

CONSENT CALENDAR

February 2, 2022

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Committee on Commerce and Consumer Affairs to
which was referred HB 1622-FN,**

**AN ACT relative to mental health parity. Having
considered the same, report the same with the following
amendment, and the recommendation that the bill
OUGHT TO PASS WITH AMENDMENT.**

Rep. Christy Bartlett

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	Commerce and Consumer Affairs
Bill Number:	HB 1622-FN
Title:	relative to mental health parity.
Date:	February 2, 2022
Consent Calendar:	CONSENT
Recommendation:	OUGHT TO PASS WITH AMENDMENT 2022-0450h

STATEMENT OF INTENT

This bill, as amended, requires any health care provider to notify the carrier within 30 days when the provider is no longer accepting new patients. It goes on to state that each insurer shall provide benefits for mental illnesses to access standards which are no less extensive than the coverage provided for any other type of health care for physical illness.

Vote 19-0.

Rep. Christy Bartlett
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Commerce and Consumer Affairs

HB 1622-FN, relative to mental health parity. **OUGHT TO PASS WITH AMENDMENT.**

Rep. Christy Bartlett for Commerce and Consumer Affairs. This bill, as amended, requires any health care provider to notify the carrier within 30 days when the provider is no longer accepting new patients. It goes on to state that each insurer shall provide benefits for mental illnesses to access standards which are no less extensive than the coverage provided for any other type of health care for physical illness. **Vote 19-0.**

Original: House Clerk

Cc: Committee Bill File

Amendment to HB 1622-FN

1 Amend the title of the bill by replacing it with the following:

2

3 AN ACT relative to notice that a health care provider is no longer accepting new patients and
4 relative to mental health parity.

5

6 Amend the bill by replacing all after the enacting clause with the following:

7

8 1 Managed Care Law; Provider Contract Standards. Amend RSA 420-J:8 by inserting after
9 paragraph XVII the following new paragraph:

10 XVIII. Every contract entered into after September 1, 2022 between a health carrier and any
11 health care provider shall contain a provision that requires the health care provider to notify the
12 carrier when the health care provider is no longer accepting new patients. Notification shall take
13 place no more than 30 days after the date the health care provider is no longer accepting new
14 patients.

15

16 2 Coverage for Certain Biologically-Based Mental Illnesses. Amend RSA 417-E:1, II to read as
17 follows:

18 II. Notwithstanding any other provision of law, each insurer that issues or renews any
19 policy of accident or health insurance and each nonprofit health service corporation under RSA 420-
20 A and health maintenance organization under RSA 420-B providing benefits for disease or sickness
21 in the state of New Hampshire shall provide benefits for treatment and diagnosis of certain
22 biologically-based mental illnesses under [~~the same~~] *access standards established in RSA 420-
23 J:7, and under* terms and conditions [~~and~~] which are no less extensive than *the* coverage provided
24 for any other type of health care for physical illness.

25 3 Effective Date. This act shall take effect January 1, 2023.

Amendment to HB 1622-FN

- Page 2 -

2022-0450h

AMENDED ANALYSIS

This bill requires contracts between health care providers and carriers to include a provision that the provider notify the carrier when the provider is no longer accepting new patients. The bill also requires coverage for biologically-based mental illness to meet the access standards in RSA 420-J:7.

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on HB 1622-FN

BILL TITLE: relative to mental health parity.

DATE: February 2, 2022

LOB ROOM: 302-304

MOTIONS: OUGHT TO PASS WITH AMENDMENT

Moved by Rep. Bartlett

Seconded by Rep. Hunt

AM Vote: 19-0

Amendment # 2022-0450h

Moved by Rep. Bartlett

Seconded by Rep. Hunt

Vote: 19-0

CONSENT CALENDAR: YES

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep Keith Ammon, Clerk



2022 SESSION

Commerce and Consumer Affairs

 Bill #: HB1622 Motion: OTP AM #: 450h Exec Session Date: 2/2/2022

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Hunt, John B. Chairman	19		
Potucek, John M. Vice Chairman	1		
Osborne, Jason M.	2		
Ammon, Keith M. Clerk	3		
Abramson, Max <i>Benny</i>	4		
Ham, Bonnie D.	5		
Depalma IV, Joseph	6		
Greeson, Jeffrey	7		
Johnson, Dawn M.	8		
Terry, Paul A.	9		
Bartlett, Christy D.	10		
Abel, Richard M.	11		
Herbert, Christopher J.	12		
Van Houten, Constance <i>Dotzy</i>	13		
Fargo, Kristina M. <i>Leflaurne</i>	14		
Weston, Joyce	15		
Beaulieu, Jane E.	16		
Burroughs, Anita D.	17		
McAleer, Chris R.	18		
TOTAL VOTE:	19	0	



2022 SESSION

Commerce and Consumer Affairs

Bill #: HB1622 Motion: OFF/A AM #: _____ Exec Session Date: 2/2/2022

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Hunt, John B. Chairman	19		
Potucek, John M. Vice Chairman	1		
Osborne, Jason M.	2		
Ammon, Keith M. Clerk	3		
Abramson, Max <i>Bunny</i>	4		
Ham, Bonnie D.	5		
Depalma IV, Joseph	6		
Greeson, Jeffrey	7		
Johnson, Dawn M.	8		
Terry, Paul A.	9		
Bartlett, Christy D.	10		
Abel, Richard M.	11		
Herbert, Christopher J.	12		
Van Houten, Constance <i>Dutzy</i>	13		
Fargo, Kristina M. <i>Lafleur</i>	14		
Weston, Joyce	15		
Beaulieu, Jane E.	16		
Burroughs, Anita D.	17		
McAleer, Chris R.	18		
TOTAL VOTE:	19	0	

Amendment to HB 1622-FN

1 Amend the title of the bill by replacing it with the following:

2

3 **AN ACT** relative to notice that a health care provider is no longer accepting new patients.

4

5 Amend the bill by replacing all after the enacting clause with the following:

6

7 **1 Managed Care Law; Provider Contract Standards.** Amend RSA 420-J:8 by inserting after
8 paragraph XVII the following new paragraph:

9 **XVIII.** Every contract entered into after September 1, 2022 between a health carrier and any
10 health care provider shall contain a provision that requires the health care provider to notify the
11 carrier when the health care provider is no longer accepting new patients. Notification shall take
12 place no more than 30 days after the date the health care provider is no longer accepting new
13 patients.

14 **2 Effective Date.** This act shall take effect upon its passage.

2022-0297h

AMENDED ANALYSIS

This bill requires contracts between health care providers and carriers to include a provision that the provider notify the carrier when the provider is no longer accepting new patients.

APPROVED

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION on HB 1622-FN

BILL TITLE: relative to mental health parity.

DATE:

11/26/22

Subcommittee Members:

Reps. Hunt, Bartlett, Greeson, Terry, Burroughs and Ammon

(Circles around names in the list above)

Comments and Recommendations:

Review amendment 2022-02974

Hilly Stevens, sponsor Paula Rogers Tyler Brennan
Bartlett ask to expc next week Auttem NHID

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)
(Please circle one)

Moved by Rep. _____ Seconded by Rep. _____ AM Vote: _____

Adoption of Amendment # _____

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

_____ Amendment Adopted _____ Amendment Failed

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)
(Please circle one)

Moved by Rep. _____ Seconded by Rep. _____ AM Vote: _____

Adoption of Amendment # _____

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

_____ Amendment Adopted _____ Amendment Failed

Respectfully submitted,

Rep. [Signature]
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION on HB 1622-FN

BILL TITLE: relative to mental health parity.

DATE: January 26, 2022

Subcommittee Members: Reps. Hunt, Bartlett, Greeson, Terry, Burroughs and Ammon

Comments and Recommendations: Review Amendment #2022-0297h Holly Stevens, sponsor, Paula Rogers, Tyler Brennan, NHID. Bartlett ask to exec next week

Respectfully submitted,

Rep. John Hunt
Subcommittee Chairman

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON HB 1622-FN

BILL TITLE: (New Title) relative to notice that a health care provider is no longer accepting new patients and relative to mental health parity.

DATE: January 19, 2022

LOB ROOM: 302-304 **Time Public Hearing Called to Order:** 2:55 p.m.

Time Adjourned: 3:40 p.m.

Committee Members: Reps. Hunt, Potucek, Ammon, Ham, Depalma IV, Greeson, Johnson, Terry, Bartlett, Abel, Herbert, Van Houten, Fargo, Weston, Beaulieu, Burroughs and McAleer

Bill Sponsors:

Rep. Luneau
Rep. Ladd

Rep. Bartlett
Sen. Whitley

Rep. Knirk
Sen. Sherman

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Rep Luneau, Merr 10

- Introduce HB1622. To lay the context, we're in a public health crisis. Substance abuse disorders, anxiety in schools and workplace.
- Three core elements: 1) enforcement of mental health parity laws 2) reimbursement rates 3) accountability to patients and providers through private right of action.
- #1 Enforcement: the bill ensures enforcement of mental health parity laws. People with mental health issues should be treated the same as people with other health issues. The patients are on the hook for denied claims.
- #2 It makes clear that reimbursements are treated on par with physical health care reimbursements.
- #3 Establishes a private right of action. New Hampshire is one of four states that do not hold industry accountable to parity laws. This is a light touch. If the insurance department is already enforcing the law, they shouldn't have an issue with it.

Rep Burroughs

- Q: The complaint process, is that just for individuals and providers?
A: For both individuals and providers.

Rep Hunt

- Q: You're saying you're not sure this is a problem?
A: No I've heard from solo practitioners that they're not receiving remittances.
- Q: They're not paying at all or paying partially
A: They're not receiving payment or a reason for denial.

- Q: This is anecdotal but you're sure this is occurring.

A: I don't know if they've contacted the insurance department, but I believe they've been in contact with carrier.

Rep Johnson

- Q: Is this one insurance company in particular or multiple?

A: I'm only aware of one carrier but it could be more. I have no further information.

Paula Rogers, Anthem

- I'd like to bring up Sabrina Dunlap. My intention was to talk a bit about the bill itself. Two separate matters, one issue has to do with our systems, and we own that problem. Sabrina who is internal to Anthem can give you a sense to settle this matter with the provider community.

Sabrina Dunlap - Anthem

- Generally, we've had some widespread operational issues from Summer into Fall. I believe we've turned the corner and are getting those issues resolved. It was nothing to do with the mental health parity issue but was just an internal systems issue within Anthem.

Paula Rogers

- Anthem is not saying we're just not going to pay these claims. We moved from an old system to a new system and the transition was very choppy.
- I have some history with the mental health parity issue. I saw the implementation of the federal provision. Mental Health Parity Equity Act. The first bill passed in 1996 and then a broader measure was passed in 2008. That only covered large group plans. Individual plans and small group plans had to come into compliance with mental health parity.
- Since that time plans and regulators have been struggling to set up a method of inquiry so that a patient, provider, plan, regulator could review how plans are measuring up to the guidance.
- There are guidelines on federal websites that give advice on how to ensure providers are in compliance. In NH, the regulator gave exams to three carriers. That examination went on for 18 months to 2 years. The department found an issue with reimbursement.
- Anthem has no feedback from the department that there is an issue with mental health parity. There's a difference between reimbursement processes vs rates. Rates may be an indicator to a regulator that there should be further investigation. I think that's where the department is at.
- Anthem's concern with the bill is that it's using rates vs reimbursement procedures. Page 2 line 15 rates is in boldface. You'll see references to rates, but you'll see it in a strange way.

Sabrina Dunlap

- "Rates shall be no less extensive than for a physical illness." Vague language that creates ambiguity for an issue that's already complex.

Paula Rogers

- The bill passed in 2019 gives directive to the authority to enforce parity. When the sponsor talked about a private right of action; the department is structured under the unfair trade practices act. An individual or consumer does not have access to a department. Unless there was a finding at the department; they could then use that finding in a court setting.

Sabrina Dunlap

- Happy to talk to anyone offline. The department is fully aware and we're in direct contact with them and the providers impacted.

Tyler Brannen, NHID

- Market conduct exams. We're still following the exam process that involves confidentiality with the carriers. We see this bill as having two major components.
- 1. Is our authority to enforce parity requirements. NH legislature passed legislation that gives us authority to. We do run into a problem for the self-insured employers. The department of labor has authority there. To satisfy this bill's requirement would require three additional staff members.
- It's a common misunderstand(ing) that related laws require carriers to pay providers on parity with other health providers. The language on parity of reimbursement would require us to have much more direction from the legislature here. What comparable would you use with Health Care providers. Enforcing a requirement for reimbursement parity we would require more direction. We're working with the Dept of Labor to make sure our report requirements are in line with theirs.

Rep Abel

- Q: You always explain things very well. If the only thing this bill changes would be the words in bold face, it would add the word rates in section 2 on page 2, and the sentence at the bottom. If that's the only thing that's being changed from what's currently in effect. What are the implications of that?
- A: "Rates" creates questions about what that means. We'd be making a lot of decisions without a lot of guidance from the legislature.

Jake Berry, New Futures, VP Policy

- Here today speaking on behalf of Granite Staters who feel it's too dangerous to testify because of the pandemic. Read written testimony. This bill would ensure that we help those with mental health issues. We ask you to vote OTP.

Holly Stevens, Esq. NAMI-NH

- Director of public policy for National Alliance for Mental Illness.
- Speaking in favor of this bill. Written testimony.
- The department has asked insurers to provide policies for how they reimburse mental health provided. This resulted in the settlement agreement with Anthem and Harvard Pilgrim. Those settlement agreements have not been made public. All we know is there was a finding, but we don't know if there is compliance with the parity law.
- It's well known that NH is in the middle of mental health and substance abuse crisis. Part of this is with the number of providers who have opted not to accept commercial insurance products. Part of that is due to lower reimbursement rates and some of it because of complications with compliance.
- The families that NAMI works with; we find providers are not accepting new patients. Not only are there not adequate networks but no network at all. I don't think insurers are aware

that providers are not able to take new patients. The network isn't adequate. People are not able to receive the services that they need. Fewer providers are contracting with insurers.

- This bill would address reimbursement issue directly and the adequacy issue indirectly. If more providers receive reimbursements, then more providers would accept commercial insurance. Because of that I think it's really important to give strong consideration to this bill and I don't normally do this but I'm going to today when I moved from New Futures to NAMI New Hampshire **buy?** insurance switched from Harvard Pilgrim. With anthem their reimbursement rates are too low. I no longer have because of reimbursement rates. It is an issue. It's a legitimate issue. You know there are real people that this is happening to. We hear it and now me. I have experienced it.

Anena Hansen

- Supports bill
- I'm an alcoholic and I'd like to tell you a little bit about my guy. I waited 42 years to find him. He waited 52 years to find me. We shared almost two years of what we had thought would be the rest of our lives. We met when we were both three years clean and sober. He wowed me from our very first conversation when he told me he ran sober houses and that he had run for and won a seat in the New Hampshire House on a platform of addiction and recovery.
- His authenticity, his transparency, his huge heart of service, one meet from the start. His time in the New Hampshire House and his subsequent run for Senate, he lost in 2022. Herald French, who's a great guy, was all about being of service. He was particularly passionate about the issues of addiction and mental health. He would have earnestly supported this bill and the people that (it) protects.
- He was ceaselessly courageous about sharing his own history with those challenges. His decades of alcohol and drug use, his depression, and in particular his anxiety, which was a crippling force throughout his life. What I didn't know until it was too late was that even during those five years of living sober and being a wholehearted public servant and activist. Phil's mental health was never really managed. At the end of this past May he was diagnosed with cancer, and he panicked. A few days later, in the beginning of June, he relapsed, and three weeks later, on the night of Summer solstice, he died in a drug den in Manchester.
- During those last three weeks, he and I had some heavy conversations, and that's when he told me his meds had stopped working long ago. He'd been white knuckle ING his mental health for a long time. This man's entire life was about recovery. He lived and breathed sobriety, mental health, awareness, destigmatization but he was much better at advocating for others than for himself.
- When he realized long term sobriety still hadn't addressed his mental health needs, he toughed it out in silence. By the time he finally told me he wasn't OK, it was too late. We got him into see a new psychiatrist, but with his anxiety off the charts over the cancer, he ended up doing what we had to do.
- He self-medicated and long before his new meds had a chance to kick in. He was dead. I want to be clear there's only one person whose responsibility it was to keep Phil alive and that was Phil. He was an expert. He knew what to do. He knew he needed to ask for help and he waited way too long. But part of the reason he waited was that he didn't believe help would be there if he asked.
- When Phil got sober at 48, he wanted for the first time like, but when he called to get an appointment with a mental health professional, he couldn't find anyone accepting new clients (or) who took Medicaid when he called to see if he could get into rehab for the time being. He was told the wait time for a bed was six to eight weeks. He said I'll be out by then. He ended up going to the Laconia Mayor's office and asking for an appointment, and when he got one, he asked the Mayor, "How does a guy like me stay sober in this town?" The mayor

told him. "I don't know." And that's the problem. People want help. They qualify for help. They even ask for help and they can't access help. Help isn't available. Help will take too long. That may have saved Phil's life that day by putting him in touch with some people who were starting recovery centers.

- Phil got involved and he found a lifeline to hold onto service. A few years later, during a TV appearance, he said. "I don't know that I'd still be sitting here today sober if I wasn't given the opportunity to help others." If we don't help the ones who are still suffering, who's going to? If not me, then who? That's the question I ask myself all the time. And he did ask himself that question all the time.
- I have been angry at him for this. It was such a stupid way for such a smart man to die. I promise you after he died, that I would remember him for his greatness. And I do. His transparency, his advocacy, his dedication to serving others. What a courageous man for such a compromised man to live. Who was literally one of you, although he sat on the Health and Human Services Committee.
- Mental illness and addiction. Looks like this, like Phil. Good people living good lives doing their best, helping others and that help will be available when they ask for it. Mental illness and addiction (are destructive) when the help people need isn't available to them. Looks like me, the widow for no good reason. Living every day, not just the death of the man I wanted to spend my life with, but the terrible truth that his death was preventable.
- It's too late to save his life. But not to save others. One thing I know for sure. My God, whose entire life was about service to others, would want his death to be of service to. Feels like(it has) demonstrated the value of legislation this bill. But his death demonstrates its necessity to help the ones who are still suffering. Who built? If not you then who?. And I hope you will all do one more service for him. Thanks Phil's bill.

Rep Perez

- I want to take a minute to say thank you. It takes a lot of courage to come and speak to us. Mental illness is not an easy thing to speak about. I come from a culture that it's taboo to speak about mental health. It's given me the courage to do what I'm doing. Thank you.

Rep Ham

- Thank you for your courage to come and speak with us. I agree with you 100% that we are under served with mental health professionals and services. We have way too few mental health services.

Respectfully submitted,

Rep. Keith Ammon, Clerk

House Remote Testify

Commerce and Consumer Affairs Committee Testify List for Bill HB1622 on 2022-01-19

Support: 69 Oppose: 0 Neutral: 0 Total to Testify: 0

Export to Excel

<u>Name</u>	<u>City, State</u> <u>Email Address</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>	<u>Testifying</u>	<u>Non-Germane</u>	<u>Signed Up</u>
Weston, Joyce	Plymouth, NH jweston14@roadrunner.com	An Elected Official	Myself	Support	No	No	1/15/2022 9:55 AM
Hamer, Heidi	Manchester, NH heidi.hamer@leg.state.nh.us	An Elected Official	Myself	Support	No	No	1/16/2022 8:20 AM
Wazir, Safiya	Concord, NH S.wazir@leg.state.nh.us	An Elected Official	Myself and my constituents	Support	No	No	1/17/2022 7:13 AM
Smith, Deryn	Manchester, NH dpsmith44@yahoo.com	A Member of the Public	Myself	Support	No	No	1/17/2022 9:19 AM
Dewey, Karen	NEWPORT, NH pkdewey@comcast.net	A Member of the Public	Myself	Support	No	No	1/17/2022 10:29 AM
Long, Cora	Rochester, NH clong@goodwinch.org	A Member of the Public	Myself	Support	No	No	1/17/2022 10:55 AM
Blanchard, Sandra	Loudon, NH sandyblanchard3@gmail.com	A Member of the Public	Myself	Support	No	No	1/17/2022 11:28 AM
Lindpaintner, Lyn	Concord, NH lynlin@bluewin.ch	A Member of the Public	Myself	Support	No	No	1/17/2022 11:31 AM
Torpey, Jeanne	Concord, NH jtorp51@comcast.net	A Member of the Public	Myself	Support	No	No	1/17/2022 12:27 PM
Hayward, Marcia	Laconia, NH mjhayward131@gmail.com	A Member of the Public	Myself	Support	No	No	1/17/2022 1:14 PM
Oxenham, Lee	Plainfield, NH leeoxenham@comcast.net	An Elected Official	Myself	Support	No	No	1/17/2022 1:26 PM
Weber, Jill	Mont Vernon, NH jill@frajilfarms.com	A Member of the Public	Myself	Support	No	No	1/17/2022 2:04 PM
Foster, Laurie	Rochester, NH lauriefoster1963@gmail.com	A Member of the Public	Myself	Support	No	No	1/17/2022 3:19 PM

Dontonville, Roger	Enfield, NH rdontonville@gmail.com	An Elected Official	Myself	Support	No	No	1/17/2022 5:19 PM
Ballentine, John	Nashua, NH mikeb@btine.com	A Member of the Public	Myself	Support	No	No	1/17/2022 5:21 PM
Oxenham, Evan	Plainfield, NH evan.oxenham@gmail.com	A Member of the Public	Myself	Support	No	No	1/17/2022 7:31 PM
Dontonville, Anne	Enfield, NH Ardontonville@gmail.com	A Member of the Public	Myself	Support	No	No	1/17/2022 7:33 PM
Garland, Ann	LEBANON, NH annhgarland@gmail.com	A Member of the Public	Myself	Support	No	No	1/17/2022 8:09 PM
Lewis, Elizabeth	Nashua, NH ecop.lewis@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 6:12 AM
Falk, Cheri	Wilton, NH falk.cj@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 8:00 AM
Clark, Denise	Milford, NH denise.m.clark03055@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 8:00 AM
Daniels, Amy	Bow, NH adaniNH@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 9:16 AM
Findley, Sally	Grantham, NH findley.sc@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 9:21 AM
Meuse, David	Portsmouth, NH David.Meuse@leg.state.nh.us	An Elected Official	Rockingham 29	Support	No	No	1/18/2022 9:26 AM
Istel, Claudia	Acworth, NH cistel79@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 10:16 AM
Tucker, Katherine	Wilmot, NH katherine.s.tucker@valley.net	A Member of the Public	Myself	Support	No	No	1/18/2022 10:17 AM
Cecchetti, Lynda	Strafford, NH lcecc92017@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 10:26 AM
Burnap, Linda	Wolfeboro, NH 54able@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 10:35 AM
Erickson, Amy	Wolfeboro, NH ableacres@outlook.com	A Member of the Public	Myself	Support	No	No	1/18/2022 11:01 AM
Bergevin, Leslie	Loudon, NH Leslie.bergevin@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 11:08 AM
Doherty, David	Pembroke, NH ddoherty0845@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 11:15 AM

chase, Wendy	Rollinsford, NH wendy.chase@leg.state.nh.us	An Elected Official	Myself	Support	No	No	1/18/2022 12:37 PM
Hakken-Phillips, Mary	Hanover, NH mhp4nhrep@gmail.com	An Elected Official	Myself	Support	No	No	1/18/2022 1:14 PM
Keeler, Margaret	New London, NH peg5keeler@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 1:59 PM
Hurley, Paula	Concord, NH graffymanor@comcast.net	A Member of the Public	Myself	Support	No	No	1/18/2022 2:04 PM
Jones, Andrew	Pembroke, NH arj11718@yahoo.com	A Member of the Public	Myself	Support	No	No	1/18/2022 3:12 PM
Cauchon, Patricia	Hollis, NH cauchonpmusic@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 3:25 PM
Robinson, Ellis	Grantham, NH EllisMMRobinson@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 4:49 PM
Ravitch, Nicolas	Portsmouth, NH nzs1001@wildcats.unh.edu	A Member of the Public	Myself	Support	No	No	1/18/2022 5:05 PM
Davis, Gregory	Salem, NH glospreys@comcast.net	A Member of the Public	Myself	Support	No	No	1/18/2022 5:16 PM
Siegart, Diane	Thornton, NH dsiegart@comcast.net	A Member of the Public	Myself	Support	No	No	1/18/2022 6:12 PM
Brennan, Nancy	Weare, NH burningnan14@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 7:28 PM
Chase, Marissa	Manchester, NH mchase@nhaj.org	A Lobbyist	NH Association for Justice	Support	No	No	1/18/2022 7:43 PM
Grossi, Anne	Bedford, NH adgrossi7982@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 8:08 PM
Rettew, Annie	Concord, NH abrettew@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 8:20 PM
Aronson, Laura	MANCHESTER, NH laura@mlans.net	A Member of the Public	Myself	Support	No	No	1/18/2022 8:23 PM
Leavitt, Deborah	Dover, NH daleavitt77@comcast.net	A Member of the Public	Myself	Support	No	No	1/18/2022 8:42 PM
Holt, David	Somersworth, NH davholt@aol.com	A Member of the Public	Myself	Support	No	No	1/18/2022 9:00 PM
Almy, Susan	Lebanon, NH susan.almy@comcast.net	An Elected Official	Myself	Support	No	No	1/18/2022 9:15 PM

Campbell, Karen	Epsom, NH klynncampbell50@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 9:25 PM
Perencevich, Ruth	concord, NH rperence@comcast.net	A Member of the Public	Myself	Support	No	No	1/18/2022 9:34 PM
Richman, Susan	Durham, NH susan7richman@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 10:00 PM
Woods, Renia	Bow, NH renia.woods1@gmail.com	A Member of the Public	Myself	Support	No	No	1/18/2022 10:33 PM
Ellermann, Maureen	Concord, NH ellermannf@aol.com	A Member of the Public	Myself	Support	No	No	1/19/2022 5:13 AM
Cook, Barb	Canterbury, NH Bdc7@aol.com	A Member of the Public	Myself	Support	No	No	1/19/2022 7:26 AM
Chester, Russan	Bedford, NH russan.chester@gmail.com	A Member of the Public	Myself	Support	No	No	1/19/2022 7:41 AM
Hayes, Randy	Canterbury, NH rcompostr@gmail.com	A Member of the Public	Myself	Support	No	No	1/19/2022 8:01 AM
Tucker, Aimee	Springfield, NH atucker@sau8.org	A Member of the Public	Myself	Support	No	No	1/19/2022 8:11 AM
Vallone, Mark	Epping, NH nhatlaman@comcast.net	An Elected Official	Myself	Support	No	No	1/19/2022 8:24 AM
Orkin, Susan	Grantham, NH susanorkin@gmail.com	A Member of the Public	Myself	Support	No	No	1/19/2022 8:34 AM
Whitley, Becky	Hopkinton, NH jessica.bourque@leg.state.nh.us	An Elected Official	Senate District 15	Support	No	No	1/19/2022 8:37 AM
Fraysse, Michael	Epsom, NH mikefraysse@gmail.com	A Member of the Public	Myself	Support	No	No	1/19/2022 9:16 AM
Henrichon, Margaret	Bedford, NH mhenrichon@comcast.net	A Member of the Public	Myself	Support	No	No	1/19/2022 9:25 AM
Sherman, Senator Tom	SD 24, NH jennifer.horgan@leg.state.nh.us	An Elected Official	SD24	Support	No	No	1/19/2022 9:31 AM
Altschiller, Debra	Stratham, NH debra.altschiller@leg.state.nh.us	An Elected Official	Myself	Support	No	No	1/19/2022 9:45 AM
Devore, Gary	Pembroke, NH torin_asheron@yahoo.com	A Member of the Public	Myself	Support	No	No	1/19/2022 9:59 AM
Paschell, Susan	Bow, NH spaschell@dupontgroup.com	A Lobbyist	NH Community Behavioral Health Association	Support	No	No	1/19/2022 10:14 AM

Stewart, Samantha	HOLDERNESS, NH slsvoices@gmail.com	A Member of the Public	Myself	Support	No	No	1/19/2022 10:36 AM
Stinson, Benjamin	CONCORD, NH benrkstinson@gmail.com	A Member of the Public	Myself	Support	No	No	1/19/2022 3:01 PM

Archived: Thursday, May 19, 2022 12:44:44 PM
From: [Mearlene Filkins](#)
Sent: Monday, January 31, 2022 10:33:31 AM
To: [~House Commerce Committee](#)
Subject: HB 1622
Importance: Normal

Good Morning,

We are in the midst of a social and emotional crisis between the pandemic, opioid use and the tribalism of the political landscape. This on top of the usual stressors of life are adding to the mental health struggles of many of the clients I serve. I daily get calls, emails from clients seeking mental health services and they express feeling exasperated that they have reached out to so many and are not finding openings. There is a big need for mental health services and we need you to support us in providing this service by holding insurance companies accountable and providing a sustainable reimbursement rate.

Please support HB 1622.

I live in Bow, work in Concord and I vote. Thank you for supporting your community and state through your service.

Best,
Mearlene Filkins, LICSW

Sent from [Mail](#) for Windows

Archived: Thursday, May 19, 2022 12:44:40 PM
From: [Judy Anne Williams](#)
Sent: Wednesday, February 2, 2022 12:03:05 PM
To: [~House Commerce Committee](#)
Subject: HB 1622
Importance: Normal

Dear Folks,

As a mental health care provider, I want to strongly encourage you to support this bill, which will help create a better environment for us to serve our clients and our community. I used to take a number of different insurances, and now I take only one. Insurance providers wasted endless hours of my time on hold, waiting to try to resolve billing problems that were almost always the fault of the company. They required endless paperwork to justify treatment, and the burdens of working with them simply caused me to give up. Now, I offer my clients a sliding scale, reducing my income, but improving my quality of life as a therapist.

I am part of a list serve for local therapists that is constantly bombarded by requests from clinicians who are desperately trying to find referrals for people seeking mental health care. Insurance companies cannot offer adequate choices to their customers when they have made it so burdensome to be a part of their panels.

I hope you will all come together to support this important legislation, and let us be free to do what we do best: help people get well!

Sincerely,
Judy

Note: I also live in Hanover, at 15 Barrymore Road.

JUDY ANNE WILLIAMS, LICSW, LLC
(pronouns: she/her/hers)
40 College Street, Hanover, NH 03755
603-991-9612
judyannewilliamslicsw@gmail.com

Archived: Thursday, May 19, 2022 12:44:40 PM
From: beth@findyourstillwater.com
Sent: Thursday, February 3, 2022 11:30:48 AM
To: ~House Commerce Committee
Subject: HB1622 - Phil Spang. Bill
Importance: Normal

Hi there -

I am a private practice mental health clinician based in the Seacoast of NH. I am licensed in both MA and NH. I primarily treat perinatal women for trauma. In 2018, I stopped taking insurance because my reimbursement rates were less than what a massage therapist (who does not have a graduate degree!) normally gets paid in NH. I also spent probably 4 unpaid hours a week trying to get paid from insurance companies and working through issues, and this is on the low side for most clinicians.

I almost never have openings for new clients, as the surge of calls is overwhelming. I probably receive 20 calls a week for women looking for help, even with my pay out of pocket rate of \$150 per 50 min session.

We really need this bill passed. Please support it.

Thanks
Beth Brown

Beth Brown, LICSW, PMH-C, RPYT, EMDR Certified
Stillwater Counseling, LLC
Pentucket Perinatal Mental Health Coalition
North Shore MA, Seacoast NH
978-378-3533
FAX 978-288-0243
beth@findyourstillwater.com

If this is an emergency or you are experiencing a crisis, please call 911 or go to the nearest hospital. You can also text 741741 to text with a trained crisis counselor. If you are on the North Shore of MA, you can also call the local crisis team at 800-281-3223.

Please keep in mind that communications via email are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed. Please do not include personal identifying information such as your birth date, or personal medical in emails to me.

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Archived: Thursday, May 19, 2022 12:44:46 PM
From: [Virginia Nossiff](#)
Sent: Tuesday, January 25, 2022 4:16:44 PM
To: [~House Commerce Committee](#)
Subject: HB1622 Support
Importance: Normal

Good afternoon committee members,

I'm writing to urge you to support HB1622 which will recognize and affirm that mental illness is a medical illness.

A person with a serious mental illness has neurological impairments. The organ that is affected is the brain, just as hearts are affected by conditions such as coronary artery disease.

I want my son to be treated by medical professionals that are compensated at the same rates as other medical professions. And we need to continue efforts outlined in the 10 Year Mental Plan to encourage and attract behavioral health professionals to the industry.

I urge you to vote in support of HB 1622. Thank you.

Virginia Nossiff
Conway, NH

Archived: Thursday, May 19, 2022 12:44:43 PM

From: Julie

Sent: Monday, January 31, 2022 2:30:00 PM

To: ~House Commerce Committee

Subject: HB1622

Importance: Normal

Please support this bill. As a licensed clinical social worker in private practice for many years, I have never experienced a time of so much expressed need for services and such limited availability. Prospective patients are grateful when they can be added to a waiting list, and the need for mental health services is often urgent.

We all need to support those in need, and the clinicians who are able to provide these services need to be reasonably compensated. When we fail to do this, the pool of providers becomes smaller, and that is the opposite of what our community needs in these difficult times.

Julie Beck Goss
L.I.C.S.W.
Nashua, NH
Sent from my iPad

Archived: Thursday, May 19, 2022 12:44:45 PM
From: TK Trudel
Sent: Sunday, January 30, 2022 5:27:37 PM
To: ~House Commerce Committee
Subject: Re: HB1622
Importance: Normal

To Committee Chair and Committee Members:

I am writing to you in hopes you support mental health parity.

I have a lot of specialists who are doctors. When i look at my statements, my medical oncologist is bills \$225 per 25 minutes. My psychiatrist whom i met with over the phone can only bill for \$125 for a half hour.

Once doctors get their license, they have an enormous amount of debt. People who work with cancer patients make more money (or are able to bill) for more. Each doctor specializes in something that is supposed to help them make a living. It is appalling that psychiatrists don't make as much money

How do we expect doctors, therapists, and social workers to want to study if they can't even pay off their student loans? Our NH mental health system is so broken. People wait 3 months to get into therapy or see a psychiatrist. By then, it could be too late.

I remember when i moved up to Concord, NH, I called probably 30 places trying too find a therapist. The waitlist is 3 months i was told over and over again. I NEVER gave up. A lot of people do. Look at the suicide rate. When we need mental health services, we need them ASAP.

Part of this: we need to consider reciprocity. Why can't we make licensing easier? NH is a beautiful state. Working in this state is a blessing. 1 hour to the beach, the Lakes Region, to the Mountains, and Boston. We have amazing trails and 4 seasons.

Since the Governor deployed the National Guard for COVID, how about we use them to strengthen the mental health system here in NH. Be a model like we were for the COVID free tests! Staffing is an issue everywhere but using the National Gaurd or even, letting students do supervised intern work while they complete their schooling.

Mental health parity and the issues surrounding it need to be built up.

Thanks for considering.
Please reach out if you havr any questions.
Karen Trudel

Archived: Thursday, May 19, 2022 12:44:42 PM
From: [Betty LaFleur](#)
Sent: Tuesday, February 1, 2022 11:05:40 AM
To: [~House Commerce Committee](#)
Subject: HB1622
Importance: Normal

Dear House Commerce and Consumer Affairs Committee:

It was suggested by my representative that I write to you.

I am a psychologist who resides in Brookline, NH and practices in Manchester, NH. My practice is one of the only practices that provides services exclusively to adults aged 65 and older, with an exception for younger adults with memory issues. I ask for your support for HB1622, the Phil Spagnuolo Mental Health Parity and Addiction Equity Enforcement Law. The Granite State is in a mental health and substance use crisis and our provider workforce is dwindling. The New Hampshire Psychological Association's Mental Health Practice survey results indicate that 65% of clinicians across the state are unable to find colleagues to refer clients to. Difficulties with insurance companies are keeping a quarter of providers from accepting reimbursed clients. Many plan to leave some or all insurance panels in the next two years. Access to treatment will continue to deteriorate unless the state resolves inequitable reimbursement rates from insurance companies when compared to reimbursement rates for health care for physical illness.

We have had more and more difficulty finding people that we can refer patients to when they do not meet our age criteria. Although I am unsure whether this would be addressed by this bill, I have recently seen a patient DENIED continued coverage by her secondary insurance because she has a mental health diagnosis of recurrent Major Depression. This should never happen to an individual. This person has shown progress as a result of treatment but was told by an insurer that she could no longer receive her insurance because she did not meet their "underwriting guidelines" because of her diagnosis. This is unethical and demoralizing. Another issue (which may not be covered here) is that it is impossible for a provider to easily reach an insurance company to discuss their concerns. Phone numbers are provided or internet sites, but it is like entering a rabbit hole. Clinicians are leaving because they do not have the time to chase down these holes only to find vague and unhelpful responses.

This bill grants the New Hampshire Insurance Department the authority needed to strengthen New Hampshire's mental health and substance use workforce by ensuring reimbursement rates are no less extensive than provided for any other type of health care. It grants the Commissioner the authority to create a process for monitoring and reporting compliance, and for citizens and providers to file complaints specific to equitable reimbursement. Please support HB1622 to honor Phil Spagnuolo and to improve access to mental health and substance use treatment. Thank you for your service to New Hampshire.

Sincerely,

Betty LaFleur

19 Laurel Crest Dr
Brookline, NH 03033
balafleurphd@gmail.com

--

Betty LaFleur, Ph.D.



Clinical Psychologist
Chief Operating Officer
Generations Geriatric Mental Health
603.645.5977

Archived: Thursday, May 19, 2022 12:44:43 PM
From: [Christine Miller](#)
Sent: Monday, January 31, 2022 6:36:57 PM
To: [~House Commerce Committee](#)
Subject: HB1622-Mental Health Parity
Importance: Normal

Hello,

My name is Christine Miller, LCMHC, and I practice psychotherapy in Bedford. My NH license number is 32. I was one of the first therapists licensed in NH and have been in practice for 40+ years. I have never seen the profession in a crisis like it is now.

I get a minimum of 5 referrals a week. I cannot personally handle the crises that are erupting in people's lives so I have tried to bring on another therapist to work with me. I am unable to interest anyone in a position that involves insurance reimbursement because rates are so uneven and random. There is as much as a \$60.00 gap between what insurance A and insurance B pay for the same service. Additionally, two providers in the same office with the same credentials are paid differently by the same company.

Insurance companies decide to change rules, fail to adequately notify providers and then fail to pay us. I spent all weekend rebilling all of my Anthem January patients because Anthem changed the code for "Place of Service" from 02 to 10 for telehealth, but I personally never received notice of this. I just had all my bills denied. Many of my colleagues have stopped taking insurance and I have periodically refused to take certain insurances because they are impossible to work with. Providers need your help!

Please vote YES on HB1622.

Thank you,
Christine Miller, Ed.M., LCMHC
Women's Counseling Center
201 Riverway Place
Bedford, NH 03110
603-668-8400 (office)
603-753-2385 (home office)

Archived: Thursday, May 19, 2022 12:44:41 PM
From: [Rebecca Varner](#)
Sent: Tuesday, February 1, 2022 8:06:58 PM
To: [~House Commerce Committee](#)
Subject: House Bill 1622-The Phil Spagnuolo Bill
Importance: Normal

Dear Committee Members~

I am writing in support of HB 1622, and to ask you to support it as well. This bill will help to strengthen the mental and behavioral health workforce in NH by ensuring reimbursement rates are as extensive as those provided for other types of physical illness.

I am a NH resident and a clinical social worker who has practiced in Portsmouth, NH since 1984. I worked first in behavioral health at PRH, and have also been in private practice since 1985. I provide services to children, teens, adults, couples and elders. In recent years I have stopped accepting some insurances and have considered stopping accepting others because of low reimbursement rates, and the difficulties in sometimes receiving reimbursements for services already provided. This necessitates me spending extra time on billing, rebilling and having to pay my bookkeeper for extra hours as she has to follow up on claims which are erroneously denied or taking months to process. It is not unusual to have insurance companies lagging behind by 60-90 days in claims, which takes a great toll on my livelihood.

Furthermore, due to low reimbursement rates and the above mentioned problems, many therapists no longer accept insurance which places a burden on the rest of us. I know of NO therapists who accept insurance who do not have a wait list. People call our practice every day looking for services...many folks say they never even receive a call back from other therapists. In part because of the difficulties surrounding the Covid pandemic and the disruptions to our society, the needs of NH residents for mental health and addiction services has grown tremendously over the last 2 years. The current state of needs for children and teens is a crisis. Access to therapy is greatly reduced when there are fewer therapists who accept insurance due to low reimbursement rates, and even insurance coverage is often inadequate with high deductibles and co-pays. NH residents deserve better. Please support this bill as one way to improve the current situation.

Sincerely,

Rebecca Varner MSW LICSW
New Castle, NH

Archived: Thursday, May 19, 2022 12:44:46 PM

From: Lacey Colligan

Sent: Tuesday, January 25, 2022 6:03:33 PM

To: ~House Commerce Committee

Subject: In Support of HB1622

Importance: Normal

To the House Commerce and Consumer Affairs Committee,

I am a constituent who is writing with my own opinion based on my experiences in New Hampshire. I strongly support HB1622 because I have experienced significant difficulty obtaining mental health care due to lack of providers. I have worked in the NH healthcare industry as a physical health provider and know personally that our salaries are significantly higher than psychiatrists and psychiatric nurse practitioners working at the same institution.

I suffer from PTSD and required intensive support at one time. My nurse prescriber resigned from the institution where I worked and her job was not filled. I was put on a wait list for a new prescriber and never received one. When I called to check in on the wait list, the psychiatry receptionist laughed, and said "no one's moving on this list, because we'll never fill the position." Eventually I had to pay privately for care outside the institution. Eventually I had moved to Massachusetts for care which I accessed through insurance in a very timely fashion for a manageable cost.

I returned to NH and am self-insured through the state program. My insurance contracts with multiple providers who will not take new patients. Every month I spend two days calling all the providers in network for my NH insurance who will take new patients. So far, I have found none in the last two years. Apparently there is no consequence for a major provider of health services who contract with state insurers to just not provide services despite tremendous need. Essentially, there is no mental health parity in this state.

Please pass HB1622. NH residents should no longer be second class citizens when it comes to access to mental health services.

Sincerely,

Lacey Colligan MD
85 Portage Pass
Moultonborough NH 03254

Archived: Thursday, May 19, 2022 12:44:43 PM
From: Matt Fowler
Sent: Monday, January 31, 2022 9:04:48 PM
To: ~House Commerce Committee
Subject: In Support of HB1622
Importance: Normal

To whom this may concern,

My name is Matt Fowler and I am the Chair for the New Hampshire Association for Marriage and Family Therapy. I am writing you [today](#) in support of HB1622, which we believe will have a positive impact on our mental health system. Our state has often had an issue with the ratio of those looking for therapy services to the number of available therapists. I hear on a daily basis from families saying they have been calling for six months or more and can still not get an appointment. In my own practice, I have a wait list of 6 months or more and have to turn away five to ten clients a week. I have no one to refer to because no other therapists have space in their schedule. One of the biggest problems has been, and continues to be, the therapist relationship with the insurance companies in our state.

Recent graduates have mentioned to our board that the barriers to entry to become a therapist are student loans, low pay pre-licensure in the community mental health sector and, once licensed, the hassle of struggling to be fairly compensated for their work by insurance companies. This has led to some leaving the field of face to face therapy or choosing not to accept insurance at all.

In 2021, NHAMFT advocated against a rate reduction from Anthem Blue Cross Blue Shield for family therapy codes 90846 and 90847. In a time where families were looking for, and begging, for help, an insurance company made the decision to pay those serving these families less. Numerous therapists have shared their stories of insurance companies auditing for using certain reimbursement codes too frequently, having had their payments delayed for multiple months, long wait times to get credentialed and then paid, unclear communication practices about reimbursement decisions, and having attempts to resolve disputes completely ignored. As a single mental health provider against a large insurance company, there is minimal to no recourse for the provider and most complaints are ignored.

We have a two fold problem in this state both from the client and provider perspective. We have a problem of an unprecedented number of individuals and families looking for therapeutic services and not enough providers to serve them. We also have a mental health system that incentivizes therapists to leave state run agencies, leave the field because of burnout or low pay, or not accept insurance. With so many families that rely on their insurance for mental health care, this is not, and has not, been sustainable; changes need to be made. Our hope is that by supporting HB1622, this will help put us one step closer to a better mental health system in our state for all those involved.

Respectfully,

NHAMFT Board
Matt Fowler, Chair
Jennifer Golia, Chair-Elect
Christine Lazdowski, Secretary



New Hampshire Mental Health Counselors Association
P.O. Box 3127
Manchester, NH 03101

RE: Phil Spagnuolo Bill (HB 1622)

Dear Chairman Hunt and Members of the House Committee on Commerce and Consumer Affairs,

My name is Seth Wizwer and I am the current president of the NH Mental Health Counselors Association. We are writing to express our support for the Phil Spagnuolo Bill (HB 1622), relative to mental health parity and addiction equity enforcement. The proposed bill would ensure that reimbursement rates provided to mental and behavioral healthcare are no less extensive than rates provided for any other type of healthcare for physical illnesses.

I hear from clinical providers every day that they are leaving private insurance companies and accepting only private pay. The licensed therapeutic workforce is there, but they are tired of spending hours on the phone with insurance carriers. Clinicians in private practice are overwhelmed with people needing services. Why spend an hour with your client, then an hour with the insurance company, for half the reimbursement? One NH-based survey (NHPA) shows 26% of respondents reporting they are not in-network with insurance companies, and provider reimbursement is the number one reason. Eighteen percent of these mental and behavioral health workers plan to leave some or all insurance panels in the next two years.

It is clear why clinicians are frustrated, with 80% of respondents in another NH-based survey (Clinicians United) reporting insurance companies retroactively denying previously approved claims, often in the thousands of dollars. Rather than going to the insurance carrier that was supposed to cover the services, they take it from the provider.

Mental and behavioral health providers have a strong commitment to the wellbeing of our New Hampshire clients. However, we are tired of being beholden to the lowest bidders. We strongly support legislation that endeavors to address this situation. We work very hard to help those we serve, yet are not getting the respect and compensation for our time and effort.

Respectfully submitted,

Seth Wizwer, LCMHC NH#642
President NHMHCA

Archived: Thursday, May 19, 2022 12:44:44 PM
From: [Janelle Cheselka Joliat](#)
Sent: Monday, January 31, 2022 10:56:11 AM
To: [~House Commerce Committee](#)
Subject: My support of HB1622 and experience as a therapist
Importance: Normal

Good morning,

I am a social worker and therapist writing to express my support for HB1622 (The Spagnuolo Mental Health/Addiction Parity Act)

My current clients are adults from ages 21-63 and there are so many mental health needs that are going unaddressed because of long waitlists and insurance issues for clients. My clients struggle for months and even years with basic mental health challenges that could easily be addressed by myself and other therapists, however because of longer waitlists their problems become larger and larger, leading to substance use, difficulty working, and sometimes even physiological complications. Essentially my clients are spraining their ankles (for example: mild anxiety due to work), not able to find or afford care, and injuring themselves further so that more intensive treatment is required. They either suffer financially, mentally, and professionally and some even turn to substances to self-medicate.

As we all know, medical doctors are stretched thin right now so therapists and other mental health professionals are a wonderful resource to cover gaps in care. We check in on clients physical health, monitor prescribed and unprescribed/illicit drug use, and create a safe environment for them to find other tools to relieve their mental health issues.

CBT (Cognitive Behavioral Therapy) is a type of therapy that has been extensively researched and the results show time and time again that *it works*. Mental health is not "just talking to someone", but building skills that are not often taught so that my clients can manage depression, anxiety, ADHD and other diagnoses and live their lives productively and effectively. I truly believe more parity for mental health and substance use would relieve **huge burdens on the drug abuse epidemic and medical system** that we are currently experiencing.

Please contact me should you have any questions on my personal opinion.

Janelle Joliat
Nashua, NH

Archived: Thursday, May 19, 2022 12:44:47 PM
From: [Bragdon, Peter E.](#)
Sent: Wednesday, January 19, 2022 11:40:43 PM
To: [~House Commerce Committee](#)
Subject: My testimony on HB 1622 - an act relative to mental health parity
Importance: Normal

Honorable members of the House Commerce and Consumer Affairs Committee:

Earlier today (Wednesday) I testified on behalf of Harvard-Pilgrim Health Care opposed to HB 1622. My remarks followed the bullet points below and I am happy to share them with you. The main point of my testimony is that the bill duplicates authorities and procedures already in place and is therefore unnecessary.

I would be happy to answer any questions you may have – Peter Bragdon

~~~~~

- While Harvard Pilgrim has signed-in in opposition to HB 1622, we fully understand how vitally important mental health care is. Its importance has been highlighted particularly throughout the COVID-19 pandemic.
- The concerns we have with this bill are that its goals appear to already be addressed in other parts of statute, therefore the bill is unnecessary.
- Section I of the bill gives the NHID the authority to investigate insurance carrier conduct that may violate the federal mental health parity law. However, the NHID already has investigational authority under RSA 400-A:16, which states that the NHID “may conduct such investigations in addition to those specifically provided for as he or she may find necessary in order to promote the efficient administration of the provisions of this title.” The NHID also has examination authority under RSA 400-A:37. The NHID recently completed a market conduct exam on 3 of NH’s commercial carriers to ensure compliance with the federal mental health parity law, which shows that no additional authority is needed.
- Section I further requires that the NHID establish a specific mental health parity complaint process. The NHID already has a complaint process, which is managed by the Consumer Services Division. A separate complaint process specifically for mental health parity is unnecessary and would be confusing to the consumer.
- Section I would also require insurers to submit annual reports on their compliance with federal Mental Health Parity and Addiction Enforcement Act (MHPAEA). The Consolidated Appropriations Act recently amended the federal MHPAEA by requiring plans to do a comparative analysis of all nonquantitative treatment limitations to demonstrate compliance with MHPAEA. We should be striving to align with the federal requirements rather than create new requirements. I would just note that the NHID has filed their own bill (SB 373) that would require commercial insurers to file the comparative analysis with the Department for their review to ensure compliance.
- Finally, the bill would require reimbursement rates for behavioral health care to be no less extensive than rates provided for any other type of health care for physical illness. MHPAEA already addresses how insurance carriers should be addressing reimbursement rates and we should not be reinterpreting the law in state statute.
- I would also note that the legislature revisited the state MHP law in 2020 and added language that requires insurers to include in their contracts with participating providers reimbursement terms for

MH/SUD treatment services that are on average, at least as favorable as those in their contracts for professional services provided by non-hospital affiliated PCPs. This section of the law has only been in effect for 18 months.

# # #

**Peter E. Bragdon**

Senior Policy Advisor

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603.554.7730 Cell

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February 1, 2022

RE: Phil Spagnuolo Bill (HB 1622)

Dear Chairman Hunt and Members of the House Committee on Commerce and Consumer Affairs,

My name is Lynn Stanley, and I am the Executive Director of the New Hampshire Chapter of the National Association of Social Workers (NASW NH). I am writing to express our support for the Phil Spagnuolo Bill (HB 1622), relative to mental health parity and addiction equity enforcement. The proposed bill would ensure that reimbursement rates provided to mental and behavioral healthcare are no less extensive than rates provided for any other type of healthcare for physical illnesses.

I hear from social workers every day that they are leaving private insurance companies and accepting only private pay. The licensed therapeutic workforce is there, but they are tired of spending hours on the phone with insurance carriers. Clinicians in private practice are overwhelmed with people needing services. Why spend an hour with your client, then an hour with the insurance company, for half the reimbursement? One NH-based survey (NHPA) shows 26% of respondents reporting they are not in-network with insurance companies, and provider reimbursement is the number one reason. Eighteen percent of these mental and behavioral health workers plan to leave some or all insurance panels in the next two years.

It is clear why clinicians are frustrated, with 80% of respondents in another NH-based survey (Clinicians United) reporting insurance companies retroactively denying previously approved claims, often in the thousands of dollars. Rather than going to the insurance carrier that was supposed to cover the services, they take it from the provider.

Mental and behavioral health providers have a strong commitment to the wellbeing of our New Hampshire clients. However, we are tired of being beholden to the lowest bidders. We strongly support legislation that endeavors to mend this untenable situation.

Respectfully submitted,

Lynn Stanley, LICSW  
Executive Director  
NASW NH

**Archived:** Tuesday, April 5, 2022 2:17:16 PM  
**From:** [lynnkegley@comcast.net](mailto:lynnkegley@comcast.net)  
**Sent:** Tuesday, February 1, 2022 7:13:24 PM  
**To:** ~House Commerce Committee  
**Subject:** Phil Spagnuolo Bill (HB 1622)  
**Importance:** Normal

---

Dear Honorable Members

I am a Licensed Independent Clinical Social Worker in NH. I worked in New Hampshire non-profit agencies for many years, but have had a private practice in Nashua, NH since 2005. I provide outpatient services to teens and adults, mostly focusing on clients with a history of trauma.

In 2016, I provided a letter to all of my current clients informing them that, due to the immense burden placed on private practitioners by the insurance companies, I was considering leaving all insurance panels. In 2018, after much deliberation, I made the very difficult decision to stop taking private insurance as payment for my clients' sessions. I left insurance panels for several reasons. I had many insurance companies wrongly denying claims, I had retroactive denials for services even though I had been pre-approved to provide the services, I had several clawbacks and even had two insurance companies simply not pay me thousands of dollars owed for services.

The amount of time that I was spending on the phone with insurance companies was exorbitant and the insurance companies kept asking for more and more. To be clear, I never had a claim denied or had retroactive denials because of something that I did or did not do as a clinician. The reasons were all technical – things like, the insurance company had the wrong date of birth for the client, so could not approve the payment, or the insurance company had my address listed incorrectly, so would not pay me. At one point, I had a conversation with an insurance company to tell them that they had my address listed as providing services in Concord, NH. I informed them that I had tried to correct it through their provider portal several times to no avail and that I was not receiving my payments. I was told that “there must be another Lynn M. Kegley, LICSW in the state of NH who provides services out of Concord”. I continued not to get paid by that particular company.

The majority of clinicians in our practice have limited the insurance panels that they are on and are all considering getting off of all panels. While we have seen a consistent increase in our referrals since the beginning of the pandemic, we turn at least 5 or more people away on a weekly basis because we do not take their health insurance and they cannot afford to pay out of pocket, even with a reduced fee. As a social worker, this feels unethical, but trying to sustain a livable wage from insurance companies became impossible.

As I'm sure you are aware, there has been a significant increase in the need for mental health services as the pandemic has caused people to feel isolated, depressed, and anxious. In addition, I have found that many of my clients with trauma histories are becoming symptomatic again due to the state of our current environment. As you are also aware, the mental health system in NH is in a state of crisis. Inpatient facilities are severely limited and clients with mental illness are being held for days or weeks in the ERs. We would never keep a patient with a serious heart issue or a patient with COPD in

the ER for days or weeks. Why have we come to believe that is acceptable for our most vulnerable citizens in a mental health crisis? I sincerely believe that, with better access to outpatient services, many of those patients who show up at ERs in a crisis state could have instead been stabilized in the community if they had access to services. The services are becoming more and more limited, however, due to the immense burden that is placed on clinicians by the insurance companies.

As clinicians, we have spent a great deal of time and money obtaining our degrees, paying for continuing education, paying to renew our independent licenses, while also having to pay the rent, utilities, purchase supplies and pay ourselves a living wage. The insurance companies make this impossible. For me, the only way that I was able to sustain my practice was to also have an additional part-time job that may pay me a living wage. It is unclear to me how it came to be that insurance companies can simply not pay their subcontractors for work that has been performed. I know of no other industry that, once a contract is signed and the work is performed by the subcontractor, the contractor can simply decide not to pay.

Thank you for taking the time to read this email. I hope that you will seriously consider the impact of this bill on the behavioral health providers in the state and vote accordingly. Thank you for your consideration.

Kind Regards,  
Lynn M. Kegley, LICSW

Lynn M. Kegley, PLLC  
dba A Peaceful Balance Clinical Consultation & Counseling Services  
154 Broad Street  
Suite 1511  
Nashua, NH 03063  
Ph 603-577-5551 ~ Fax 603-577-5576



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**Archived:** Tuesday, April 5, 2022 2:17:16 PM  
**From:** James Marston, AMH  
**Sent:** Tuesday, February 1, 2022 5:41:48 PM  
**To:** ~House Commerce Committee  
**Subject:** Phil Spagnuolo Bill (HB 1622)  
**Importance:** Normal

---

Dear Chairman Hunt and Members of the House Committee on Commerce and Consumer Affairs,

My name is James Marston, and I'm the owner of a group mental health practice in Dover, NH. I'd like to share my position on the Phil Spagnuolo Bill (HB 1622). I have been in the mental health field for over ten years, and have served the last six years on the NH Mental Health Counselors' Association Board. As both a professional in the field, a supporter of other practitioners, and as someone who makes business decisions for a small group of practitioners, I'm a strong supporter of this bill.

I believe that the proposed bill would help ensure that reimbursement rates for mental and behavioral healthcare providers do not fall behind the rates of healthcare providers who treat physical illnesses. Legislation like this is necessary if we want mental and behavioral healthcare providers to maintain contracts with insurance providers, which in turn would enable more NH Citizens the ability to access affordable mental health care.

As it stands, there is little incentive to providers such as myself or my employees to continue to maintain contracts with insurance companies. Rates will stay the same for months, or even years, without increasing, leaving experienced mental health counselors unrewarded for experience or proficiency. Dealing with the bureaucracy and complications of insurance companies takes time and mental energy away from working with clients, and increases the rate of burnout and frustration on the part of providers. It increases the overhead for small businesses in terms of administrative time and support. Even when we manage to get a claim paid, it's at a reduced rate, and we can't even count on keeping the money. Every year, insurance companies "claw back" fees that were paid for services rendered, through no fault of ours. If we make a mistake, we don't get paid. If they make a mistake, they get their money back.

For some time, the only benefit of signing up with an insurance company was a steady source of referrals - but the reality of mental health treatment availability today is that nearly every provider has a wait list. Many therapists look forward to reducing their involvement with insurance panels as a way of reducing stress and increasing income.

If insurance reimbursement rates are not adjusted, fewer and fewer mental health providers will find contracting with insurance companies compelling. We, as mental healthcare providers, are being put in the position of having to choose between doing more administrative work, tolerating more frustration, and getting paid LESS to help more people, or helping less people for more money and less frustration.

We are in this field because we are healers. We care deeply about our clients and have a strong desire to support public health. We are intimately aware of the unmet mental health needs of the citizens of our state. However, it is unfair to continue to ask therapists or businesses to compromise ourselves to make up for broken systems. I strongly support any legislation that helps reward those who want to provide care to others and makes mental health care more accessible to those in need.

James C. Marston, LCMHC  
(He/Him)

[Alliance Mental Health and Youth Consultation Services](#)

603-343-2166



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**Archived:** Thursday, May 19, 2022 12:44:41 PM  
**From:** pmk  
**Sent:** Tuesday, February 1, 2022 4:11:32 PM  
**To:** ~House Commerce Committee  
**Cc:** Lynn Stanley  
**Subject:** PHIL SPAGNUOLO BILL (HB 1622)  
**Importance:** Normal

---

Dear Sir/ Madam:

I am a licensed Clinical Social Worker in the state of NH and also licensed in the State of Massachusetts providing out patient mental health services to a broad range of clientele in multiple counties in the state of New Hampshire and Massachusetts via Tele Health.

I have been in this field for almost 40 years. I accept most all insurance carriers as an in network provider. Since the start of the pandemic, I have been providing only tele health services to clients and find that the efficacy of my work is equal to that of in person therapy. More often clients have found that the tele health process has made it easier to access therapy in their busy lives. I will say that the "screen time" is perhaps more strenuous on ones eyes, and the fixed sitting in one position a more demanding challenge.

If I was forced to see my clients in person, I would not be able to continue providing my mental health service, as I firmly believe this would put my health at risk and theirs as well. Given the spread of this virus, that there are still many people who are not vaccinated, or have children living with them unvaccinated, or their exposure to the virus is high, there would be a very high probability that I could catch the virus, or my office would be a place of contamination for others to catch it as well.

Outside the pandemic issues, clients have told me that the tele health therapy is better for them, in that they are able to be more flexible in scheduling their therapy sessions.

This has allowed more people to obtain therapy on a more regular basis given the ease scheduling times for their busy work or home life schedule, rather than driving, parking and getting to an office.

I receive calls daily from people seeking therapy and I am unable to accept the many new referrals that call in. That being said, I do accept new referrals as clients are able to end treatment when ready.

If the reimbursement rates are reduced by the insurance companies, I will not be able to stay credentialed in that network as it would be cost prohibitive of my to accept lower rates. As it is they do not pay my hourly rate, and I have accepted their proposed rate in order to stay in network.

I hope this letter helps in explaining my position to the committee.

Respectfully submitted,

Penni Kaufman.

Penni Kaufman, MSW, LICSW  
120 Main St. Suite 105

Nashua, NH 03060

"Never doubt that a small, group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."

Margaret Mead

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**Archived:** Thursday, May 19, 2022 12:44:43 PM  
**From:** Jennifer Wolfe-Hagstrom  
**Sent:** Monday, January 31, 2022 1:31:51 PM  
**To:** ~House Commerce Committee  
**Subject:** Phil Spagnuolo Bill (HB 1622)  
**Importance:** Normal

---

Dear House Commerce Committee Members,

I am a resident of Amherst, NH where I live and work as a Licensed Independent Clinical Social Worker. I am also the Co-Chair of the National Association of Social Work New Hampshire Chapter's Clinical Committee. I provide psychotherapy services to children, adults, and families who have experienced trauma including physical, sexual, psychological, and neglectful abuse.

A few years ago I stopped my contracts with private insurance companies because it was not feasible for me to be able to treat as many people as possible while also jumping through all of the hoops and maneuvering the red tape of each private insurance company. This decision was not one that I made lightly and I do grapple with the moral and ethical considerations of this on a daily basis. I do not want to exclude clients based on their insurance or how they may be able to pay for therapy services, especially my client population of people who are victims of abuse. However, *it is not feasible for me to keep up with all of the paperwork, constant justification of need for services, long phone calls with excruciating wait times; often over an hour per phone call and that is just waiting on hold for one of at least 20 phone calls that were required of me per week, that's at least 20+ hours a week just trying to answer all of the insurance companies questions after I have already submitted all of their required paperwork. That's 20+ hours a week that I could be providing actual treatment to clients, clients that I am then unable to help because I'm stuck waiting for the insurance companies to pick up the phone.*

I hope you can clearly see that as a social worker who adheres to professional ethics, as well as my own personal integrity to want to help as many people as I can, I could not justify all of this time spent trying to do everything the insurance companies wanted me to be doing for the extremely small amounts they would reimburse for my strong clinical work backed by over a decade in the field of social services. *I just cannot sell my clients short for the quality or length of their treatment.*

**Currently I have a long waiting list, even longer than normal due to the ongoing pandemic** and my need to be only working part-time due to lack of adequate childcare. Every other clinician I know that I refer people to is also working with a full case-load and long waitlist. **Every potential client who has contacted me in the past two years has been unable to find any therapist who has openings and/or takes their insurance. This is not right and is doing a great deal of harm to all Granite Staters during a time of extreme need for mental health services.**

Clients are fed up with insurances blocking their right to the best treatment possible and are then stuck with *the very difficult decision to either go with no treatment or pay out of pocket for services that they already pay their insurance company to cover.*

Granite Staters deserve high quality mental health care that is covered under their private insurance plans. This is only possible if legislation is passed to require the insurance companies to pay professional mental health providers what they are worth for their clinical skills. *Many of my colleagues and I agree that if insurance companies would pay us on par with other health*

*professionals and didn't require 20+ hours a week of extra unpaid paperwork/phone call time then we would be eager to contract with private insurance companies.* Until then we decide to continue providing high quality treatment to as many Granite Staters as we can, the only way we are able, without contracts with private insurance companies.

Please take action to rectify this injustice which affects all Granite Staters by **voting YES to HB1622 on Wednesday**. Thank you for your time and your commitment to representing the best interest of all New Hampshire residents.

Take Care,

Jennifer Wolfe-Hagstrom, LICSW  
she/her/hers  
Kindness Corner Farm, PLLC  
603-392-7847  
[www.kindnesscornerfarm.com](http://www.kindnesscornerfarm.com)

Co-Chair, Clinical Committee  
NASW NH  
<https://naswnh.socialworkers.org>

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Thank you for taking the time to read this email. I hope that you will seriously consider the impact of this bill on the behavioral health providers in the state and vote accordingly. Thank you for your consideration.

Kind Regards,  
Lynn M. Kegley, LICSW

Lynn M. Kegley, PLLC  
dba A Peaceful Balance Clinical Consultation & Counseling Services  
154 Broad Street  
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Nashua, NH 03063  
Ph 603-577-5551 ~ Fax 603-577-5576



[www.apeacefulbalance.com](http://www.apeacefulbalance.com)



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**Archived:** Thursday, May 19, 2022 12:44:41 PM  
**From:** [Lindsay Staples](#)  
**Sent:** Tuesday, February 1, 2022 5:26:30 PM  
**To:** [~House Commerce Committee](#)  
**Subject:** Phil Spagnuolo Bill (HB1622)  
**Importance:** Normal

---

Hello,

I am a practicing psychologist in the state of New Hampshire and I am writing in support of HB1622. I am not in-network with any insurance carriers due to low reimbursement and the practice of retroactive claim denials. Insurance companies are failing to connect their members with my care because they are simply unwilling to offer terms I can accept. Equitable reimbursement rates and an end to clawbacks would enable me to serve a much broader population of NH residents. Please vote yes on HB1622.

Sincerely,

Lindsay Staples

--

Please be advised that electronic communications are not confidential and are subject to discovery. By participating in this exchange you acknowledge and allow these limitations and hold Dr. Staples harmless for any limitations or disclosure associated with these media. This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the sender by email, delete and destroy this message and its attachments.

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**From:** Paul Smith

**Sent:** Monday, January 31, 2022 3:53:46 PM

**To:** ~House Commerce Committee

**Subject:** Phil Spagnuolo Bill HB 1622

**Importance:** Normal

---

Caution! This sender may be impersonating someone in your organization or a well known brand.

Hello,

If New Hampshire is to be able to provide quality mental health and substance abuse services to your constituents in need as we move into the future, it is imperative that you vote YES on this bill. I'm a mental health counselor in private practice for 24 years with 42 years in the field. I have no desire to retire, but I'm considering it due to the mounting frustrations of unfair dealings with insurance companies. Please save our crucial field! Thank you.

Sincerely and Respectfully,

Paul G. Smith, MA, CAS, LCMHC

2 Union St, Concord, NH 03301

603-226-6609

**Archived:** Tuesday, April 5, 2022 2:37:44 PM  
**From:** Dubois, Christine  
**Sent:** Monday, February 14, 2022 1:22:48 PM  
**To:** ~House Commerce Committee  
**Subject:** Phil Spagnuolo Bill HB1622  
**Importance:** Normal

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House Committee Members,

I am the Director of Behavioral Health and Inpatient Consult Services at Catholic Medical Center. I live and work within the Manchester community and am very concerned about access to quality behavioral health and substance use services for the citizens of my community and want to express my support for the Phip Spagnuolo Bill HB1622. I believe it will strengthen our BH workforce by ensuring reimbursement rates are no less extensive than provided for any other type of health care for physical illness.

Psychiatrists, Psychiatric Nurse Practitioners and licensed therapist are all in great demand and very difficult and expensive to hire. Their rates for reimbursement nowhere comes close covering the expense of recruiting, hiring and allocating CME dollars and time for them to remain licensed and competent in their roles. This is a disservice to the citizen of New Hampshire, especially with the continuation of the Opioid Crisis and the increase in anxiety and depression due to the Covid 19 Pandemic. We are a small organization and receive anywhere from 150 to 200 call per month from individuals seeking help for themselves or loved one.

We have currently stopped admitting new patients to our Outpatient Practice because we have two vacant therapist positions and one Psychiatric APRN vacancy effect March 2022 and we have yet to have a candidate interview with our team for consideration. We are not even maintaining a waitlist, as it is impossible for us to determine a reasonable date for us to open up for new referrals. The citizens you are duty bound to protect are hurting as a result of inadequate access to mental health and substance use services and I expect you to advocate for the needs of your constituents by supporting HB 1622.

Thank you for your consideration and anticipated support of this request.

Best,

*Christine Dubois, MS*

Director of Behavioral Health Services  
Catholic Medical Center  
(603)-663-6935  
Christine.dubois@cmc-nh.org

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**Archived:** Thursday, May 19, 2022 12:44:45 PM  
**From:** [Debra Ragen-Coffman](#)  
**Sent:** Tuesday, January 25, 2022 8:41:13 PM  
**To:** [~House Commerce Committee](#)  
**Subject:** Please support HB 1622 & HB 1527  
**Importance:** Normal

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I am writing to express my strong support for HB 1622 and HB 1527 coming before the House this week.

Sincerely,  
Debra Ragen-Coffman

**Archived:** Thursday, May 19, 2022 12:44:46 PM  
**From:** [Jillian Sinclair](#)  
**Sent:** Tuesday, January 25, 2022 5:57:12 PM  
**To:** [~House Commerce Committee](#)  
**Subject:** Please support HB 1622  
**Importance:** Normal

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Hello,

I urge you to support HB 1622.

Our certified, qualified mental health care providers deserve to be paid at comparable rates as their physical health care provider colleagues.

The need for insurance-covered mental health care providers has only gone up since the pandemic began.

Please show our hard-working mental health care providers the respect they deserve in a meaningful way by voting YES on HB 1622.

Sincerely,  
Jill Sinclair

**Archived:** Thursday, May 19, 2022 12:44:40 PM  
**From:** [Anne Marie Allwine](#)  
**Sent:** Wednesday, February 2, 2022 7:06:57 PM  
**To:** [~House Commerce Committee](#)  
**Subject:** Please vote YES on HB 1622  
**Importance:** Normal

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To whom it may concern:

Hello, my name is Anne Marie Allwine and I am Licensed Clinical Social Worker operating a private psychotherapy practice in Wolfeboro, NH. I primarily focus on working with children, teens and young adults. The mental health needs have always been great in my experience but since the pandemic they have exploded. So many people have felt more isolated and defeated and this has led to increased rates of depression, suicide, anxiety, substance abuse, and domestic violence among others. I have operated at full capacity for several years and yet still get several calls or emails a day requesting services. We really need more clinicians to provide services and we need to do all we can to encourage people rather than discourage them from this profession. Insurance companies I know have been a big complicating factor for many I know as I am in 2 peer consultation groups. It has been for me as well. My time and energy should be spent on helping as many people as I can not on the phone with private insurance companies dealing with undeserved denials over and over and being put on long hold times or having money retroactively asked back for even after a year. I hope you will consider us in this very essential, very stress-induced yet underpaid and under-respected field as you vote on this bill.

Respectfully submitted,

Anne Marie Allwine, MSW, LICSW  
PEEPS Psychotherapy, LLC

--

Anne Marie Allwine MSW, LICSW  
P.E.E.P.S. Psychotherapy LLC

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**Archived:** Thursday, May 19, 2022 12:44:43 PM  
**From:** [Becky Jamison](#)  
**Sent:** Monday, January 31, 2022 9:08:32 PM  
**To:** [~House Commerce Committee](#)  
**Subject:** Please vote Yes on Phil Spagnuolo Bill (HB1622)  
**Importance:** Normal

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Dear House Commerce Committee,

I am a Licensed Clinical Mental Health Counselor living and practicing in New Hampshire. I provide services to older teens and adults. Recently, I started my own solo private practice and made the difficult decision to not be in-network with any insurance companies. Even when I worked in the larger community centers or the smaller group practices, hired staff was needed to spend many hours trying to contact the insurance companies to obtain reimbursement for services. As a solo practitioner, I decided I could not afford to hire someone to spend hours each week on the phone trying get paid for the services I had already provided, nor could I afford the strain and time away from clients to do this.

I encourage you to vote YES on HB 1622, so more clinicians don't have to make this difficult choice. Many of my current clients have not been able to find a counselor who takes their insurance, and others do not want to fight the insurance companies for reimbursement either.

I understand that insurance companies are big businesses that need to make a profit, but counselors need to be able to make a reasonable living, or we will have fewer and fewer counselors in the state. Insurance companies take hard earned money as premiums from people in NH, and then the services they medically need are not reimbursed. Our clients often can't afford to pay for these services out of pocket, so we counselors end up not paid at all. This is not Mental Health Parity. The clients lose, the counselors lose, and the state as a whole loses.

Please vote YES on HB1622 to ensure reasonable reimbursement and Mental Health Parity.

Sincerely,  
Rebecca Jamison, LCMHC  
Licensed Clinical Mental Health Counselor  
3 Irene Drive  
Hollis, NH 03049  
603-689-5287



**Archived:** Thursday, May 19, 2022 12:44:43 PM  
**From:** [Ashleigh Mondoux](#)  
**Sent:** Monday, January 31, 2022 2:48:19 PM  
**To:** ~House Commerce Committee  
**Subject:** Please vote YES on the Phil Spagnuolo Bill (HB 1622)  
**Importance:** Normal

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Hello,

My name is Ashleigh Mondoux. I am a licensed clinical social worker and own a private practice in Keene, where I treat individuals, couples and families, and specialize in children's mental health.

I cannot stress enough the crisis we are facing with mental health in New Hampshire. The need is greater than I have ever seen it in my 15+ year career. My practice is at full capacity 100% of the time, though I continue to get more calls and requests for services than I can even respond to.

The burden on mental health providers, both in private practices and at larger agencies, is incredibly high, and insurance companies are only adding to this burden, both with the low rates of reimbursement, and the administrative hurdles they place on practitioners. Due to the red tape, clawbacks, ever changing regulations, rate cuts and the already low rates of reimbursement from insurance, I am being forced to consider switching to a private pay model. It pains me to do so, because I am in this field to help people, and the need is so high right now. However, having an insurance based practice is becoming more and more unsustainable at the given rates and as things are now.

Please vote YES to HB 1622!

Best regards,  
Ashleigh Mondoux, MSW, LICSW

--

**\*Check out my virtual Relaxation Room**

**here:** <http://www.counselingservicesofkeene.com/relaxation-room.html>

Ashleigh Mondoux, MSW, LICSW  
Counseling Services of Keene, PLLC  
603-903-0971  
[www.counselingservicesofkeene.com](http://www.counselingservicesofkeene.com)

Current Clients-Click here to access the Client Portal for documents and Telehealth links: <https://counselingservicesofkeene.clientsecure.me>

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**Archived:** Thursday, May 19, 2022 12:44:43 PM  
**From:** [Vic Pantesco](#)  
**Sent:** Monday, January 31, 2022 3:52:19 PM  
**To:** [~House Commerce Committee](#)  
**Subject:** Re HB1622  
**Importance:** Normal

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As a psychologist who has practiced in NH in private, academic, and hospital settings since 1988, I wrote in 2019 to all the insurance panels to which I had belonged, submitting my resignation. Regrettably, it is one of the most satisfying and freeing letters I have written in my entire professional career.

When managed care began its inroads into clinical practice in the mid and late 80's it became clear that "Care" was the wrong word in the title. Care had very little to do with it. Managed Benefits was the more honest label.

There should be a "No Surprises Law" against much of what is happening *to providers*. And yet, this is not surprising. Since the beginning of Managed "Care" the insurance dynamics of wear-down and stress toward both clients and providers through obfuscations, denials, etc. reveals itself, upon examination, as a steep upward slope resembling a meaty stock chart: big jumps up interspersed with token (my word) concessions. *Such mistreatment of people - both patients and providers - by entities paid by those same people to keep them healthy is one of the enduring health care abominations of our times.*

We labor on, and kudos to our watchdogs, officers, and supporters of measures such as HB1622.

Victor Pantesco, Ed.D.

--

Victor Pantesco  
603-355-2200  
[Balfian@gmail.com](mailto:Balfian@gmail.com)

[Balfian@gmail.com](mailto:Balfian@gmail.com)

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**Archived:** Thursday, May 19, 2022 12:44:45 PM

**From:** [norma](#)

**Sent:** Saturday, January 29, 2022 12:09:43 PM

**To:** [~House Commerce Committee](#)

**Subject:** SUPPORT for HB 1622

**Importance:** Normal

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Thank you for serving the State. I find it almost absurd that at this late date YOU are tasked with studying parity yet again. Please do the right thing for all of us and approve HB 1622.

*Norma*

Norma MacKinley-Smith

Nashua

**Archived:** Thursday, May 19, 2022 12:44:41 PM  
**From:** [Barbara Bryce](#)  
**Sent:** Tuesday, February 1, 2022 9:33:32 PM  
**To:** [~House Commerce Committee](#)  
**Subject:** Support for HB 1622  
**Importance:** Normal

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Dear Committee Members,

I am a clinical psychologist working in Keene for over 30 years serving children, families, young adults and providing school consultation. I urge you to support the significant mental health needs of NH residents by supporting the mental health parity HB1622.

Thank you,  
Barbara A. Bryce, Psy.D.  
Licensed Psychologist  
Gilsum, NH

**Archived:** Thursday, May 19, 2022 12:44:41 PM  
**From:** [seth](#)  
**Sent:** Tuesday, February 1, 2022 7:56:31 PM  
**To:** ~House Commerce Committee  
**Subject:** support of HB 1622  
**Importance:** Normal

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Please see attached testimony regarding HB 1622

Seth Wizwer, LCMHC  
President NHMHCA

Sent from [Mail](#) for Windows



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**Archived:** Thursday, May 19, 2022 12:44:44 PM  
**From:** [Nancy Sheridan](#)  
**Sent:** Monday, January 31, 2022 10:57:27 AM  
**To:** [~House Commerce Committee](#)  
**Subject:** The Phil Spagnuolo Bill HB 1622  
**Importance:** Normal

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Dear Committee,

As a clinical social worker with 34 years experience, I'm experiencing questions about staying in the field where my services as a trauma expert are greatly in demand. The reason being is that commercial insurance companies are driven by greed and profit and make my job harder than it's ever been.

While reimbursement rates are low, my biggest complaint is all the BS they put us through - they demand timeliness in our submitting claims yet take weeks to months to reimburse us, often stating they never rec'd a claim. They also claw back our earned money when they disagree with our confidential clinical notes. They are not mental health professionals - they are for profit insurance corporations. It's degrading and dehumanizing.

Reimbursement is also an issue. My fee is \$110 an hour which, in these days is very reasonable and I haven't raised my rate in 8 years. However, Anthem's ACA plan (one of them) reimburses me &37.50. Yes, you read that correctly.

Why don't I drop my contracts with insurance corporations? Because my clients here in Tamworth NH cannot afford to pay my fee. Only wealthy people can do that. My clients, like me, are struggling to deal with rising costs everywhere. Some are afraid of losing their rental apartments and their rents keep increasing or the buildings are turned into VRBO's/ short term rentals.

Kids are experiencing depression, anxiety and having suicidal thoughts even before the pandemic and its' worse now. Adults are feeling numb, depressed, anxious and dealing with a significant part of the population that doesn't believe in science, endangering the lives of the elderly clients I serve.

When I go to my mechanic, I trust him to diagnose and fix my vehicle. He doesn't have an oversight committee telling him to bill, bill again, cut his rates or "claw back" his rightfully earned reimbursement.

Enough is enough.

We need to attract MORE clinicians to NH not drive them out!!!!

Please pass HB 1622.

Nancy H. Sheridan, MSW, LICSW  
She/Her/Hers  
EMDR Certified  
EMDR Approved Consultant  
[www.nancysheridantherapist.com](http://www.nancysheridantherapist.com)

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**Archived:** Thursday, May 19, 2022 12:44:43 PM  
**From:** [Meredith Kolodze](#)  
**Sent:** Monday, January 31, 2022 2:10:05 PM  
**To:** ~House Commerce Committee  
**Subject:** The Phil Spagnuolo Bill- HB 1622  
**Importance:** Normal

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Good afternoon,

I am writing on behalf of the upcoming *The Phil Spagnuolo Bill (HB 1622)* which I am asking you to vote **YES** on.

I am a Licensed Independent Clinical Social Worker in NH and have been licensed since 2011. Over my career, I have worked with children and youth and in health care settings and opened my own part-time private practice in 2018. In 2021, I went full-time into private practice. I see people in person and via telehealth and specialize in grief and loss, cancer, chronic illness, caregiver issues, and adoption.

I am currently on several insurance panels, and am struggling as so many clinicians are. I am not getting paid, having to spend hours on the phone navigating issues and often get passed from person to person. Some of the insurance companies I work with owe me money going back to August of 2021 and the amount owed is around \$10,000. This is a significant amount of money for a small business owner. While I do not want to stop accepting insurance, because I know it will cause difficulties for my clients, I am considering it due to the many issues that I have had over the years. I feel frustrated that they can refuse to pay me, or tell me that I will get paid after an undetermined amount of time, without having any repercussions, yet, if I submit a claim after a certain amount of time, they will refuse to pay me. The rules do not seem to apply in both directions.

I currently have a wait list for new clients and have been full pretty much since I moved to full time. I also have some speciality areas that are not easy to locate services for, and as a result, I am having to turn away clients who need support, but cannot locate a specialist in their area of need.

I continue to see people struggling to find providers in a timely manner and its not uncommon for people to wait months before being seen- this is absolutely unacceptable.

Please consider supporting this bill and working to improve the mental health and addiction services in NH.

Meredith Kolodze, MSW, LICSW

**Meredith Kolodze, LICSW**  
**Kolodze Family Counseling, PLLC**  
**603-777-2662**



**Archived:** Thursday, May 19, 2022 12:44:41 PM

**From:** [Maureen Hanlon](#)

**Sent:** Tuesday, February 1, 2022 7:30:25 PM

**To:** ~[House Commerce Committee](#)

**Subject:** The Phil Spagnuolo Mental Health Parity and Addiction Equity Enforcement Law HB 1622

**Importance:** Normal

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We are at a time when a strong mental and behavioral health workforce is necessary and is in dwindling supply. One of the major barriers is inequitable reimbursement rates from insurance companies.

I am a Licensed Clinical Social Worker in private practice in Intervale, NH. My speciality is working with elders, many of whom have Medicare Advantage plans or Medicare with a secondary private insurance or supplement.

Private practice expenses are high (office space, telehealth equipment, internet, phone) not to mention the amount of time spent (with no reimbursement) on the phone with insurance companies.

For example, it took months to sort out incorrect information given to me by an insurance company about a client's co-pay. This resulted in refunds to the client and then advising the client that she did in fact owe for the co-pays - \$520.00. Most recently, an insurance company gave one of their insured my name and identified me as a provider for the company. My biller verified that I was, in fact in network as a provider. I met with this client four times and the company is denying all claims saying I am not a provider. They are requiring the client and myself to fill out needless paperwork before they will review the claim. These issues are very frustrating, time consuming and expensive.

I have considered discontinuation of relationships with private insurance companies, but know that most of my clientele cannot afford to pay out-of-pocket for mental health treatment.

I plan to continue my work because there are few Medicare providers in the rural area (Mt. Washington Valley) where I practice and the need is great.

I urge you to vote yes on HB1622 for the mental health workforce and for those in need of mental health treatment.

Respectfully,

Maureen Cason Hanlon, LICSW

--

Maureen Cason Hanlon, LICSW

13 NH Route 16A

Intervale, NH 03845

603-730-5722

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**Archived:** Thursday, May 19, 2022 12:44:44 PM  
**From:** [Bernadette Blake](#)  
**Sent:** Monday, January 31, 2022 11:35:30 AM  
**To:** ~House Commerce Committee  
**Subject:** VOTE YES on HB 1622  
**Importance:** Normal

---

Hello,

I am a private practice clinician and have already gotten off one insurance and plan to get off all of them within a year due to poor reimbursement, having money taken away long after services have been rendered, and unrealistic recommendations and requirements (auditing charts, weighing in on tx plans - which seems a violation of client's privacy).

Sincerely,

Bernadette M. Blake, MA, LICSW  
Licensed Independent Clinical Social Worker  
857.246.8088  
[bernadetteblake@gmail.com](mailto:bernadetteblake@gmail.com)

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**Archived:** Thursday, May 19, 2022 12:44:45 PM  
**From:** [Michael J. Cohen](#)  
**Sent:** Saturday, January 29, 2022 12:38:07 PM  
**To:** ~House Commerce Committee  
**Subject:** Vote Yes on HB1622  
**Importance:** Normal

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*Honorable Committee Members,*

*As a former Executive Director of NAMI NH, and a former Chair of New Futures, and as a parent of a person with mental illness, I strongly encourage you to support HB1622. This bill would ensure parity, that is mental health and substance use providers would be paid at comparable rates to physical health providers. Since mental health is part of overall health and that many individuals who suffer from either a primary chronic illness also have a co-occurring mental health condition, and visa versa, it is imperative that all illness is treated the same from an insurance perspective. In addition, if parity is provided, then the likelihood of providers who accept commercial insurance will increase, helping to meet the backlog of needed treatment, exacerbated by Covid pandemic and a long history of underpayments for mental health and substance use treatment. Thank you for your support.*

*Sincerely,*

Michael J. Cohen  
4 Upper Flanders Rd.  
Amherst NH 03031  
603.496.1657  
[michael@mjhealthsolutions.com](mailto:michael@mjhealthsolutions.com)

**Archived:** Thursday, May 19, 2022 12:44:41 PM  
**From:** [Kevin Lyness](#)  
**Sent:** Tuesday, February 1, 2022 12:59:12 PM  
**To:** [~House Commerce Committee](#)  
**Subject:** Vote YES on Phil Spagnuolo Bill (HB 1622)  
**Importance:** Normal

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I urge you to vote Yes on HB 1622 to ensure equal access to mental health and addictions treatment for all NH citizens. Thank you,

Kevin Lyness

--

Kevin P. Lyness, Ph.D., LMFT  
Professor, Dept. of Applied Psychology  
Director, PhD Program in CFT  
Antioch University New England  
40 Avon Street  
Keene, NH 03431

[klyness@antioch.edu](mailto:klyness@antioch.edu)

603-283-2149 - Office phone

<https://www.antioch.edu/faculty/kevin-lyness/>

Pronouns: he/him/his

**Archived:** Thursday, May 19, 2022 12:44:41 PM  
**From:** [Becky Parton](#)  
**Sent:** Tuesday, February 1, 2022 7:42:25 PM  
**To:** [~House Commerce Committee](#)  
**Subject:** vote YES on the Phil Spagnuolo Bill (HB 1622)  
**Importance:** Normal

---

Hi,

I am a licensed clinical social worker living in Henniker, NH but practicing statewide. The Phil Spagnuolo Mental Health Parity and Addiction Equity Enforcement Law is being heard in Executive Session tomorrow and I strongly feel that you should vote yes on this bill.

I work in healthcare primarily and talk with social workers and mental health providers all around the state, in health care and other fields. We are in a mental health crisis, which existed before the pandemic, but has only been exacerbated. The new Rapid Response system is a good example of the high need we have. In the first week the new 988 number received over 700 calls, and that is with minimal advertising and support. Nationally and locally we have seen huge increases in anxiety, depression and substance misuse because of social isolation and the primary and secondary impacts of the pandemic.

More and more clinicians are getting rid of insurance paneling because the system is broken and not worth their time to participate in. It causes more headaches, for less pay. It is imperative that we do something to address insurance reimbursement for mental health services before no private practitioner will take it. The only place that is guaranteed to take insurance is Community Mental Health (and they don't all take all insurances). Community Mental Health has long wait lists and cannot meet the need of our NH neighbors and friends who need mental health treatment. Private practitioners want to serve people in need but also need to have a viable business model. Current reimbursement rates and a complicated system make it hard for them to make a living. Many feel it is better off to take private pay only, which ultimately hurts the consumer.

In one NH-based survey, 26% of survey respondents replied they are not in-network with insurance companies. Provider reimbursement is the number one reason that clinicians are dissatisfied with insurance companies. 39% of mental health and substance use providers "often" to "always" have a waitlist and 65% of clinicians almost always find it difficult to find a clinician who is accepting new clients. 13% plan to retire and 18% plan to leave some or all insurance panels in the next two years. In another NH-based survey, 80% of respondents had had insurance companies retroactively deny previously approved/paid claims. Often in the thousands of dollars.

Please vote to pass this bill so that we can make one step toward fixing a broken system and better serve the families in need in New Hampshire.

Thank you,  
Becky Parton, MSW, LICSW  
Social Worker and proud NASW NH member

**Archived:** Thursday, May 19, 2022 12:44:42 PM  
**From:** [Melissa Grudinski](#)  
**Sent:** Tuesday, February 1, 2022 8:25:43 AM  
**To:** [~House Commerce Committee](#)  
**Subject:** YES HB 1622  
**Importance:** Normal

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Good morning,

I am the clinical director of a non-profit counseling center in Manchester, and I live in Merrimack. As both a clinical director and a clinician myself, I see the ways mental/behavioral health providers have been continually challenged with insurance difficulties and just not knowing what services we are going to have to fight to get paid for. Within our agency, some providers have considered getting off some of the insurance panels because of the continual denials (then later payments), time spent following up with retroactive denials, long waits on the phone (and time away from therapy), and payments that have not come through, but should have. Our agency has an incredibly long waitlist and people call every single day looking for services. There is a great need, and there are providers who WANT to help those looking for services, but there is a lot of mistrust that payments will come in as expected from insurance companies. With insurance being such an issue, some clinicians are hesitant to take referrals from some insurance companies because of the fear of not getting paid for services. In the field of mental health, there is an incredible need, especially since the pandemic hit. Mental/behavioral health providers see people on a weekly basis (compared to a yearly basis with PCPs) and in some cases are the lifeline for people who are at risk – and yet these providers have to work far harder to ensure they get the payments insurance companies say they are going to pay. Please hear that the [Phil Spagnuolo Bill \(HB 1622\)](#) will strengthen our mental and behavioral health workforce by ensuring reimbursement rates are no less extensive than provided for any other type of health care for physical illness. Please Vote YES on HB 1622. Thank you for your time!

Melissa

Melissa M. Grudinski, LICSW, MLADC  
Director of Clinical Services  
PCS, Inc.  
2013 Elm Street  
Manning House 2<sup>nd</sup> Floor  
Manchester, NH 03104  
(603) 627-2702, x 118  
Fax: (603) 627-3643

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**Archived:** Thursday, May 19, 2022 12:44:41 PM  
**From:** [Debra Arena](#)  
**Sent:** Tuesday, February 1, 2022 3:08:37 PM  
**To:** [~House Commerce Committee](#)  
**Subject:** Yes on the Phil Spagnuola Bill (HB 1622)  
**Importance:** Normal

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Dear Committee Members,

My name is Debra N Arena, LICSW, and I am a psychotherapist in private practice in the state of New Hampshire, providing mental health services to adults across the state of New Hampshire through Telehealth from my home in Mason, NH. I stopped taking one private insurance last year due to a clawback of approximately \$1000 and dissatisfaction with the company in general and including hours spent on the phone with them without my questions being answered or problems solved. In addition, I have lost thousands of dollars per year being a provider for private insurance companies, in the form of spending hours on the phone with them due to inaccurate processing of claims, retroactive denials, and not being reimbursed for collaborative services. I also receive approximately 10-15 referrals for therapy service per week that I have to turn away because I cannot accept anymore clients.

We are at a time when a strong mental and behavioral health workforce is necessary and is in dwindling supply. One of the major barriers is inequitable reimbursement rates from insurance companies.

In one NH-based survey, 26% of survey respondents are not in-network with insurance companies with provider reimbursement as the number one reason that clinicians are dissatisfied with insurance companies. 39% of mental health and substance use providers often to always have a waitlist and 65% of clinicians almost always find it difficult to find a clinician who is accepting new clients. 13% plan to retire and 18% plan to leave some or all insurance panels in the next two years. In another NH-based survey, 80 % of respondents had had insurance companies retroactively deny previously approved/paid claims. Often in the thousands of dollars.

I am asking the House Committee to  
vote YES on the [Phil Spagnuolo Bill \(HB 1622\)](#)

*The [Phil Spagnuolo Bill \(HB 1622\)](#) will strengthen our mental and behavioral health workforce by ensuring reimbursement rates are no less extensive than provided for any other type of health care for physical illness.*

Sincerely,  
Debra N Arena, LICSW

Sent from my iPad

**Archived:** Thursday, May 19, 2022 12:44:42 PM  
**From:** [Chelsea Kendrick](#)  
**Sent:** Tuesday, February 1, 2022 8:42:15 AM  
**To:** [~House Commerce Committee](#)  
**Subject:** YES to Phil Spagnuolo Bill (HB 1622)  
**Importance:** Normal

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Good morning,

I am writing to express my support for the Phil Spagnuolo Bill (HB 1622).

I am a Therapist working at Lakes Region Mental Health center in Plymouth NH and I see first hand every day how important mental health equity is. We currently have a waitlist for clients and all of the clinicians in our office have caseloads above and beyond "normal". Legislation that aims to decrease barriers to access for clients and that make it easier for therapists to provide these services are critical at this time. Part of the reason that our caseloads are so high and our waitlist is so long is that many clients in the community are unable to find private practice providers that accept their insurance due to the cumbersome and unfair practices of insurance providers. Of the providers who do accept their insurance are at capacity and not accepting new clients. Something needs to change so that mental health clinicians can continue to provide critical care during this time and be sure that they will be paid for these services fairly.

Thank you for your consideration.

Sincerely,

*Chelsea E Kendrick, MSW  
Principal consultant,  
Off-TrailConsulting.com  
Pronouns: she, her, hers  
c: 502-727-8776*



**Archived:** Thursday, May 19, 2022 12:44:46 PM  
**From:** [Kasey Marraffa](#)  
**Sent:** Tuesday, January 25, 2022 4:59:26 PM  
**To:** [~House Commerce Committee](#)  
**Subject:** Bill HB1622  
**Importance:** Normal

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Hi there,

I just wanted to send a short email out saying I am in support of bill HB1622. This is a high demand job, draining, but also helpful and life saving to clients. These counselors and mental health parties are very well educated people who deserve more for their services.

Thank you

Kasey M

**Archived:** Thursday, May 19, 2022 12:44:47 PM

**From:** [Brenda Quinn](#)

**Sent:** Wednesday, January 19, 2022 10:53:18 AM

**To:** [~House Commerce Committee](#)

**Subject:** HB 1622 - FN

**Importance:** Normal

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To The Members of the House Commerce Committee,

As a mental health practitioner for 30 years, I have seen too many talented clinicians forced out of practice by the hassle that is insurance. I left direct service for a time myself for that very reason. We are diminished in our ability to serve our clients when we have to spend hours fighting for reimbursement and fighting for fair rates.

Now, back in direct care as a private practitioner, I feel compelled to hang in there due to the profound need in NH for mental health services, I am again questioning if I can work with insurance. I **know** that many of my clients are healthier physically when they are taking care of their mental health! The body and mind are ONE! Your mind can cause stomach pain, headaches, inflammation, etc. and all these health issues can result in doctor visits, hospitalizations and general lack of function. Health and mental health are one in the same! There is data showing that as much as eighty percent of health issues are entirely caused or profoundly exacerbated by an absence of mental health.

If we don't invest in caring for the brain/mind in the same way we invest in caring for the body, we are not making use of all that we know about the brain and body connection. They are one!

Please pass this bill for everyone's health and wellbeing!

Brenda Quinn, LICSW

**Archived:** Thursday, May 19, 2022 12:44:47 PM

**From:** [Susan Zankel](#)

**Sent:** Wednesday, January 19, 2022 12:12:39 PM

**To:** [Carrie Morris](#)

**Subject:** Fwd: HB 1622 - Please consider sending your own email this am

**Importance:** Normal

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To The Members of the House Commerce Committee,

I am a LICSW / Clinical Social worker licensed in NH. I am currently seeing clients in private practice and have witnessed first hand the lack of consistency from insurers providing adequate coverage and timely reimbursement to mental health practitioners and self-pay clients for mental and behavioral health visits in NH. This has severely limited access to care for so many in need and the results are disastrous for individuals, families and whole communities during a time when the demand for mental and behavioral health support is critical and increasing.

I began my career working in community health at Child Health Services (now Amoskeag Health), a pediatric primary care office in Manchester that serves some of the city's most vulnerable families. During my time at Child Health Services I was part of the behavioral health team that successfully integrated behavioral health visits into the regular pediatric primary care clinic. I collaborated directly with the primary care doctors, medical providers, nutritionist, nurses, case managers, and other support staff to provide mental and behavioral health interventions and treatment as a regular part of care for our pediatric patients and their families. I saw first hand the need to meet and treat the whole person and the remarkable positive outcomes for children and families who were able to access mental and behavioral health care on a regular basis. Early intervention and consistent access to mental health support and care is critical to the well-being of NH residents. The costs resulting from the lack of access to care due to inadequate enforcement of the mental health parity act, limited capacity of mental health providers, and the disjointed system of care have catastrophic and costly outcomes for so many. There is not a family in NH that does not directly benefit from a system of care that supports individuals and families getting the timely and quality mental and behavioral health care they need and deserve. It is time for mental health parity and addiction equity to be adequately supported and enforced so that we can be the caring and compassionate community that we claim to be.

Please pass House Bill *1622-FN* today. It is the right thing to do for all the communities of NH.

Susan Zankel, LICSW

--

Susan Zankel Counseling, LICSW, LLC

(she/her/hers)

633 Maple St., Suite 4 Box 9

Contoocook NH 03229

[szankelcounseling@gmail.com](mailto:szankelcounseling@gmail.com)

tel: 603.731.7505

**Archived:** Thursday, May 19, 2022 12:44:44 PM

**From:** [Angela Fallon](#)

**Sent:** Monday, January 31, 2022 12:59:34 PM

**To:** ~[House Commerce Committee](#)

**Subject:** HB 1622 Phil Spagnuolo Bill

**Importance:** Normal

---

Hi!

First, thank you for your service, all of you who will read this!

Second, I hope you will vote YES on this bill. We need more equity in our reimbursement rates across insurance companies to get more people in the field and also to streamline and simplify things.

I am a LICSW in private practice for the last two years, but have been in the field for 12. I currently have a waitlist of 30 KIDS!! 30! I get inquiries every other day and just this week have already turned 3 families away once they heard how long the wait would be. It is terrible and even more terrible for families who have insurance with lower reimbursement rates or insurance companies that are more challenging to work with as practitioners choose not to contract with them. The payment per service can vary from \$65-120!! Some insurances pay nearly double the amount for the same service. Why would I want to do the same job for half the pay?

Thank you for your consideration.

Angela Fallon, LICSW

**Archived:** Thursday, May 19, 2022 12:44:41 PM

**From:** [Ticia Blanck](#)

**Sent:** Tuesday, February 1, 2022 9:59:01 PM

**To:** [~House Commerce Committee](#)

**Subject:** HB 1622

**Importance:** Normal

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To Whom It May Concern,

I respectfully request that you support HB 1622 which would ensure reimbursement rates for mental health/substance abuse services are fair. I am a Clinical Psychologist with a private practice in Henniker, NH. Nearly all of my clients utilize insurance benefits in order to receive services and would be unable to afford services otherwise. In recent years, some insurance companies have increased reimbursement rates to levels that seem very fair. Others have remained so low that I am considering leaving their panels. Some insurance companies have paid for services and later request that I pay back what had been reimbursed due to apparent claims processing issues. Threats are made to collect the payment from future reimbursements if I don't pay. Recently I had to pay \$360 to a large insurer because they apparently made an error in processing. Each year I spend many hours on the phone with insurance companies trying to resolve claim processing issues, often being passed around from one department to another. There have been occasions where I cannot get help that is needed to resolve issues with payment/claims processing because their phone systems disconnect calls. These hours of work are unpaid and therefore represent lost revenue. My practice is very busy and I honestly do not have time to manage the issues that arise from working with insurance companies. Most clinicians I know, and myself included, have a long waitlist at all times which allows for the option to consider leaving insurance panels that are problematic. Doing so however would significantly limit NH residents' options for providers. Please consider supporting providers in their working relationships with health insurers by voting "Yes" on HB 1622.

Thank you for your consideration.

Respectfully,

Ticia Blanck, Psy.D.

**Archived:** Thursday, May 19, 2022 12:44:41 PM  
**From:** [dave@womenscounselingofnashua.com](mailto:dave@womenscounselingofnashua.com)  
**Sent:** Tuesday, February 1, 2022 9:10:50 PM  
**To:** ~House Commerce Committee  
**Subject:** HB 1622  
**Importance:** Normal

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My name is Dave Meichsner, I'm a licensed social worker and MBA. I'm the business director at Women's counseling of Nashua, a medium sized practice in NH. I would like to voice our support of HB 1622.

We currently employ ten therapists and three medication providers (APRNs). On average, the medication providers make approximately three times that of the medication providers.

We have had to hire an employee whose sole job is to follow up incorrectly processed claims.

- My personal record is spending 5 hours and being transferred 13 times on a single claim, and I never got to someone who could address it.
- The phone representatives of the insurer are so poorly trained that they don't know who to send you to and on more than one occasion I have had to explain to the rep what a deductible was.
- Our provider rep simply does not respond to any communication.

We turn away many potential clients every day. In 2021 our practice had to refer out 1,500 clients because of all of our therapists' schedules being full and difficulty in hiring therapists right now. People are begging for a therapist at any cost.

It feels that the insurers are banking on providers putting their loyalty to the clients over their financial solvency.

I have too many employees. I can't do that. I have to make payroll.

Thank you for your support on this issue.

**Dave Meichsner, LCSW, MBA**

Operations Director

**Women's Counseling of Nashua, LLC**

[www.womenscounselingofnashua.com](http://www.womenscounselingofnashua.com)

603-242-2659

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**Archived:** Thursday, May 19, 2022 12:44:43 PM  
**From:** Heidi Page  
**Sent:** Monday, January 31, 2022 3:06:29 PM  
**To:** ~House Commerce Committee  
**Subject:** Re: HB 1622  
**Importance:** Normal

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To the House Commerce Committee,

I am a Licensed Independent Clinical Social Worker, with a private, outpatient mental health counseling practice in Concord, NH. I am writing to you **in support of** HB1622.

I have had a private practice in NH for more than 20 years. In that time, I have had to fight for a fair and equitable fee for services from insurance companies I am paneled with. I can tell you that in those 20 years, some insurances didn't give me an increase in reimbursement rates for 15 years! One major private insurance carrier still puts out a fee schedule yearly that is insulting, and plays a game of raising one service code fee a few dollars, while decreasing another service code fee a few dollars, which leaves me at about the same pay for the past 15 + years.

The majority of patients I see have a medical condition. The conditions mainly fall under the scope of mental health disorders. The Mental Health Parity and Addictions Equity act was put into place to ensure that our citizens with long term or temporary mental disorders are being treated by the schooled, trained and licensed professionals they deserve. Those professionals deserve to be paid by insurers doing business in this state a wage equitable to their medical counterparts. In fact, I have removed myself from a low-paying insurer, and I am disbanding from the network of another insurer this year. I get solicited by some insurers to join their network, and I don't because I have too much red tape and hassle dealing with the ones I am already paneled with.

I know several clinicians who have dropped out of insurance panels due to the *low pay/high hassle* aspect. In fact, I have heard many professional clinicians say that fighting with the insurance company was costing them their mental health, so they gave up the fight and lost hundreds, and sometimes thousands of dollars! We don't have time to spend hours and hours on the phone to get what is owed to us. We need to see patients.

I have had to hire billing people over the years to deal with insurers doing the following: processing claims incorrectly; chasing unpaid claims; paying me correctly then months or over a year later, retroactively denying the claim and taking back payments. I deal with insurers quoting benefits for their insured, then when they process the claim, processing it very differently than what they told me; this can often cause me to lose money, or for the patient to have an unexpected expense. It takes hours and hours on the phone for my billing person to resolve simple issues, which is money out of my pocket.

These past few years have been the busiest I have seen in my tenure, with people seeking mental health services and not enough practitioners to meet the need. People have been suffering without needed care. I had to close my practice to new clients much of 2021. Currently, I can take a few more patients, then I'll start another "waitlist." The calls never stopped coming, and people have been desperate to get themselves or a loved one help. Meanwhile, NH insurers don't want to pay the same for telehealth as in-person sessions, and were waiting for the

Governor's Executive orders to end so they could go back to paying us less for telehealth. It's the same 50 -60 minute session, whether I'm in-person or sitting in my office on the computer.

It's a constant battle.....when I am not having my billing person look into another insurance issue, I'm having to follow the legislation and participate in advocacy groups to keep up with what insurers or a political outsider is trying to do to undermine medically needed services for our citizens, and fair and equitable policies for our profession. Low pay from insurers and others are a barrier to new blood coming into our profession, specifically in NH due to low reimbursement rates by insurers.

I'm in support of HB 1622. Please vote Yes.

Be Well,

Heidi Page, MSW, LICSW

[www.evolvenh.com](http://www.evolvenh.com)

603/716-1282

***"I just want to be happy."*** - Everyone™

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**Archived:** Thursday, May 19, 2022 12:44:43 PM  
**From:** [Roni Hardy](#)  
**Sent:** Monday, January 31, 2022 2:05:44 PM  
**To:** [~House Commerce Committee](#)  
**Subject:** HB 1622  
**Importance:** Normal

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To Whom it May Concern:

Please vote yes on this bill. I am a psychotherapist in private practice in Concord. This is an unprecedented time in history as we are getting slammed with 10-15 calls a day from clients needing services. Honestly, if I have to choose which clients I will see, it will be the ones with insurance that is easy to deal with and pays their claims at a reasonable rate and within a reasonable time frame.

I have experienced insurance companies retroactively "recouping" money on claims they approved and paid up to 9 months previously. At that time, the client could be long gone and I have no way of collecting that money. On the other hand, if I bill an insurance company more than 90 days after the date of service, it is denied, even though the service occurred and was covered. I think it is unacceptable that they can reach back that far. Additionally, they will just take the money from current checks so I have no recourse.

I wish that I could afford to stop accepting insurance monies, because it feels as though I spend all my "free" time chasing down payments and being on hold for hours with insurance companies in order to get money that is owed to me.

Thanks for your time.

Veronica (Roni) Hardy, MA, LCMHC  
Capital Valley Counseling Associates, LLC  
8 Centre Street, Suite 2  
Concord NH 03301  
603-228-7300 x22  
FAX 603-228-7301

*I am committed to your privacy. Do not include confidential or private information regarding your health condition on this email. Email is not a secure mode of communication.*

**Archived:** Thursday, May 19, 2022 12:44:44 PM  
**From:** [Leslie Buchanan](#)  
**Sent:** Monday, January 31, 2022 11:56:22 AM  
**To:** [~House Commerce Committee](#)  
**Subject:** HB 1622  
**Importance:** Normal

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Please vote yes on the above referenced. I am a dually licensed psychotherapist and master licensed alcohol and drug counselor. Although I've had a passion for my work for 25 years, the rates we receive are not congruent with the level of education and ongoing training we receive. One insurance company pays only \$65 per session, I will no longer work with clients who have that insurance. It is not a realistic rate in light of my qualifications or all the expenses related to holding a license and doing business. The demand for services has never been greater, allowing clinicians to pick and choose among prospective clients and to accept only those who can self-pay or who have coverage at the highest reimbursement rates. I must also stop accepting clients with Employee Assistance Benefits as the fee for these clients is too low to cover my time, my licensing fees, my continuing education training hours (both the cost of training and the lost hours from billable activity), my malpractice insurance, my membership in professional organizations, and my "non-billable" activity time (phone calls, letters, collaboration with other providers, consultation with colleagues, billing/collection activities, credentialing/recredentialing with insurance companies, chart audits, and so much more). Now we are also burdened with "no surprises" regulation which is so inappropriate for the type of services we provide. I could never advise a young person to enter the field given the fact that paying off student loans is unlikely to be feasible, much less a reasonable standard of living in the context of any work/life balance.

Leslie M. Buchanan, MSW, LICSW, MLADC  
Clinician  
Salem Psychological Associates  
87 Stiles Road, Suite 106  
Salem, NH 03079-2899  
Telephone: 893-7707 Ext 2

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HB 1622-FN - AS INTRODUCED

2022 SESSION

22-2725

05/04

HOUSE BILL            ***1622-FN***

AN ACT                relative to mental health parity.

SPONSORS:            Rep. Luneau, Merr. 10; Rep. Bartlett, Merr. 19; Rep. Knirk, Carr. 3; Rep. Ladd,  
Graf. 4; Sen. Whitley, Dist 15; Sen. Sherman, Dist 24

COMMITTEE:          Commerce and Consumer Affairs

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ANALYSIS

This bill requires the insurance department to investigate whether certain insurance carrier conduct violates the federal Mental Health Parity and Addiction Equity Act. The bill also requires that insurance reimbursement rates for behavioral health services be no less extensive than any other type of health care services provided to treat physical illness.

-----

Explanation:          Matter added to current law appears in ***bold italics***.  
Matter removed from current law appears ~~[in brackets and struckthrough.]~~  
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Twenty Two*

AN ACT relative to mental health parity.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

1 1 New Subdivision; Mental Health Parity and Addiction Equity Enforcement. Amend RSA 400-  
2 A by inserting after section 67 the following new subdivision:

3 Mental Health Parity and Addiction Equity Enforcement

4 400-A:68 The Phil Spagnuolo Mental Health Parity and Addiction Equity Enforcement Law.

5 I. It is in the public interest of the citizens and the businesses of the state of New  
6 Hampshire, and to honor the memory of Phil Spagnuolo who helped untold citizens struggling with  
7 addiction through both courageous advocacy and the provision of recovery housing and sober living,  
8 to fully enforce the provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and  
9 Addiction Equity Act of 2008, as amended, hereinafter "Wellstone-Domenici Parity Act," to ensure  
10 behavioral health reimbursement rates shall be no less extensive than provided for any other type of  
11 health care for physical illness, and to ensure meaningful access to justice through a full and  
12 adequate complaint process for both consumers and providers.

13 II. The commissioner shall investigate insurance carrier conduct which may violate the  
14 provisions Wellstone-Domenici Parity Act. The commissioner shall conduct an initial assessment of  
15 all complaints and alleged violations of the Wellstone-Domenici Parity Act, refer assessed complaints  
16 to the appropriate authority if the complaints arise under the ERISA plan, fully investigate all  
17 complaints under the Wellstone-Domenici Parity Act within the commissioner's jurisdiction, and  
18 hold hearings relative to such conduct. The commissioner may order restitution for a person or  
19 persons adversely affected by such insurance carrier conduct.

20 III. The commissioner may request the assistance and services of the department of justice  
21 and shall delegate to the department of justice the authority to investigate alleged violations of the  
22 Wellstone-Domenici Parity Act if the insurance department is unable to perform this function or  
23 lacks jurisdiction. The commissioner shall provide the department of justice information relevant to  
24 the number and type of complaints arising under the Wellstone-Domenici Parity Act and the  
25 investigation of such complaints, and shall cooperate with any such investigations or legal  
26 proceedings arising therefrom. The department of justice may request information from the  
27 commissioner regarding complaints, investigations, and referrals arising under the Wellstone-  
28 Domenici Parity Act.

29 IV. The commissioner shall require insurance carriers to submit, and the commissioner shall  
30 make public, annual reports specific to insurance carrier compliance with the Wellstone-Domenici  
31 Parity Act. Such annual reports shall include, at a minimum, insurance carrier processes for

**HB 1622-FN - AS INTRODUCED**  
**- Page 2 -**

1 determining provider reimbursement rates, determining reasonable access to care, evaluating  
2 benefit array to align with parity requirements, medical necessity criteria used for behavioral health  
3 disorders and determining quantitative treatment limitations, as required by the Wellstone-  
4 Domenici Parity Act.

5 V. Behavioral health reimbursement rates shall be no less extensive than provided for any  
6 other type of health care for physical illness.

7 VI. The commissioner shall establish a mental health parity and addiction equity specific  
8 complaint process for both consumers and providers of mental health and addiction services.

9 2 Coverage for Certain Biologically-Based Mental Illnesses. Amend RSA 417-E:1, II to read as  
10 follows:

11 II. Notwithstanding any other provision of law, each insurer that issues or renews any  
12 policy of accident or health insurance and each nonprofit health service corporation under RSA 420-  
13 A and health maintenance organization under RSA 420-B providing benefits for disease or sickness  
14 in the state of New Hampshire shall provide benefits for treatment and diagnosis of certain  
15 biologically-based mental illnesses under the same *rates*, terms and conditions and which are no  
16 less extensive than coverage provided for any other type of health care for physical illness.

17 3 New Hampshire Granite Advantage Health Care Program. Amend RSA 126-AA:2, I(e) to read  
18 as follows:

19 (e) In order to combat the opioid and heroin crisis facing New Hampshire, the  
20 department shall establish behavioral health rates sufficient to ensure access to, and provider  
21 capacity for, all behavioral health services including, as appropriate, establishing specific substance  
22 use disorder services rate cells for inclusion into capitated rates for managed care. ***Such***  
23 ***behavioral health rates shall be no less extensive than provided for any other type of health***  
24 ***care for physical illness. Any person or provider claiming to be aggrieved by a violation of***  
25 ***this subparagraph may initiate a civil action against the department in superior court for***  
26 ***legal or equitable relief.***

27 4 Effective Date. This act shall take effect upon its passage.

**HB 1622-FN- FISCAL NOTE  
AS INTRODUCED**

AN ACT relative to mental health parity.

**FISCAL IMPACT:**     State             County             Local             None

| STATE:                 | Estimated Increase / (Decrease)                                                                                                                                                                 |                                                                   |                                                                   |                                                                   |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|
|                        | FY 2022                                                                                                                                                                                         | FY 2023                                                           | FY 2024                                                           | FY 2025                                                           |
| <b>Appropriation</b>   | \$0                                                                                                                                                                                             | \$0                                                               | \$0                                                               | \$0                                                               |
| <b>Revenue</b>         | \$0                                                                                                                                                                                             | Indeterminable                                                    | Indeterminable                                                    | Indeterminable                                                    |
| <b>Expenditures</b>    | \$0                                                                                                                                                                                             | Insurance<br>Department:<br>\$339,100;<br>DHHS:<br>Indeterminable | Insurance<br>Department:<br>\$344,300;<br>DHHS:<br>Indeterminable | Insurance<br>Department:<br>\$349,400;<br>DHHS:<br>Indeterminable |
| <b>Funding Source:</b> | <input checked="" type="checkbox"/> General <input type="checkbox"/> Education <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Other - Matching<br>federal Medicaid funds. |                                                                   |                                                                   |                                                                   |

**METHODOLOGY:**

This bill requires the NH Insurance Department to fully investigate all complaints relative to the federal Mental Health Parity and Addiction Equity Act. In addition, the bill requires that reimbursement rates for behavioral health services, including those provided under the NH Granite Advantage Health Care Program, be no less extensive than those for health services used to treat physical illness.

The Insurance Department states that in order to meet the bill's requirements, it will need to hire three full-time positions, each starting on July 1, 2022. The estimated costs are as follows:

|                                | FY 2023           | FY 2024           | FY 2025           |
|--------------------------------|-------------------|-------------------|-------------------|
| Market Conduct Examiner, LG 32 |                   |                   |                   |
| Salary                         | \$ 80,100         | \$ 81,300         | \$ 82,500         |
| Benefits                       | \$ 37,600         | \$ 38,200         | \$ 38,800         |
| Other                          | \$ 3,400          | \$ 3,500          | \$ 3,500          |
| <i>Position Total</i>          | <i>\$ 121,100</i> | <i>\$ 123,000</i> | <i>\$ 124,800</i> |
| Hearing Officer, LG 31         |                   |                   |                   |
| Salary                         | \$ 76,500         | \$ 77,600         | \$ 78,800         |
| Benefits                       | \$ 37,300         | \$ 37,900         | \$ 38,500         |
| Other                          | \$ 3,400          | \$ 3,500          | \$ 3,500          |
| <i>Position Total</i>          | <i>\$ 117,200</i> | <i>\$ 119,000</i> | <i>\$ 120,800</i> |

|                                         |                          |                          |                          |
|-----------------------------------------|--------------------------|--------------------------|--------------------------|
| Consumer Services Representative, LG 26 |                          |                          |                          |
| Salary                                  | \$ 61,200                | \$ 62,100                | \$ 63,000                |
| Benefits                                | \$ 36,200                | \$ 36,700                | \$ 37,300                |
| Other                                   | \$ 3,400                 | \$ 3,500                 | \$ 3,500                 |
| <i>Position Total</i>                   | <i>\$ 100,800</i>        | <i>\$ 102,300</i>        | <i>\$ 103,800</i>        |
| <b><i>Grand Total</i></b>               | <b><i>\$ 339,100</i></b> | <b><i>\$ 344,300</i></b> | <b><i>\$ 349,400</i></b> |

The Department states that the bill's impact on insurance premium tax revenue, if any, is indeterminable.

In addition to the above, the bill creates a cause of action to those who claim to be aggrieved by a violation of the provision requiring parity of rates under the NH Granite Advantage Health Care Program. The Department of Health and Human Services states that it already includes parity compliance, analysis, and reporting provisions in its contracts with Medicaid managed care organizations. Despite this, to the extent that the bill results in the Department being court-ordered to increase rates or award monetary damages, the bill may result in an indeterminable increase in state and federal Medicaid expenditures.

**AGENCIES CONTACTED:**

Department of Health and Human Services and Insurance Department