

Support HB1085 / SB55

Rep. LaPointe – West – Morgan, Avelar, Hirschauer, Mussman, Costa Howard, Moeller, Mah, Olickal, Jimenez, Hoffman, Cassidy, Davis, Kifowit, Stuart, Morris, N. Hernandez, Chung, Kelly, Faver Dias, Gill, Guzzardi, Grasse, Stava-Murray, Yang Rohr, Crawford, Gabel, Syed, B. Hernandez, Deuter, Rashid, Canty, Huynh, Spain, Benton, A. Williams, Ford.

Sen. Villa – Guzman – Hunter – Cunningham, Feigenholtz, Edly-Allen, Johnson, Cervantes, Belt, Villivalam, Joyce, Walker, Ventura, Hastings, Fine, Simmons, Villanueva, Peters, Martwick, Porfirio, Collins, Stadelman, Murphy, Koehler, Bryant, E. Harriss, Castro.

Improve Network Adequacy & Access for Behavioral Health

⇒ INADEQUATE Insurance Networks for Mental Health.

Significant numbers of mental health and substance use clinicians leave commercial insurance networks due to inadequate reimbursement and unnecessary hurdles to care.

⇒ LIMITED or MEANINGLESS Patient Coverage.

Patients are forced to <u>go out-of-network and pay out of pocket</u> for behavioral health 18% of the time compared to 2% for other healthcare. (<u>Milliman</u>). Insurers have increased reimbursement for other providers in short supply (*e.g.*, primary care), but have not for behavioral health.

- ⇒ Mental Health CRISIS. Same Insurance Practices.
 - 40% of youth show depressive symptoms of hopelessness or suicidal ideation.
 - **Black children** under 13 die by suicide at twice the rate of white children.
 - Adult depression soared four-fold since 2019.

⇒ INADEQUATE reimbursement DRIVES Inadequate Networks.

Studies show insurance companies reimburse behavioral health services 23-52% LESS THAN other healthcare. (RTI Report). The workforce is there: out-of-network providers.

⇒ REDUCED Insurance Costs will Result with Increased BH Spending.

<u>Studies show</u> increased insurance spending on behavioral health (BH) will **lower healthcare costs between 5-10%** because people with BH conditions have other high healthcare needs. (<u>Milliman</u>).

Support HB1085 / SB55 Improve Access to Mental Healthcare

1. Equal Payment with Other Healthcare to Increase Network Participation.

Sets a minimum reimbursement for in-network MH/SU care based on recent studies to bring behavioral health in line with other healthcare. (141% of what Medicare pays for the same services).

2. Utilizes the Full Behavioral Health Workforce.

Allows MH/SU providers working toward licensure to practice under the supervision of another fully licensed provider, consistent with many major insurer practices.

- 3. Requires Coverage of MH/SU Services Received on the Same Day.
- 4. Requires Coverage of 60-Minute Therapy.

Prohibits the use of excessive documentation or audits that drive therapists to use shorter 45-minute sessions.

5. Requires Timely 60-Day Network Contracting Process for MHSU Providers.

Supporting Organizations

HB1085 / SB55 Rep. LaPointe; Sen. Villa Improve Network Adequacy & Access for Behavioral Health

















































Other Supporting Organizations: AIDS Foundation of Chicago. Association for Individual Development. Chicagoland Leadership Council. Community Mental Health Board of Oak Park Township. Depression and Bipolar Support Alliance. Family Support Services. Heritage Behavioral Health Center. Live4Lali. Illinois Harm Reduction and Recovery Coalition. Mental Health American Illinois. NAMI McHenry. NAMI South Suburbs of Chicago. NASW Illinois. NAMI Kane County North. NAMI Will Grundy. Mental Health America Illinois. NAMI Lake County. NAMI Southwestern Illinois. Josselyn Center. NAMI Peoria. NAMI Schaumburg Area. NAMI Sauk Area. NAMI Champaign County. TASC. NAMI Northwest Suburbs. NAMI Cook County North Suburban. Safe Illinois. Gateway Foundation.