

Submitter: Stephanie Stockham-Ronollo

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2455

Dear Legislature,

This topic is so near and dear to my heart that I am unsure of where to start. I am passionate that people who have mental health concerns are able to receive timely and quality mental health services and care. I accept insurance, as well as hiring associate level counselors to offer lower cost counseling, as it is part of value system that people have access to care. Unfortunately, insurance companies are not designed to insure that people receive access to the mental health care they so desperately need. With most insurance organizations having now released their 2022 third quarter earnings, the gap between provider and payer profits continues to widen.

The nation's largest insurers, UnitedHealth Group and Elevance Health, reported profits that were 28 percent and 7 percent higher than the same period last year (comparing 2022 to 2021), respectively. UnitedHealth raked in \$5.3 billion, while Elevance took in \$1.6 billion.

2022 Third-quarter payer profits:

- UnitedHealth Group: \$5.3 billion, up over 28 percent
- Cigna: \$2.8 billion, up over 70 percent
- Elevance Health: \$1.6 billion, up over 7 percent
- Humana: \$1.2 billion, down 20 percent
- Centene: \$738 million, up over 26 percent
- Molina: \$230 million, up over 60 percent

Those that are luckily enough to have insurance resoundingly report that they need to use their insurance to access mental health care. Yet, those of us in the field, counselors, social workers, and marriage and family therapists, know all too well that although our master's degrees require double the credits of other master degrees and our training post degree is comparable to that of a psychiatric nurse practitioner or physician's assistant that our pay is typically half of what these professions take home. While at the same time, we are on the front lines of working with people who are chronically suicidal. We experience the vicarious trauma of working with those on the brink of life and death – daily.

We in the mental health field, as good helpers, leap to help, for wages lower than many people receive after they graduate with a bachelor's degree. While at the same time, accepting insurance, because we care about our clients, the field, and our

country. We witness every day the breaking point for which people are finding themselves. Yet, we receive calls each month from insurance companies wanting to audit our notes trying to find ways to deny people the services they very much need, while all the while threatening to take back the little money we have worked hard for, due to technicalities. Just join any therapist group and you will hear the horror stories. So and so's benefits were confirmed and paid according to their contract, yet a year later we were told they were not in network and the company "clawed" back thousands of dollars that they just don't have. The fact that we work so hard to serve many, knowing at any moment we get the "friendly" call just to remind us to not bill our sessions at an hourly rate (even though when we offer EMDR and exposure treatments, it is unethical to offer less time, as it may leave the client disassociated and not in touch with reality), or they will audit all of our cases over the last year and refuse to pay us while doing so. To say our profession is stressful is understatement. But here is what I don't understand. Aren't the people supposed to make the laws? Why are the laws padding the profit driven insurance companies and not those experiencing mental health crises and the people that serve them? I urge you to pass this bill with every fiber of my being.