



**Proponent Testimony
SB 254 – Mental Health Parity**

**Presented by Ronald Suprenant, MD, MBA, Ohio Society of Addiction Medicine
to the Senate Insurance and Financial Institutions Committee**

Good morning, Chair Hackett, Vice Chair Hottinger, Ranking Member Craig, and members of the Senate Insurance and Financial Institutions Committee. Thank you for your attention today as I testify in favor of Senate Bill 254 on behalf of the Ohio Society of Addiction Medicine. My name is Dr. Ronald Suprenant and I am a specialist in addiction medicine with a practice in the Dayton area. I also serve as an officer of the Ohio Society of Addiction Medicine (OHSAM).

OHSAM is a group of addiction specialists and other providers focused on caring for patients with substance use disorder. OHSAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

I would like to begin by explaining why what SB 254 is seeking to accomplish is so important for patients in need across the state. The Federal Parity Law, or Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires that insurers cover illnesses of the brain, such as addiction or depression, no more restrictively than illnesses of the body. This law was signed by President George W. Bush in October of 2008.

Although Ohio passed its own parity law in 2006, this law has a comparatively narrow scope. In fact, in a 2018 report evaluating state statutes and protection of parity, the Kennedy-Satcher Center for Mental Health Equity in the Satcher Health Leadership Institute at the Morehouse School of Medicine assigned 32 states, including Ohio, a failing grade for ensuring equal access to mental health and addiction treatment.

The alarming truth is that many patients are denied care in times of great need and do not have many resources to reach out to for help at their disposal. The responsibility to enforce parity falls largely on states, and inconsistency is rampant. Ten years after the MHPAEA was enacted, parity remains elusive. Beneficiaries should not have to fight for coverage of critical health care treatment they are entitled to receive by law, but many consumers may not even know their insurance coverage rights for mental health and substance use disorder treatment.

As I am sure you can imagine, the impact on patients can be devastating. According to a report released in 2017 by actuarial firm Milliman, behavioral health patients are four times more likely to go out-of-network for their care, raising the cost of these services.

I personally have patients who have insurance that excludes coverage for their addiction treatment. This creates extreme hardship for some patients. Many insurance companies, including Ohio Medicaid, continue to require prior authorization. It is devastating when these vulnerable patients present a valid prescription from their doctor, but are told they cannot get that prescription filled due to their insurance requirements. Inability to get needed medication can lead to disparagement, relapse, and even death.

Making sure that Ohioans can access mental health and addiction treatment benefits as they are entitled to do through their insurance plans is critical to our efforts to continue addressing the ongoing substance use disorder epidemic in our state.

Shortly after taking office, Governor Mike DeWine created the Recovery Ohio Advisory Council, which developed a report containing policy recommendations for improving mental illness and substance use disorder prevention, treatment, and recovery support in the state of Ohio. Among the key priorities indicated in the report was a recommendation to align Ohio law with federal parity law. This is precisely what SB 254 would do for Ohio's patients.

By updating Ohio's current parity law to align with the federal law, SB 254 would give state regulators a strong means of enforcing parity. In addition, this bill will facilitate easier access to medically necessary substance use disorder medications for Ohioans in need.

This legislation codifies best practices in the treatment of substance use disorder and will help remove barriers that patients are facing when trying to access care. People with substance use disorder seeking help must be protected from unnecessary delays and severe financial burden which might keep them from getting treatment. SB 254 would make huge strides to help 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 before authorizing these prescriptions;
- Requiring insurers to put these prescriptions on the lowest tier of their drug formularies; and,
- Preventing insurers from excluding coverage for these prescriptions and other wraparound services on the grounds of them being court-ordered.

At least 17 other states have taken similar actions to remove authorization and other utilization management barriers to access of prescriptions for substance use disorder treatment.

Our patients need greater transparency and accountability measures, and we must work to prevent insurer discrimination against individuals in need of mental health and substance use disorder treatment. The bill contains reporting requirements which will allow state agencies to better enforce parity amongst the plans. Along with closing loopholes that have allowed for

noncompliance, SB 254 is designed to also encourage greater awareness of the insurance parity rules so that the public knows exactly what their rights are as health care consumers.

Especially at a time when in Ohio and across the country, families are struggling with the ongoing impacts of a substance use disorder and overdose epidemic as well as a rise in suicide rates, state parity enforcement must be a high priority to save lives and reduce costly late interventions. Ohio has taken many big steps to address the ongoing epidemic, but these investments cannot be fulfilled entirely if patients cannot access treatment in a timely and affordable way due to unlawful limitations.

Thank you again for the opportunity to provide testimony today regarding SB 254. If any of the committee members have any questions, I would be happy to answer them now.