

January 28, 2025

Health & Human Services Committee
Colorado General Assembly
200 E. Colfax Ave. OSCC
Denver, Colorado 80203

Re: HB25-1002 Medical Necessity Determination Insurance Coverage

Dear Mr. Chair, Madam Vice Chair, and Committee Members:

The Colorado Center on Law and Policy (CCLP) thanks you for the opportunity to submit written testimony in support of House Bill 25-1002, Medical Necessity Determination Insurance Coverage. CCLP is an anti-poverty organization dedicated to advocacy, litigation, and research on areas including health, housing, income, and food. As such, we are invested in making sure that health insurers fulfill their promise to cover all “medically necessary” care, including behavioral and mental health treatment services.¹

HB25-1002 is an important piece of legislation for ensuring and insuring the best care and best outcomes for Coloradans. This bill will prevent state-regulated commercial health plans from denying “medically necessary” services by allowing those with the appropriate knowledge and training to determine what “medically necessary” means. It also aligns coverage with existing state and federal parity laws.

As a clinical science psychologist, I have extensive knowledge on mental health issues and treatment. The following are several reasons why you should support this legislation:

1. There Exists a High Prevalence of Mental Health Issues Among Colorado Residents.

Coloradans are in need of mental health services. Indeed, more than one in four (26.2%) Coloradans reported experiencing eight or more days of poor mental health in the past month in 2023.² Younger adults (18-50 years of age) are especially at risk, with over one in three adults reporting serious mental health challenges. These rates are greater than

¹ In the interest of brevity and ease of understanding, I will refer to the mental health treatments referenced in this bill (i.e., therapy, service, or intervention) collectively as “mental health services.”

² Colorado Health Access Survey (2023). *2023 Colorado Health Access Survey (CHAS): Mental Health*. Colorado Health Institute. <https://www.coloradohealthinstitute.org/research/2023-chas-mental-health>.

the national average of 23.1% and indicate a greater need for mental health care services among Colorado residents.³

2. Treatments for Mental Health Disorders are Highly Efficacious.

There is robust scientific support for the effectiveness of evidenced-based mental health services for psychiatric conditions. Mental health treatment services provide symptom relief and personality change, reduce the risk for future symptoms, enhance quality of life, and promote healthy functioning at work, school, and in relationships.⁴ Increasing coverage for mental health treatments will promote the utilization of these services, and lead Coloradans to have healthier and more fulfilling lives.

3. Treating Mental Health Issues Costs Less Than Not Treating Mental Health Issues.

The treatment of mental health issues leads to lower total health costs over time for both individuals and insurers. Research shows that the use of mental health services reduces an individual's overall medical costs and decreases overall utilization by decreasing the need for medical services over time. Indeed, those receiving mental health treatment saw a *reduction* in health care expenses of 17%. Whereas individuals who did not receive treatment for their mental health issues saw *increases* of 12.3% to their overall medical costs.⁵

4. Mental Health Services are Underutilized by Coloradans.

In 2023, 17% of Coloradans with mental health care needs went completely without treatment.⁶ This number is likely an underestimate of those who are not receiving meaningful care, as it does not include being under-treated or not receiving the most effective treatment, which is likely to occur when insurers do not cover recommended mental health care services. When asked what was preventing service utilization, Coloradans identified “cost” and “insurance coverage” as the second and third largest barriers to obtaining mental health care.

³ Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report>.

⁴ American Psychological Association. (2012). *Resolution on the effectiveness of psychotherapy*. Retrieved from <https://www.apa.org/about/policy/resolution-psychotherapy>.

⁵ Chiles, J.A., Lambert, M.J., & Hatch, A.L. (2002). Medical cost offset: A review of the impact of psychological interventions on medical utilization over the past three decades. In N. A. Cummings, W.T. O' Donohue, & K.E. Ferguson (Eds.), *The impact of medical cost offset on practice and research*. Reno, NV: Context Press; Linehan, M.M., Comtois, K.A., Murray, A.M., Brown, M.Z., Gallop, R.J., Heard, H.L., et al. (2006). Two-year randomized controlled trial and follow-up of dialectical behavior therapy vs therapy by experts for suicidal behaviors and borderline personality disorder. *Archives of General Psychiatry*, 63, 757-766. DOI: 10.1001/archpsyc.63.7.757.

⁶ Colorado Health Access Survey (2023). *2023 Colorado Health Access Survey (CHAS): Mental Health*. Colorado Health Institute. <https://www.coloradohealthinstitute.org/research/2023-chas-mental-health>.



Insurers that offer health plans that guarantee coverage for mental health care services, but deny reimbursement for treatment that is recommended by a health care professional, endanger the mental, financial, and overall health of our residents. Support for this bill will protect Coloradans from these threats to their well-being by holding insurers accountable not only to their promises, but also to federal and state law. Given the increased need for, and effectiveness of, mental health services, and its association with decreased overall medical costs long-term, it is imperative that we improve access to mental health care by reducing costs to the individual and improving insurance coverage for mental health services. By supporting fair standards in mental health coverage, you place Coloradans on a path to a better quality of life.

For these reasons, CCLP emphatically urges the Health & Human Services Committee to vote yes on HB25-1002. Thank you for your time and attention.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Mansion", is positioned below the closing.

Andre D. Mansion, PhD, JD
Associate Health Policy Director
Colorado Center on Law and Policy

Thank you, Madam Vice Chair and members of the House Health and Human Services Committee. My name is Amy Diamond, and I am a psychiatric nurse practitioner urging passage of HB25-1002 with the amendment as recommended by CNA.

I have 18 years of experience in psychiatric nursing, including two years as a psychiatric nurse practitioner. When I started my own practice last year, I talked with many other providers about their experience in private practice. Unfortunately, their experiences mostly taught me to expect to constantly arm-wrestle with insurers, both for appropriate care for my patients and for what I am owed for my services.

I believe bills like HB25-1002 are particularly critical for preventing adverse outcomes resulting from unfounded clinical determinations on the part of insurers for patients with psychiatric conditions. Unlike rashes, hyperglycemia, or even cardiac events and seizures, understanding behavioral health requires interacting with, or at least carefully observing the behavior of, a person, as such conditions are otherwise inaccessible. Greater scrutiny, oversight, and guidance are needed to properly assess the nuances involved with psychiatric care.

I'll share an example I've seen in my practice that demonstrates the need for this bill: a patient is stable while on a particular medication, only to learn that their insurance plan is suddenly no longer going to cover the cost. My patient and I are left to anticipate the possible destabilization that will result from the unexpected and unprescribed change in their medication. As a provider, it's hard not to feel like someone who has never assessed my patient has precipitously altered treatment for the sole purpose of profit – without so much as a phone consult.

I understand that insurers can not personally assess every patient that treating providers like myself work with. However, in lieu of that intimate understanding of the inherent subtleties of behavioral health, insurers should have to follow transparent, evidence-based, clinically-driven standards when making determinations about coverage. My hope is that this bill will achieve parity in mental and behavioral health care and stop the practice of unjustified denials that only add insult to invisible injuries.

Regarding the amendment, the inclusion of “psychiatric nurses” is important for two reasons. First, we are credentialed by national nursing organizations, licensed by state nursing boards, abide by a state nurse practice act, and follow a nursing code of ethics, all of which arise from a distinctive tradition and care philosophy. Second, while medical and nursing disciplines both adhere to the same scientific and evidence-based standards, psychiatric nursing encompasses other roles, such as case management and utilization review. Therefore, specifying nursing would provide clarity and precision.

Thank you, and please vote yes on HB25-1002 with the amendment as recommended by CNA.

Sincerely,
Amy Diamond, MA, MSN, APRN, PMHNP-BC



autism speaks®

January 30, 2025

Honorable Members of the Colorado House of Representatives

RE: Strong Support for HB25-1002, Health Benefits Coverage for Mental Health Services

Dear Representatives:

I write today on behalf of Autism Speaks, a nonprofit organization dedicated to creating an inclusive world for all individuals with autism throughout their lifespan. We do this through advocacy, services, supports, research and innovation, and advances in care for autistic individuals and their families. I am based in Denver while working in several states across the nation, and as an organization we have helped hundreds to thousands of Coloradans with information, resources and other services.

As you may know, autism is a mental health condition included within the DSM (Diagnostic and Statistical Manual of Mental Disorders). Autistic people experience various levels of severity in their condition, characterized by social and communication difficulties, as well as restricted or repetitive patterns of behavior. Within these traits, individuals can exhibit a wide range of symptoms and often experience co-occurring mental health conditions.

Despite the existence of federal mental health parity law, we routinely hear from individuals and their healthcare providers about difficulties in accessing autism care, from applied behavior analysis to other kinds of therapies and services. Many health insurance plans have woefully inadequate provider networks and/or put limits on autism-related mental health care that are not equivalent to the way that medical and surgical benefits are treated.

We applaud and strongly support HB25-1002, which would clarify and add detail about requirements for non-ERISA health plans in Colorado as to the prevention of, screening for, and treatment of behavioral, mental health, and substance use disorders. These must be no less extensive than the coverage provided for any physical illness.

Please consider me a resource for any autism policy-related questions, and I urge your yes vote when HB25-1002 is considered on the House floor.

Sincerely,

Kelly Headrick

Kelly Headrick

Senior Director, State Government Affairs & Grassroots Advocacy

kelly.headrick@autismspeaks.org

720-207-8102



Written Testimony in Support of HB 25-1002: Medical Necessity Determination Insurance Coverage

Submitted by: Melanie Kesner, Rocky Mountain Regional Director

On Behalf of: Young Invincibles

Chair [Committee Name], Members of the Committee,

Dear Madam Vice Chair and members of the Committee,

My name is Melanie Kesner, and I am submitting this testimony as the Rocky Mountain Regional Director at Young Invincibles and a longtime advocate for equitable access to mental and behavioral healthcare. Young Invincibles works to amplify the voices of young adults across Colorado, ensuring they have the resources and opportunities to lead healthy, successful lives.

Young Invincibles strongly supports HB 25-1002 because it improves access to quality and affordable healthcare coverage by codifying and clarifying mental health parity requirements in state law. Many of the young adults we serve rely on Medicaid and other non-ERISA health insurance plans, and this bill will help ensure they can access the mental health care they need without undue barriers.

My personal story also clearly indicates the need for this bill. With a mother suffering from debilitating depression and borderline personality disorder, my childhood was shaped by trauma and dysfunction. My mother first attempted suicide when I was 22 years old, causing a lot of pain and trauma for my siblings and me. Now, as an adult, I have access to intensive therapy and treatment for complex PTSD weekly. Every person deserves this level of care. When we guarantee access, our parents—and consequently, their children—suffer less. I know that with better coverage and better access to mental health resources by insurers, my mother and family would have been in a much better place. No one should have to struggle to access care when their mental health is at stake.

Mental health services should be as accessible as physical health services. Yet, young adults in Colorado often struggle with insurance restrictions, prior authorization hurdles, and inconsistent medical necessity determinations that prevent them from receiving timely and appropriate care. By codifying the federal Mental Health Parity and Addiction Equity Act (MHPAEA) into state law and requiring nationally recognized clinical standards, HB 25-1002 takes a critical step toward eliminating these inequities.

The stories of the young Coloradans we serve underscore the urgent need for this legislation. One young advocate shared how their Medicaid coverage didn't transfer when they left their home state for college, leaving them without mental health support at a critical time:

YOUNG INVINCIBLES

"What was supposed to be a fresh start quickly became a struggle to navigate financial barriers and hidden obstacles like health care access. This experience taught me how systemic inequities can complicate the journey to higher education for students like me." – A Young Advocate in CO

Another young woman, Ashley, recounted her battle with grief and mental health struggles in college. After losing a close friend, she sought therapy but was met with the stark reality of inadequate resources:

"Therapy, particularly art therapy, became a critical part of my healing journey. However, my college only offered six counseling sessions per semester, which, while helpful, wasn't enough to fully address the depth of my pain." – Ashley, CO

Citlaly, a first-generation college student, described how anxiety and depression took hold as she navigated the transfer process. She emphasized the need for institutions to prioritize mental health resources:

"Not every student is as fortunate as I was to find understanding mentors. Institutions must take greater responsibility by offering accessible mental health resources and providing workshops that help faculty and staff recognize the diverse backgrounds of their students. Every student deserves an environment where they are supported and valued, regardless of where they started." – Citlaly Quiroz, CO

These stories—along with my own—illustrate a painful truth: mental health resources remain out of reach for too many young people in Colorado. HB 25-1002 ensures that insurers use standardized, evidence-based criteria to determine medical necessity, reducing the risk of arbitrary denials and improving access to essential mental health care.

Young Invincibles urges the committee to support HB 25-1002 to uphold the promise of mental health parity and remove systemic obstacles that prevent young Coloradans from receiving the care they deserve. Thank you for your time and consideration.

Sincerely,

Melanie Kesner
Rocky Mountain Regional Director
Young Invincibles

House Health & Human Services

01/29/2025 01:30 PM

HB25-1002 Medical Necessity Determination Insurance Coverage

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Grace Chasuk For themselves	<p>My name is Grace Chasuk, and I have called Colorado home for the past seven years. I had registered to read this testimony aloud but am submitting it here due to work conflicts. In late 2022, after years of struggling with executive dysfunction and emotional dysregulation, I was formally diagnosed with major depressive disorder, generalized anxiety, and combined type ADHD. I was so relieved to finally have an answer to these symptoms that had held me back for decades, but getting access to adequate treatment has not been easy.</p> <p>My employer-sponsored high-deductible health plan only covers 90 days of my anti-depressant per year, even after I've met my so-called "out-of-pocket maximum." Earlier this year, United Healthcare also declared that they would no longer cover brand-name ADHD medications at all, despite the fact that most generic formulations of methylphenidate are not bio-identical to brand-name. Additionally, the persistent shortage of generic methylphenidate across the country means that many adults with ADHD either have to spend hours calling around to pharmacies and coordinating with psychiatrists to have our prescriptions transferred--all on our by-definition limited executive function--or go without our medication altogether.</p> <p>Of course, other treatment is available. I'm privileged that my disorders do not prevent me from working, and that I can therefore afford to meet with my psychiatrist for the \$200-with-insurance, 30-minute sessions required to continue using medication, and that I'm able to pay out-of-pocket for a reduced rate from a therapist I trust. Many of the 1 in 5 adults with mental health conditions are not as fortunate, and, according to the NIH, only about 60% of us get any treatment at all.</p> <p>I know from experience that insurance companies do not care about people like me. They play games with our treatment, despite</p>

	<p>devastating consequences to our livelihood, our friends and families, and—given our increased risk of death by suicide—our very lives. The state of Colorado cannot force insurance companies to care, but we can force them to give us the healthcare we need to survive and even thrive. That’s why I’m urging you to support HB25-1002. Thank you.</p>
<p>Meighen Lovelace For Colorado Cross Disability Coalition</p>	<p>Written testimony for HB25-1002</p> <p>Thank you to the chair and members of the committee for considering our written testimony and for your service to our state. My name is Meighen Lovelace and I am the Mental Health Policy Coordinator for the Colorado Cross Disability Coalition.</p> <p>Colorado Cross Disability Coalition stands in support of HB25-1002.</p> <p>Medical necessity should never be a barrier for Coloradoans accessing care across our state. Every person should have the appropriate access to the services and supports they need. Over 75% of Coloradans with commercial insurance who have a diagnosed mental health condition have not received the care they need over the past year. With a 158% increase in CO emergency room visits by youth experiencing mental health symptoms from 2016-2021 the time is now to act.</p> <p>Don’t let medical necessity be the reason that patients have to wait for or be denied access to their lifesaving care. This is a simple step towards Colorado becoming a leader in Mental and Behavioral health care.</p> <p>CCDC asks for your YES VOTE on HB25-1002 today.</p>
<p>Jeany Rush Against themselves</p>	<p>TO: HEALTH, HUMAN SERVICES COMMITTEE Sponsors: Brown, Gilchrist, Amabile, Pelton RE: HB25-1002 Medical Necessity Determination Insurance Coverage FROM: Jeany Rush, Colorado Springs Constituent 1-29-25 VOTE: NO</p>

	<p>This Bill is complicated, and is going to drive up our costs as insured, and could also send many private insurance companies out of the state. This creates a potential gateway to universal healthcare in Colorado. Government involvement does create higher costs. Quality also declines, and supply of services gets even more limited.</p> <p>Those that are healthier, will pay for those that are not. I also believe it will drive the whole assessment for illness over root causes, and create more of what we are experiencing now.</p> <p>These medical issues, are a quagmire. I feel you need to concentrate on the fact that we are all being COVID bioweapon pathogen false fax injured, and harmed, and killed. You need to take some cues from RFKJr. and Childrens Health Defense Fund. We the people should matter more than all of this mess! Less Government, More reality.</p> <p>It is irresponsible to continue to interfere on these massive levels into our lives, forcing often policies, practices, which will do more harm.</p>
<p>Laura Mehringer For Colorado nurses association</p>	<p>My name is Laura Mehringer and I am an advanced practice Psychiatric Nurse who has been in the psychiatric field for 45 years and in the last 30 years have been in private practice, providing psychotherapy and medication management to my clients. I am representing myself and the Colorado nurses association in my testimony.</p> <p>I want to thank the sponsors of this legislation for bringing forth this bill. This is very important legislation to address the huge gaps in behavioral healthcare that is partly created by insurance companies denying essential care to patients at times of high need. Professional standards rather than industry standards are needed to determine appropriateness of behavioral healthcare and this bill very strongly addresses this issue.</p> <p>I wish to amend on page 9, line 3: "Generally accepted standards of behavioral, mental health, and substance use disorder care" means standards of care and clinical practice that are generally recognized by healthcare providers practicing in relevant clinical specialties such as psychiatry, psychology, clinical sociology, psychiatric nursing, addiction medicine, and counseling, and behavioral health treatment.</p>

	<p>I request the addition of "psychiatric nursing" because it is a relevant and essential psychiatric discipline. Psychiatric nurses, both staff nurses and Psychiatric Advanced practice nurses provide high quality care in clinical settings all over the state.</p> <p>Thank you for your consideration of my input.</p>
--	--

Thank you to the House Health and Human Services Committee for considering my testimony about how doctors -- not the insurance companies -- should be making decisions about level of care for their patients in severe mental health crises. When the insurance company denied continuing coverage for my daughter against pleas from the hospital and her physicians, it forced her into early release and almost cost her her life.

My 19-year-old daughter developed drug-induced psychosis. She had begun her second week of inpatient psychiatric care when her insurance company denied further care saying it was "not medically necessary," even though she had been prescribed a minimum of two weeks of inpatient care by her doctors.

As her parents, we had no choice but to bring her home. She was still experiencing psychosis and required 24-hour supervision, which was left up to me, an untrained family member, to provide. Desperately needing treatment for her, I made an appointment with a psychiatrist at another treatment center which we would have to pay for ourselves. It took the new psychiatrist less than 15 minutes to identify grave concerns about suicidal ideation and to order immediate rehospitalization for my daughter! The insurance company then denied coverage again, this time because my daughter's condition "was not sufficiently improving."

The insurance company denying the necessary care my daughter had been prescribed led to terrible consequences. They put my daughter's life at risk by discharging her from the around-the-clock supervised care she needed; they put tremendous emotional strain on my family; and they left my family facing an impossible financial burden. To pay bills from her inpatient stay that the insurance company was refusing to cover and the bill at the new out-of-network psychiatrist, we had to consider mortgaging our house. The ensuing fight for coverage caused a tremendous emotional toll on my family, especially my spouse, whose own health has not recovered from the strain.

I hope you understand how my family's story is heartbreaking and infuriating. I ask you to pass HB25-1002 so this stops happening to Colorado families.

January 29, 2025

Greetings honorable committee members. Thank you for the opportunity to submit written testimony in support of House Bill 1002 on behalf of both the Colorado Child & Adolescent Psychiatric Society as well as the Colorado Psychiatric Society. My name is Dr. Chris Rogers, a board-certified Child & Adolescent Psychiatrist and Adult Psychiatrist. I serve as the Medical Director of Child & Adolescent Services at a 120-bed inpatient psychiatric hospital in Aurora where we treat Coloradans in crisis. And all too often we have to help those in crisis find ways to get the care they desperately need after they have been told “no” by their insurance plans. House Bill 1002 will be a big step towards solving that problem.

As a child psychiatrist in Colorado I know all too well that the most likely thing to kill any of our kids in this state, is themselves. But despite the fact that we are in an unprecedented epidemic of child and youth suicide, if your child has a mental health crisis instead of a medical one, you are 7 times more likely to have to pay for an out of network facility. If your child needs an outpatient program to keep them safe and hopefully out of the hospital, you are 18.5 times more likely to have to find and pay for an out of network provider than if your kid needs similar management for asthma or diabetes. You would be 10 times as likely to have to pay for out of network talk therapy than you would if you needed to see a PA for an office visit; 12 times more likely to have to go out of network if you need the services of an outpatient psychiatrist compared with other medical specialists.

Hopefully those numbers are shocking enough, but they don't capture the horror of families who are told what their kid needs to recover from a debilitating depression, but they have no way to access or pay for it. This despite having insurance that offers “full” mental health coverage. No one should ever have to worry about the safety of their own child, but to be told “you're on your own” when trying to access life saving services is unconscionable.

The service intensity instruments in the bill will help both providers and payers identify the array of services that match the intensity of the needs for each individual's situation. They work to recognize which services are available in communities with the goal of deciding on the right match the first time to ensure best clinical outcomes and best, most efficient use of community and payer resources. They aren't diagnostic tools nor a substitute for clinical judgment. These tools will serve as guides to match available resources to the most appropriate intensity of care required; without bias or motives other than a healthy Colorado. And we all know the criteria ahead of time. No more proprietary instruments developed behind closed doors used to determine what is medically necessary.

House Bill 1002 is good, common-sense legislation that provides transparent, universal tools to determine what is fair coverage for the people of Colorado. It will allow families to focus on healing in a time when their loved ones need to be their focus – not trying to figure out how they are going to find or pay for care.

Thank you for your service and support of HB-1002. If I can be of further service to any of the members of the committee please do not hesitate to reach out.

Chris Rogers, MD
Christopher.Rogers@hcahealthone.com