MENTAL HEALTH COLORADO

Support HB 19-1269: Concerning measures to improve behavioral health care coverage practices

Our nation—and state—is in crisis:

- More than one million Coloradans experience mental health or substance use disorders each year. Yet half of them—and 1 in 6 Medicaid recipients—don't get the mental health and substance use services they need.
- Suicide is the number one cause of death for Coloradans age 10-24, and more than 1 in 6 Colorado high schoolers have seriously considered suicide.
- People are more likely to die from a drug overdose than an automobile accident.

Why aren't people getting the care they need?

- Current state and federal laws require insurance carriers to provide coverage for mental health or substance use disorders that is equal to physical care. It also requires they maintain adequate networks of behavioral health providers.
- Yet countless families are denied coverage, denied treatment, paying out of pocket, or being put on waitlists for weeks—or months—for care.
- Coloradans go out of network seven times as often for behavioral health treatment as for physical care, and behavioral health providers get reimbursed 30% less than physical health providers.

This act will:

I. **Modernize** our behavioral coverage laws to align with medical practice and increase access to needed services. There is more to someone's mental health than a list of 16 diagnoses.

II. **Strengthen prevention and screening laws** to shift our system away from expensive late-stage treatment to early intervention.

III. **Ensure enforcement and transparency** of existing state and federal parity laws and **increase consumer protection.**

IV. **Eliminate gaps and loopholes** in current law to ensure no more Coloradans fall through the cracks.

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Families shouldn't have to declare bankruptcy to get their loved ones care

We've heard from:

- Parents who paid over a quarter of a million dollars for treatment for their teenage son—their entire retirement savings.
- A family who is $85,000 in debt after their private insurer denied care for their 23-year old because she was "too motivated" in her treatment.
- A single mother who pays thousands of dollars out of pocket every year for care for her adopted child, who first expressed suicidal ideation at the age of 4.

The state—and nation—are losing money:

- When insurers fail to pay for mental health and substance use services early, the state pays later.
- The average cost of housing a level one offender in Colorado's jails is more than $28,000 per year.
- Early intervention services for children with mental illness can result in hospital cost savings of nearly $3,000 per child.
- Depression causes $2 billion in U.S. economic burden and is the leading cause of disability worldwide.

But there is some good news: a recent study from the World Health Organization indicates that for every U.S. dollar invested in treating depression and anxiety, there was a $4 return in better health and ability to work.

Supporters

Advocates for Recovery Colorado
The Arc Colorado
Children's Hospital Colorado
Chronic Care Collaborative
Clayton Early Learning
Colorado Center on Law & Policy
Colorado Child & Adolescent Psychiatric Society (CCAPS)
Colorado Children's Campaign
Colorado Coalition on the Homeless
Colorado Coalition for Parity
Colorado Criminal Justice Reform Coalition
CBHC Colorado Behavioral Healthcare Council
Colorado Medical Society
CMYN Colorado Mental Wellness Network
Colorado Providers Association
Colorado Psychiatric Society
Colorado Psychological Association
Disability Law Colorado
Healthier Colorado
NASW National Association of Social Workers Colorado Chapter
Summit County
Signal Behavioral Health Network

Colorado Society of Addiction Medicine
A Chapter of American Society of Addiction Medicine

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RE: Support for HB19-1269

On behalf of the Colorado Society of Addiction Medicine (COSAM), representing Colorado's physicians and other clinicians who specialize in the treatment of addiction, we support HB19-1269, "Mental Health Parity Insurance Medicaid." We specifically support sections 10-16-148 and 25.5-5-422 concerning access to medication-assisted treatment (MAT). MAT, accompanied and provided in conjunction with evidence-based psychosocial services and recovery support interventions, is high-quality and comprehensive treatment that saves lives.

We applaud the authors of this legislation for addressing prior authorization, which creates barriers affecting both patients and prescribers. Over 90% of physicians report prior authorizations can delay treatment for patients and negatively impact patient outcomes. In addition, 78% of physicians report that the prior authorization process can lead to patients abandoning treatment.[1]In the case of addiction, it is imperative to stabilize patients when they present themselves for treatment and non-evidence-based utilization controls can inappropriately force patients to either wait for or forgo treatment entirely.

Submitting prior authorizations is also burdensome for physicians. Medical staff spend an estimated 20 hours per physician per week interacting with health plans,[2] leading to increased overhead costs and uncompensated workload, as well as time not spent with patients.

These sections also prohibit step therapy which can prevent physicians from prescribing the most appropriate medication for their patients. Step therapy requires patients to fail treatment before the most clinically appropriate medication can be prescribed. The American Medical Association (AMA) recommends against step therapy protocols.[3] In the case of substance use disorders, relapse can lead to a fatal overdose.

COSAM's national organization, the American Society of Addiction Medicine (ASAM), represents over 6,000 physicians, clinicians, and associated professionals in the field of addiction medicine. This legislation is aligned with ASAM policy. Please do not hesitate to contact me if you have any questions or requests for additional information.

Sincerely,
Stephanie B. Stewart, MD, MPHS
Stephanie.Stewart@ucdenver.edu

References:

[1]American Medical Association. 2017 AMA Prior Authorization Physician Survey. AMA website. https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/arc/prior-auth-2017.pdf
[2]Morra D, Nicholson S, Levinson W, Gans DN, Hammons T, Casalino LP. US physician practices versus Canadians: spending nearly four times as much money interacting with payers. Health Aff. (Millwood). 2011;30(8):1443-1450. doi: 10.1377/hlthaff.2010.0893.
[3]American Medical Association. Prior authorization and utilization management reform principles. AMA website. https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/principles-with-signatory-page-for-slsc.pdf

Dear Madame/Mister Chairman.

My name is Kathy Partridge, of 2719 Denver Avenue in Longmont. I have come here to testify in support of HB19-1269, Mental Health Parity Insurance. I wish to share my family's painful story in hopes that other families will not have to go through what my family did when our insurance company refused to cover hospitalization for a family member in crisis, in spite of doctors' wishes.

It was October of 2010. Our loved one was a promising, successful sophomore in college. Until one morning when I received a call from their apartment mate that she was acting strange.

My loved one was hospitalized for a week at the Longmont United Hospital, while the staff tried a number of treatments, and then started a second week as continued efforts were recommended by the staff. Though our insurer had certified service the first week, we learned after four days that they denied coverage for those days, and for any future inpatient care.

Their letter claimed that care was medically unnecessary, that there were "no behaviors that place the patient or others at risk,' based on a phone call by their reviewer with the hospital psychiatrist. On the call the reviewer had described how discharge would endanger the patient. In her appeal, she expressed her shock that the insurance company doctor had raised no concerns, saying she was unable to imagine "why he would have kept them to himself when the patient and family were suffering so."

With heavy hearts we agreed that the only course of action was a discharge, with orders for 24 hour supervision. I made an appointment for two days later with a psychiatrist at an expensive pay-out-of-pocket residential treatment program. My spouse and I reasoned that we could mortgage our home to cover the anticipated costs as well as the already accrued hospital bill.

Within the first fifteen minutes of consultation with my loved one, the psychiatrist concurred with the original reviewer's grave concerns about suicidal ideation, and ordered immediate re-hospitalization.

Following this, our insurance company then certified re-hospitalization at the same hospital, under treatment of the same psychiatrist. The course of treatment developed was successful after two more weeks of hospitalization and several months of intensive treatment, all of which were covered by our insurance company.

Why was the company's reviewer entitled to override our doctor, resulting in my loved one discharged in spite of the threat of suicide? I am so lucky that she lived and has now recovered.

This was not the end of the story. Before our company agreed to pay for those denied days of coverage, we had to initiate a panel review of the refusal!

I still feel the hurt, the stress and the anger, and hope that no other Colorado families will have to go through what we did.