investment now, “an ounce of prevention”, for a large, lifesaving pay-off in the future.

Recent reports have confirmed that overdose deaths and suicides are up. These are not merely statistics, they are moms and dads, brothers and sisters, friends, and co-workers who will never come home again. In the post-Covid delivery of care, treatment and services, prevention and early intervention for mental health disorders is needed more urgently than ever before.

I hope you will see the wisdom in supporting and passing this legislation, and what it will mean for the future of our great state.

Sincerely,

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Written Testimony on HB21-1068  
Insurance Coverage Mental Health Wellness Exam

House Health and Insurance

May 5, 2021

Ray Merenstein, Executive Director

NAMI Colorado

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Madame Chairwoman and Members of the Committee. My name is Ray Merentein and I serve as Executive Director of NAMI Colorado. The National Alliance on Mental Illness is the nation's largest grassroots mental health organization. Today I represent the voices of those we serve, the thousands of individuals struggling with mental illness and their families who are impacted. NAMI's mission is to build communities of recovery and hope by educating, supporting and advocating for individuals affected by mental illness and their families. On behalf of us, our affiliate and those we serve, we offer our support of HB21-1068. Before we continue, I would like to thank the bill House sponsors, Representatives Michaelson Jenet and Titone, and the Senate sponsor, Senators Moreno.

NAMI, as noted, is grassroots. For this reason, I want to take you on a journey across our state and share the impact of this bill through a few stories. The first narrative begins in Colorado Springs where our affiliate works with parents and grandparents who are involved in the foster care system or adoption. Many of these children or young adults may experience reactive attachment disorder (RAD) or other behavioral challenges – some very serious. A mental wellness exam can result in this diagnosis rather than letting it go unnoticed or linger without any early intervention. Organizations like NAMI, and our community health centers, stand at the ready to assist individuals and their family members should a mental illness be diagnosed. Free and proven programs such as NAMI Basics, NAMI Family to Family, or NAMI Peer to Peer exist to provide support pathways to holistic wellness.

Let's move Southeast of Colorado Springs, toward Pueblo or Fremont county. Here, as many of you heard at last week's testimony from Federally qualified health centers and pharmacies, there are gaps in access to care that could be overcome simply by expanding certain coverage. In the case of mental health, this bill would allow more residents to get coverage for mental health exams, particularly because the bill lists a range of clinicians who qualify as the covered provider.

Travel now, North on I-25 to Boulder. There a recent college graduate has returned to Colorado, just before the start of the pandemic. Originally wanting to live alone as she studies for admittance to graduate school, she now risks growing anxious or depressed as a result of extended isolation from COVID. Unaware of any signs or symptoms, and not having the kind of coverage for a mental wellness check or telehealth, she continues to remain undiagnosed. She is thus unaware that she could access services that may ease the burden, prevent deeper levels of clinical anxiety or depression, and keep her physically and mentally healthy.

The issue is also deeply personal. My youngest child was born with a rare genetic disorder, Pfeiffer Syndrome. We are blessed by the multidisciplinary clinic at one of the nation's top Children's Hospital here in Colorado. Included in her care over the years was a referral to the pain clinic that includes an onsite psychologist who still visits with my daughter on a recurring basis. In essence, it is part of her mental wellness checks. We have insurance, but there is no mental wellness check that covers this. We have to pay the deductible and facility fee with each visit. We do because we can. But so many others can't even get that first visit because it's not covered.

My daughter is a thriving middle schooler participating in youth group, dance and Denver Children's Choir. She's an example of what can be achieved when attention to the physical well-being is matched with attention to the mental well being. But it shouldn't take a complex genetic disorder to ensure of a child's mental wellness, or anyone's for that matter. Insurance coverage for mental health exams puts mental and physical on a parallel path. That is the step toward parity we need.

Still, stories carry far beyond geography or age, but into other vital demographics. What I've presented this far are the heart stories - the emotion. But there is also the data side of the story - who is or who isn't accessing care. What the cost is to society of not accessing care. And, how early intervention can flip this trajectory.

According to the National Institute of Mental Health<sup>1</sup> there are numerous demographic gaps in access to mental health care.

- In 2019, among the 51.5 million adults with any mental illness, only 23.0 million (44.8%) received mental health services. That's only about 4 in 10.
- When it comes to males, the percentage drops below 40 percent, a figure approximately the same for young adults aged 18-25 and persons of color.

These are the stories of access and affordability. These are the calls for de-stigmatization and for equity. It is time we steer more Coloradans toward the path of discovery, diagnosis, intervention and prevention.

The list of mental illnesses is long, the list of those not receiving mental health exams need not be long as well. In fact, with your support of 1068 we can take dramatic steps to shorten that list.

Thank you.

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<sup>1</sup> <https://www.nimh.nih.gov/health/statistics/mental-illness>

**House Health & Insurance**

**HB21-1068 Insurance Coverage Mental Health Wellness Exam**

**Typed Text of Testimony Submitted**

<b>Name, Position, Representing</b>	<b>Typed Text of Testimony</b>
<p>Jenny Stafford For GE Johnson Foundation</p>	<p>As the Director of the GE Johnson Foundation, small business owner, military spouse, and mother of two school aged children, I urge you to support insurance coverage for an annual mental health exam for Colorado citizens.</p> <p>Professionally, I have the privilege of working with coalitions of funders, civic leaders and medical experts to improve the systems in the Pikes Peak region that support mental health care and substance use disorder. The overwhelming majority of funds - both philanthropic and public - that are spent on these areas are downstream, and often at the extreme downstreams of criminal justice, emergency departments and ICUs.</p> <p>From highly costly physical diseases like Type 2 diabetes and heart disease, we know from common sense and research that individuals and society are better served when we work proactively as far upstream as possible. But unlike an annual wellness exam that is now encouraged (or even required) by most insurers, there is no simple point of entry for prevention for mental health for the majority of citizens in our state.</p> <p>This bill would begin to change the tide and provide a low-cost, high impact point of access for our citizens to assess their mental wellness on an annual basis, and, if needed, receive the professional referrals for specialized care if necessary. Like the early signs of Type 2 diabetes or heart disease, the majority of mental health needs can be improved without costly inpatient care.</p> <p>This bill will be a huge leap forward towards mental health wellness and prevention in our state, which ultimately can save us millions of dollars, and more importantly, many lives.</p>
<p>Anoushka Jani For</p>	<p>Hello, my name is Anoushka Jani and I am a junior at Legacy High School. I am a part of multiple youth-led organizations across the state, such as</p>

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<p>Self</p>	<p>Broomfield Youth 4 Youth, the Colorado Youth Congress, and Rise Above Colorado, that focus on improving youth mental health in Colorado. As a high school student, I have personally experienced stress and anxiety, and witnessed close friends struggle with their mental health. However, most youth do not ask for help. They are not able to identify potential issues with their mental health nor do they know how to access mental health care related resources. The pandemic has exacerbated the mental health situation amongst youth due to social isolation, remote learning and other structural disruptions. According to Mental Health America, Colorado’s overall Youth Ranking is 42nd/51 in 2021. States with rankings 39-51 indicate that youth have higher prevalence of mental illness and lower rates of access to care. With suicides and mental health struggles on the rise for youth in Colorado, it is imperative that they have access to resources such as mental wellness exams that are covered by their insurance. Being able to identify mental health issues at a younger age equips youth with the tools they need to take care of their mental health as they enter adulthood and through the rest of their lives. I urge you to vote yes on this bill in order to reduce barriers to access care and to help protect the mental health of Colorado youth and adults alike.</p>
<p>Andrew Rose  For  COMBINE - Medicaid mental healthcare workers</p>	<p>Chairwoman Lontine and Representatives,</p> <p>Opposition argues that the current annual physical includes a 'depression screening,' meeting parity. This screening is not on par with an annual physical exam by a medical practitioner. BH providers routinely perform 90 minute psychological assessments that medical providers outside of psychiatrists do not routinely practice.</p> <p>Besides depression, PTSD is prevalent and impacts relationships and work life pervasively. A mental health examination could include a report of symptoms, family history, an addiction screen, disordered eating screen, attachment inventory, ACE measure, a PTSD scale including sexual assault, domestic violence, racial trauma, workplace history, justice involved trauma, and medical and dental trauma histories, and an anxiety scale.</p> <p>Substance use disorder, anxiety, and PTSD are treatable, sometimes without medicine, and their epidemic prevalence could be addressed. An annual exam in following years, after an initial exam, could be less extensive. Besides screening and assessment, an annual mental health examination could offer psychological education.</p>

	<p>There’s evidence that requirements on medical providers to screen for mental disorders have not yielded optimal results.</p> <p><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181625/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181625/</a></p> <p>“only half the patients with a threshold disorder are recognized; only half of those recognized are treated; and only half of those treated are effectively treated.”</p> <p>“To illustrate, when patients complain of persistent sleep problems, they may receive, according to their doctor's diagnostic workup, the diagnosis of a sleep disorder (insomnia) and a prescription for hypnotics. Alternatively, their doctor may notice that the sleep problems have occurred together with a wide range of persistent depressive symptoms over the past 3 weeks, which justifies the diagnosis of major depression (MD), prompting some counseling and a prescription for antidepressants or even referral for psychotherapy.</p> <p>“Sleep complaints could be a sign of a disorder like insomnia or depression, but exactly the same symptoms could also be present in transient unhappiness or distress. Thus, the borderline between symptoms due to unhappiness or distress, on the one hand, and symptoms due to threshold mental disorders, on the other, is often indistinguishable.”</p> <p>We ask for your support for this important measure.</p> <p>In regards,          Andrew Rose          Policy Advocate, COMBINE  <a href="http://combinebh.org">combinebh.org</a></p>
<p>Brittany Greiert          For          Colorado Society of School Psychologists</p>	<p>The Colorado Society of School Psychologists is in support of HB21-1068. Providing coverage for an annual mental health wellness exam will support not only the individuals who receive this exam but also their families, workplaces, and society as a whole. CSSP represents school psychologists from across Colorado who support the academic, social, and emotional needs of children and young adults. As part of this work, we partner closely</p>

	<p>with families, educators, and community providers to ensure that children have the supports they need at home, school, and within the community. Healthy child development relies on close, supportive relationships with the adults in their lives. When adults are struggling with their own mental well-being, they are often unable to promote environments for children to thrive. All too often, families come to school psychologists seeking support for their own mental health or share personal mental health concerns that may have an impact on their children. Further, school psychologists have seen first hand the emotional toll that is taken on teachers and other adult professionals who support the academic and social emotional development of children; particularly throughout the pandemic. In order to educate academically successful, healthy, and emotionally well children it is critical that the adults in their lives are able to address their own mental health needs. The preventative approach outlined in this bill is key to achieving this goal. We ask that you vote yes on HB21-1068.</p>
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