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Legislative Testimony
Insurance Committee

SB00314INS

SB 314

An Act Concerning Mental or Nervous Conditions Under the Connecticut Unfair
Insurance Practices Act
Alfred Herzog, M.D.

Senator Crisco, Representative Megna, and members of the Insurance committee, my name is Alfred Herzog, M.D. and I have been practicing psychiatry for 44 years in the City of Hartford. I am the Program Psychiatrist of the Institute of Living, Professionals' Addiction Recovery Services. I thank you for the opportunity to present this written testimony to you in support of Bill No. 314, An Act Concerning Mental or Nervous Conditions Under the Connecticut Unfair Insurance Practices Act.

S.B. No. 314 makes clear that declining to insure, refusing to continue to insure, or changing the rates for insurance of an individual due to mental or nervous conditions as defined in the American Psychiatric Association's "Diagnosis and Statistical Manual of Mental Disorder" will be considered an unfair insurance practice unless the insurer is able to demonstrate that the decision is based on sound actuarial principles or actual or reasonably anticipated experience.

Professionals are afraid to seek treatment for mental health issues for reasons including fear that professional liability insurance coverage and/or disability insurance will be jeopardized. This fear is compounded from the time we graduate medical school and annually complete applications requiring that we disclose treatment for mental health conditions with a "Detailed Explanation" if a response is affirmative. No physician wants to respond that they have sought such treatment, and speculates what will be done with the information if given. Physicians are afraid that underwriting decisions will be based on the stigma and prejudice commonly associated with mental health conditions. Our understanding of mental health conditions and treatment options for these illnesses has advanced and the Hartford County Medical Association supports every effort to encourage all persons who face the challenges of mental health conditions including depression, bipolar disorder, generalized anxiety, and substance use disorders to seek treatment. This bill will help us encourage our colleagues to do so.

The importance of such a measure was recently underscored in an article entitled "Suicidal Ideation Among American Surgeons" ArchSurgery 2011;146(1)54-62. Suicide is a disproportionate cause of death for U.S. physicians. This is despite the fact that physicians suffer from mental health conditions at the same rate as the general population. According to this study of 7,905 surgeons, 6.3% reported suicidal ideation over the prior twelve months. Yet only 25% of the 6.3 % had sought psychiatric or psychological help, while 60.1% were reluctant to seek help. One reason offered for the reluctance was concern for malpractice coverage.

We should not be afraid of treatment. We should be afraid of not seeking help. When reluctance and fear inhibits a physician from seeking treatment for mental health conditions, the risk to quality of care and patient safety rises. Indeed, the studies regarding suicide show for physicians, it is a matter of life and their own death.

S.B. 314 assures that decisions regarding insurance will be based on parameters of fairness. A professional who is suffering from depression or other mental health condition should not fear that he or she will suffer discrimination or be treated unfairly. S.B. 314 is an additional important step to overcoming our hesitation as a profession to intervene and help our colleague by encouraging physicians and other healthcare professionals to seek assistance and monitoring for mental health conditions.

In closing, I would like to again thank the Committee for allowing me to submit testimony. Should you have any questions I would be happy to make myself available at your convenience.

Respectfully submitted

Alfred Herzog, M.D.
200 Retreat Avenue
Hartford, CT 06106
(860) 545-7103
Herzog@harthosp.org