NAMI
National Alliance on Mental Illness

Testimony before the Public Health Committee
March 16, 2009
Support for SB 1121

Good afternoon Senator Harris, Representative Ritter. My name is Kate Mattias and I am the executive director of the Connecticut chapter of the National Alliance on Mental Illness which represents families and consumers whose lives have been impacted by mental illness. I am here today to testify on SB 1121, AN ACT CONCERNING MENTAL HEALTH PARITY AND THE ADMINISTRATION OF THE CHARTER OAK HEALTH PLAN. Passage of this bill would ensure that the Charter Oak Health Plan offers comprehensive mental health care consistent with the state's mental health parity law.

Currently, the Governor's Charter Oak Health Plan excludes mental health parity, places limits on outpatient and inpatient mental health care services, and financial limitations on benefits. It does this in the face of Connecticut's strong insurance law that requires all insurance plans in Connecticut to comply with mental health parity – one that is designed to protect all Connecticut insured residents from discrimination in mental health care. CT's current Mental Health Parity Law mandates that coverage for mental health services cannot cost more than medical and surgical coverage (co-pays, deductibles and coverage limits must be the same for medical and mental health services).

Connecticut has one of the strongest mental health parity laws in the nation, but is currently the only state in the region with a health plan for uninsured residents that does not follow our own law. According to the Commissioner of the Department of Social Services, the reason that mental health parity is excluded is because it will "dramatically increase the target premium."

To the contrary, many studies show that mental health parity has an insignificant impact on cost. The Congressional Budget Office agrees and reports a 0.4% estimated cost impact. They also point to the fact that **"none of these analyses consider the effect of cost offsets from savings in other healthcare services, such as the potential for reduced visits to primary-care doctors or emergency rooms."**

These issues become even more stark when one realizes one in five families is impacted by mental illness, and one in seventeen Americans has a serious mental illness, such as bi-polar disorder, schizophrenia, major depressive disorder and post-traumatic stress disorder (PTSD). And mental illnesses are **very treatable**—70 – 90% of individuals with serious mental illnesses experience

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significant reduction of symptoms and improved quality of life with appropriate treatments and supports, early identification and open access to treatment options.

Despite these facts, state planning documents show that the Charter Oak Health Plan was intentionally designed to reduce the likelihood that people who have serious health conditions, such as mental illness and physical disabilities, would be able to utilize it. It is only because the Charter Oak Health Plan is not considered a "commercial insurance" plan that this blatant discrimination against CT residents with mental illnesses exists. What kind of message does it send when the state offers an insurance plan and then exempts itself from a critical consumer protection while requiring all insurers in the state to comply with the hard-won hat mental health parity statutes? Are people enrolling in Charter Oak plan somehow less worthy of mental health parity than the rest of us? And worse yet, the Commissioner of the Department of Social Services has the statutory authority to change the plan's mental health benefits at any time. This is both irresponsible and unheard of in a state health plan, and poses an additional threat to the health and stability of the plan's enrollees.

It's difficult to determine what is most damaging in this situation: that the Charter Oak Health Plan flies in the face of our own consumer protection mandate, or that stigma and discrimination misinform the plan's flawed design, or that the plan encourages thousands to utilize high-cost alternatives to care during the state's major budget crisis.

We urge you to requires mental health parity to the Charter Oak Health Plan. The state of Connecticut must not back a health care insurance plan that treats mental health care differently than other health care treatment, and that systemically attempts to exclude those who are in most need of its services.

Thank you for time and attention to this critical issue.