

Jennifer Cook
Testimony on HB 2459
House Insurance Committee
February 10, 2020

Mr. Chairman, members of the Committee, thank you for hearing HB 2459, the Kristi L. Bennett Mental Health Parity Act. And thank you allowing me to share Kristi's story with you today.

My name is Jennifer Cook. I am Kristi Bennett's oldest sister. Kristi was seeking to enter a treatment facility...any facility that would accept her insurance. My sister, Stephanie Bennett, contacted Blue Cross/Blue Shield of Kansas during the middle part of April to seek the approval to have Kristi admitted to a facility in Austin, Texas that had a room available for Kristi. Stephanie obtained approval from BCBS to have her admitted and she purchased Kristi a plane ticket for Austin to leave the evening of April 16, 2019. The morning of April 16th, the facility from Austin contacted Stephanie and said that BCBS backed out on their approval since this is an 'out of state' facility.

Kristi had repeatedly tried to get help in other local facilities. She was pushed away, being told she didn't meet the emergency criteria...such an attempted suicide...to be admitted. She was told this at least three times from different facilities.

My sister decided to attempt suicide the night of April 18, 2019 with the intent of being found by her sister in the next room. She hoped to meet the criteria set by some set of persons in order to be treated for alcohol and depression. She indicated to a friend this was her plan. We listened to those last phone calls when she discussed what would be a lethal dose of Welbuterin and her intention to use less. On those calls she was making future plans. She did not intend to kill herself. She was desperately trying to meet the demands of the insurance company to qualify for help. Kristi died sometime during the early morning of April 19th, 2019.

The system failed my sister. My sister paid her premiums every month and they failed her. She died trying to get help. She would have turned 29 years old on May 17. Stop allowing our young people to die because of the quest to maximize insurance profits.

If you were to break an arm or a leg you would just go into the ER and get it fixed, because that's what we do. If your doctor prescribes medicine for high blood pressure or diabetes, your insurance pays for the prescription for the rest of your life, it would be unthinkable for the insurance provider to tell you that you've had enough medicine, we are taking you off now... fend for yourself. You don't have to have a heart attack before you can access treatment for a cardiac condition. Yet Kristi had to attempt suicide before she could get coverage for her depression.

House Bill 2459 treats mental health and substance abuse the same way we treat physical ailments.

Why are there limits on the number of counseling sessions? Would you be limited to only 6 insulin shots if you were a diabetic?

These counseling sessions could save someone's life. Simply just talking to a professional and allowing them to use their expertise to help them would be so beneficial to someone suffering from a mental health problem.

A new report released by the independent actuarial firm, Milliman confirms that insurers have failed to adequately cover lifesaving care "even as U.S. life expectancy declined over the past three years, primarily due to overdoses and suicides." The report goes on to reveal that "more than 70,000 Americans died of overdoses in 2017, yet insurers spent only 1% of their total health care dollars on treatment for substance use disorders — a decrease from two years earlier."

In a television interview in Wichita, Dr. Rachel Brown of the KU School of Medicine said this bill not only will save lives, but will also save the state millions in health care costs. She said that "we as professionals

and the organizations that we work with spend a lot of our time with insurance companies trying to get our services reimbursed and those kinds of authorizations take time, they take effort, they take people. The more providers will come into the system when insurance companies let people get help and the recommendations of the medical professional are what determines treatment.”

While trying to help Kristi, we called many providers in the area that were on the recommended list that Blue Cross had. There is actually not a shortage in outpatient providers. The problem is that more and more are going to private practice. There is a decrease in providers who work with insurance companies because of the hassle of dealing with paperwork and the continuing demand that they - the medical professionals - have to justify every decision, that they are second-guessed every time they try to help someone in need of care.

Leslie Thacker is a clinician that is licensed in Kansas. She has worked inpatient for children (PRTF), addiction treatment for adolescents (ACT), community mental health (Family Guidance Center), inpatient at Osawatomie State Hospital, intensive out-patient for adults and adolescents (Research Psychiatric) and currently for a for profit hospital (Cottonwood Springs).

Leslie told me that the insurance barriers to receive quality care are the same regardless of whether they were community mental health centers, state facilities, or for profit facilities. Many insurance companies will only authorize one to three days for stabilization after which the treatment team (Psychiatrist, Therapist, Clinical Director and Nurse) “have to word our documentation in order to ‘justify’ treatment. Many doctors do not want to take their limited time to call and do a peer review despite knowing the patient is still depressed, psychotic or unable to function.”

When a patient is released, he or she may be stabilized for the moment but the underlying issue has not been addressed. As a result, they are likely to be back again and again.

Thacker says,

“Our particular ‘Acute Care Hospital’ is fighting for days the minute the patient is admitted. We hear from utilization review every morning who has ‘days’, who doesn’t have ‘days’, who is self-pay, whose insurance has refused to pay for more time despite justification for more time. Stabilization rarely takes place in 3-5 days. Medications do not even start to work until about a week in and they often need to be changed because they are not effective. Patients are just starting to feel somewhat normal on day 3 and we are already trying to get them discharged because the insurance rules how long they are covered.”

Thacker goes on to say,

“In my opinion no clinician or psychiatrist should be made aware of how many days the patient is ‘approved’ for. It creates a pressure and an ethical dilemma when that patient is NOT stable but we have to fight for more days. The patient may not meet the criteria for inpatient treatment any longer, but they are still psychotic, they are still depressed, their anxiety is not under control and we have to discharge because inpatient criteria is not met. We see many re-admissions which are costing insurance companies more money. Often the patient was not stable, depression was not cleared up, they are still actively paranoid or psychotic. Safe living arrangements were not able to be made due to the short amount of time to find placement.”

Rob MacDougall, the Director of Emergency Services for Johnson County Mental Health Center, told me that Private therapists are switching to a self-pay model due to inadequate reimbursement rates and the administrative complexity of billing insurance. “The threshold of inpatient treatment emphasizes imminent harm to self and/or others while minimizing historical needs or risk factors. This is driven by

insurance reimbursement, but even uninsured are held to this standard. The threshold for involuntary is resulting in family, and those providing services, wondering if I have to wait for them to kill themselves or someone else before they can get help.”

Today, insurance companies impose strict requirements as to who gets what care - not the doctors and not the insured paying the premiums. This has to change. My sister fell through the cracks. She was turned away on numerous occasions because she had not attempted suicide. Essentially her insurance company rejected her pleas for help. We have to do better. It's time to put insurance profits aside and fight this epidemic. We cannot save Kristi now, but her death can be an example to others. It is the goal of Kristi's family to help save other lives. “Kristi's Act” is a very good place to start.

Thank you.