



**Senator Sandra Williams**  
**21<sup>st</sup> Ohio Senate District**

**Committees:**

- Energy and Public Utilities –Ranking Member
- Ways and Means – Ranking Member
- Higher Education – Ranking Member
- Insurance and Financial Institutions
- Rules and Reference

**Senate Bill 241 Sponsor Testimony**  
**Insurance and Financial Institutions Committee**  
**January 22, 2020**

Chairman Hackett, Vice Chair Hottinger, Ranking Member Craig, and members of the Senate Insurance and Financial Institutions Committee, thank you for the opportunity to present sponsor testimony on Senate Bill 241.

Senate Bill 241 would require Group Health Plans and Insurers to offer mental health treatment with the same quality, frequency and financial coverage as is afforded to those with physical conditions. Additionally, the bill requires that if a healthcare provider is considered in-network for basic health services, then that provider shall also be considered in-network for mental health services.

The Mental Health Parity Addiction Equity Act (MHPAEA) generally prevents group health plans and health insurers that provide mental health or substance use disorder benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits. Moreover, the MHPAEA prohibits insurers from imposing a cost sharing requirement such as a copayment or deductible for mental health services that is separate from the cost sharing requirement for basic health services.

Insurers have found a way around the provisions of the MHPAEA through Insurance Carve-Outs. Carve-Outs are when health plans subcontract benefits, often for mental health services to other insurers or networks. As a result, individuals struggling with mental health issues are required to pay two separate deductibles and receive strict limitations on treatment or days of coverage. Subsequently, healthcare providers that are considered in-network in a medical plan are not considered in-network in a mental health care plan, resulting in higher co-payments and less coverage for the patient.

According to the Substance Abuse and Mental Health Services Administration, roughly 4.7% of adults in Ohio live with serious mental health conditions such as

schizophrenia, bipolar disorder and major depression. Additionally, only 47% of adults with mental illnesses in the state of Ohio receive treatment from public or private providers. The remaining 53% receive no mental health treatment. SB 241 would update Ohio's mental health parity laws and increase access to treatment by ensuring patients has just one deductible. It is imperative that individuals struggling with mental health issues receive affordable and adequate health care services.

Chairman Hackett, Vice Chair Hottinger, Ranking Member Craig and members of the committee, this concludes my testimony and I will be happy to answer any questions the committee may have.