



February 21, 2022

Regarding HB24-1005

As a Medicaid mental health care advocate and clinic operator, I am acutely aware of the provider shortage and difficulty in meeting today's mental health care demands.

While COMBINE is neutral on this bill at the moment, we are generally concerned when we see bills that address the shortage on the medical/surgical side that do not address similar shortages for mental health care.

Many of the provisions in this bill are desperately needed in mental health care. We need access to contracts and prohibitions on narrow networks. We need a reimbursement schedule. We need cost of living adjustments and competitive rates. We need continuity of care when a provider leaves a place of employment. They must be allowed to continue seeing their clients.

This bill, similar to 093 Continuity of Care, does some heavy lifting that we are grateful for. However we are here today to remind legislators that MHPAEA Parity is not just a good idea, it is the law of the land. When access is improved for physical health care, please remember to include mental health care.

Additionally we are concerned about the requirement that providers participate in Alternative Payment Models.

The concept of "Alternative Payment Model" (APM) has been widely promoted as a transformative approach to healthcare financing, aimed at reducing costs while improving care quality. However, evidence regarding the efficacy of APMs in containing healthcare costs is decidedly mixed. A study published in the New England Journal of Medicine in 2021 analyzed various APMs, including Accountable Care Organizations (ACOs) and bundled payment models, and found that the cost savings were modest at best. In some cases, these models did not significantly reduce spending compared to traditional fee-for-service models. This raises questions about the overall effectiveness of APMs in achieving their primary goal of cost containment.

Furthermore, a report by the Medicare Payment Advisory Commission (MedPAC) in 2022 highlighted that while some APMs showed potential for cost savings, these savings were not consistent across different settings and patient populations.

The complexity and variability in the design of these models often led to inconsistent implementation and outcomes.

For instance, smaller providers sometimes struggled with the financial and administrative burdens of APMs, leading to concerns about their sustainability and ultimate impact on healthcare costs. These findings suggest that while the idea of APMs is promising, there is a significant gap between the theoretical benefits and the actual results observed in practice, casting doubt on the widespread adoption of "Alternative Payment Model" as a definitive solution for cost containment in healthcare.

In regards,

Andrew Rose LPC  
COMBINE, Policy Committee Chair

House Health & Human Services

02/21/2024 01:30 PM

HB24-1005 Health Insurers Contract with Qualified Providers

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
<p>Cory Gaines</p> <p>Against themselves</p>	<p>My name is Cory Gaines. I'm a lifelong resident of Colorado. I'm writing today on my own behalf and I write in opposition to this bill.</p> <p>I read in a Jan 18th article by The Sum and Substance that Representative DeGruy Kennedy had put forth HB 24 - 1005 as a legacy, as something he sees as "...long-lasting improvements to the state's health care system."</p> <p>I take a different view on this bill. I don't imagine that Rep DeGruy Kennedy is intending ill with this bill, but I think his bill will not involve long-lasting improvements.</p> <p>This bill is, in fact, another overreach by the state government. It is in keeping with a trend citizens of Colorado have seen too much of lately: huge decisions being given to unelected (and unaccountable) government officials.</p> <p>I think it is reasonable to argue how much government interference in society and the market we should have, and how much this intervention/intrusion has helped or hurt, but no reasonable individual would argue that the government stepping in on private affairs is consequence free and always a good thing.</p> <p>This is a step, therefore, that should be undertaken with care to avoid creating a whole slew of new problems. It is also a step that should allow for those that get affected to be able to speak up and/or ask for solutions to the inevitable problems that will occur.</p> <p>When you send weighty matters like healthcare and health insurance to a single office in state government, tasking a single unelected official to make decisions like these, you are setting this program up for difficulties.</p>

	<p>One single individual, who is not accountable to the public, will not be responsive to the needs and wants of the diverse groups of consumers across this state. The same can be said for providers. He or she cannot possibly create a program that fits everyone. If and when problems in this individual's decisions come up, how sure can we be that consumers and their needs will get heard?</p> <p>No. A single official, a political appointee, will be responsive to the person and the party that put him or her in that job. He or she doesn't need to talk to people--their job doesn't depend on it.</p> <p>I urge this committee to tell the sponsor that the idea of being able to keep your primary care doc when you switch jobs is a good one, but the mechanism of this bill goes about it in the wrong way. I urge a no vote.</p>
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