



Proponent Testimony
HB 443 – Mental Health Parity

Presented by Bill Resch, MD
Ohio Psychiatric Physicians Association
to the Ohio House Health Committee

Chair Lipps, Ranking Member Boyd, and members of the House Health Committee, my name is Dr. Bill Resch. I am testifying on behalf of the Ohio Psychiatric Physicians Association (OPPA), a statewide medical specialty organization representing more than 1,000 physicians who specialize in the diagnosis, treatment and prevention of mental illnesses, including substance use disorders.

I appreciate the opportunity to provide proponent testimony on House Bill 443 today. There are three main items that this legislation accomplishes in order to strengthen mental health treatment in our state.

1. Align Ohio Parity Law with Federal Parity Law
2. Implement Reporting Requirements to Enhance Accountability
3. Prohibit Utilization Management Barriers for Substance Use Disorder Treatments

I would like to address each of these parts of what HB 443 does in more detail to explain why Ohio needs these reforms.

First, HB 443 would require health benefit plans to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). The MHPAEA states that health insurers must provide coverage for the treatment of mental health and addiction that is equal to the coverage provided for physical illnesses and conditions. My colleagues across the state and I are working hard to help our patients. We work long and busy days due to rising death tolls from the concurrent opioid and suicide epidemics and currently, many unexpected changes due to the coronavirus pandemic. Unfortunately, despite the enactment of the Federal Parity Act, Ohio law has unclear areas that continue to permit plans to exclude mental illness from coverage by requiring coverage only for a handful of mental health diagnoses, which have arbitrarily been labeled “biologically based.” This is out of touch with medical science as all mental illnesses are brain disorders, and it is not in line with the intention of the Federal Parity Act.

We see many areas in which patients with mental illness and substance use disorders face insurance limitations that people with physical health diagnoses do not. An important example of this is the practice of quantitative limits on physician office visits and hospital stays. The plans that many patients have in Ohio, even when they have chosen plans specifically because they afford mental health benefits, have arbitrary rules stating how many physician visits they will cover for treatment of a mental health condition. Because of this, an outpatient physician who sees a patient frequently because of illness exacerbation may be denied payment for a claim and told that they have already seen the patient for the allowable number of times that year. An inpatient physician who is treating a patient who was doing poorly enough to be hospitalized for their mental illness may be denied payment for hospital days subsequent to an arbitrary cut off number. These denied claims, as well as prior authorization requirements and other administrative burdens, are reimbursed for behavioral health specialists nearly 25% less than for primary care. This all results in poor care for patients, and frequently, in lack of access to care as more and more physicians opt out of insurance panels because they will not practice under limitations that they know will result in substandard care.

Ultimately, if individuals are not able to access the mental health and substance use disorder coverage they (or their employer) have paid for we begin to see more and more individuals experiencing untreated mental illness, which can result in job loss, and potentially becoming a part of the public mental health system, which increases the state's Medicaid costs. Or, worse, they could become one of a growing number of individuals who die by suicide in our state.

The second part of what HB 443 does is create a better means to enforce parity with various additional reporting requirements. Plans would be required to report to the Superintendent or Department of Medicaid annually on parity compliance, and then these entities would be subject to additional reporting requirements to provide information on enforcement and compliance with the MHPAEA. These requirements will create a more transparent and accountable environment for all parties involved and prevent discrimination against patients with mental health or substance use disorder needs shopping for health plans or seeking medical help. This is essential to proper parity enforcement in Ohio, following a path laid out by the U.S. Department of Labor for parity compliance, and following in the footsteps of many other states which have addressed this issue in recent years.

Lastly, HB 443 would also facilitate easier access to medically necessary substance use disorder medications for Ohioans in need by:

- Requiring most insurers to cover behavioral health and addiction treatment;
- Prohibiting insurers from imposing prior authorization requirements for medications prescribed to treat substance use disorders;

- Prohibiting insurers from imposing step therapy requirements for medications prescribed to treat substance use disorders;
- Requiring insurers to put substance use disorder prescriptions on the lowest tier of their drug formularies; and,
- Preventing insurers from excluding coverage for substance use disorder prescriptions and other wraparound services on the grounds of them being court-ordered.

People with substance use disorder seeking help must be protected from unnecessary delays and severe financial burden which might keep them from getting treatment. This legislation would make huge strides, and at least 17 other states have taken similar actions to remove prior authorization and other utilization management barriers to access of prescriptions for substance use disorder treatment.

I urge the committee to support HB 443 in order to bring Ohio's laws into compliance with the Federal Parity Act, and enact additional necessary reforms to better mental health treatment in our state. As psychiatric physicians we are relying on the state of Ohio to do everything in your power to make Ohio a leader in parity enforcement so that we are able to provide patients with the care they need and they are able to actually receive it.

Chair Lipps, this concludes my testimony for today. Thank you for your consideration and I would be happy to entertain any questions the committee may have at this time.