

Jerry Freewalt
Testimony for the Senate Insurance and Financial Institutions Committee on SB 254

February 12, 2020

Chairman Hackett, Vice Chair Hottinger, Ranking Member Craig, and members of the Senate Insurance and Financial Institutions Committee, thank you for allowing me to testify today on SB 254. My name is Jerry Freewalt and I am the Director of the Office for Social Concerns of the 23-county Catholic Diocese of Columbus. I am here today in support of SB 254 and ask this body to do the same. If enacted this legislation would help to address the unequal treatment and troubling insurance obstacles that many individuals and families face when seeking mental health and addiction services. I know this because I have lived through this unfair process – all because mental health parity was not truly enforced.

Unfortunately, my experience is probably very similar to many Ohioans. I'm married and a father of three children. I have a degree in political science and a master's degree in public policy and management. We attend church on Sundays and pray before our family meals. We are an active family. I coached boy's baseball, flag football, and girls' junior high basketball. One of my boys is an Eagle Scout. We love our children. We consider ourselves a strong Ohio family. But the events four years ago tested our family bond.

My daughter Hannah is a caring person. She volunteered over 500 hours of community service in high school and served on the advisory board of the Hilliard YMCA. I cannot tell you how many adult leaders in the community would come up to me to express their esteem for Hannah. Hannah also suffers from mental illness, particularly depression and anxiety. She experienced childhood trauma brought upon by school peers in the past. We connected her to counseling and she did have two brief hospital stays.

During her senior year, Hannah fell into a major depression which led her to the Ohio State University Harding Hospital for intensive inpatient psychiatric treatment. The typical stay at OSU Harding is 3 to 5 days. She was there for 70 days. Hannah was diagnosed with major depressive disorder, anxiety, and acute suicidal ideation. It was a nightmare for our family to see our daughter suffer.

After a couple of weeks at Harding, the staff said, "We have to tell you we're having issues with your insurance. They don't want to cover any more of her stay here. It's obvious to us she is in desperate need of staying here. We'll try to work it out." Although in a situation such as this, cost is the least of our worries, but I had to ask, "How much does this all cost if my insurance doesn't continue to cover her stay?" They said, "A lot." At one of our family's darkest hour and with our daughters health hanging in the balance, we were force to focus on whether or not our health insurance would cover her condition and how we might pay for her care.

As the days went on with intensive inpatient treatment and medication adjustments, Harding hospital staff recommended ECT treatments as a last-ditch effort. This is Electroconvulsive Therapy whereby the patient undergoes general anesthesia and induced electric shocks to

stimulate the brain. Staff told us if the ECT treatments did not work she would have to be transferred to a residential facility. They also said we would need to work through Franklin County Children Services since we were already running into challenges with our insurance and it would not cover the stay at the residential facility. We learned that for Hannah – even though we had insurance and paid premiums and co-pays – to receive the ongoing medically necessary care she needed, we would have to go to court and relinquish custody to Children Services.

My wife and I were shell-shocked. We're a good family and just wanted what was best for our daughter. I was employed and thought I had "good" insurance that I assumed would provide the necessary coverage for my daughter's illness. Unfortunately, in my situation we were dealing with a mental illness, for which the insurance plan clearly did not view as a true chronic illness and did not intend to treat similarly and fairly. I often think, there is no way they would be denying her treatment if she had cancer, a heart attack or some other physical ailment.

Needless to say, our deliberations were heartbreaking. Facing unknown expensive medical costs from her hospital stay and the untold cost of a residential treatment facility, we had to do what was best for Hannah and our family. We hoped and prayed for the best. Thankfully, on what was going to be Harding's last effort with ECT, they detected a promising chart reading. Hannah showed steady improvement. After several days she was stepped down to outpatient therapy and after a few weeks to periodic counseling and medication. I am happy to say after four years, Hannah is doing fine. She is working, active with her friends and engaged in church activities. She has occasional counseling and takes her medication. I can assure you we had the heavy burden of medical bills to pay, which set our family back financially, but our daughter is alive and well, a loving functional young adult. We are so grateful.

I think it is a shame for any family, who lives by the rules and has insurance to have to go through something like this just to access medically necessary behavioral health services. Why do we treat conditions of the brain so differently than conditions of the heart, lungs and bones?

No doubt this must end. And it's not enough to just rely on the insurance plan's word that they are following the parity law. Greater parity enforcement is needed. The plans must demonstrate compliance by showing their analysis and reporting their findings. Only after a thorough and transparent review of the insurance policies and practices can we have true accountability. And for those who say we don't have a parity insurance problem in Ohio because the Ohio Department of Insurance doesn't get many parity complaints. I would just offer that in the middle of my family's crisis – finding ODI's complaint portal or 1-800 number was my last worry. I suspect many other individuals and families share my views on that.

Chairman Hackett and members of the committee, I stand with the sponsors and supporters of SB 254. The time has come to update and align Ohio law with the federal Mental Health Parity and Addiction Equity Act and enforce it through the bill's transparency and reporting requirements. I respectfully ask this committee to support SB 254 and report it favorably to the full Ohio Senate for a vote.

Thank you for your time and consideration.