



NAMI Connecticut

Testimony before the Insurance and Real Estate Committee

February 10, 2011
Support for SB 877

Good afternoon, Senator Crisco, Representative Megna, and members of the Insurance and Real Estate Committee. My name is Alicia Woodsby and I am the Public Policy Director for the National Alliance on Mental Illness, or NAMI-CT. We are the largest member organization in the state of people with mental illnesses and their families.

NAMI-CT strongly supports SB 877, An Act Concerning Mental Health Parity. This bill will bring Connecticut into compliance with the federal mental health parity law, and ensure that the Insurance Department has the power to enforce the federal provisions that already apply to our state.

Connecticut has one of the strongest mental health parity laws in the nation. Our state law already benefits consumers with individual and group health insurance plans, regardless of size. The new law benefits those in large self-insured plans, large group health insurance plans, Medicaid managed care plans, and the State Children's Health Insurance Program (HUSKY B).

The mental health parity mandates require that mental health disorders be treated like any other health condition. Prior to the parity laws, most insurance plans put arbitrary and unequal limits and conditions on mental health treatment. These arbitrary limits and discriminatory practices cost more in the long run, harmed lives, and put many families into unfair financial hardship and even bankruptcy.

We now know that mental health parity helps to preserve families, reduce healthcare costs, and increase employee productivity. The cost of mental health parity is nearly imperceptible to insurers, and provides significant financial relief for the insured.ⁱ

The state and federal laws illustrate the widespread understanding of the need for adequate coverage for mental health conditions. This need cannot be overstated. **In the U.S., the annual economic, indirect cost of mental illnesses is estimated to be \$79 billion, costing employers an estimated \$63 billion in lost productive work time alone.**ⁱⁱ Major depression is the leading cause of disability in the U.S. for ages 15-44.ⁱⁱⁱ

One in four adults experiences a mental disorder in any given year. One in 17 adults lives with serious mental illness such as schizophrenia, major depression or bipolar disorder,^{iv} and one in 10 children has a mental health condition that causes significant impairment.^v

We lose one life to suicide every 15.8 minutes. The vast majority lived with undiagnosed or untreated mental illness.^{vi}

The tragedy in Arizona serves to remind us how fragile and important treatment and services are for individuals with mental illnesses. Services for the most sick have been severely eroded in recent years at the same time that demand has increased. With appropriate treatment and

supports, people living with these illnesses can be identified early, and recover their ability to lead independent, productive lives as citizens and taxpayers.

We note that the bill as written would subject employers with less than fifty employees to the provisions of the MHPAEA as state law, though those employers are exempt from the federal law. NAMI-CT supports an alteration of SB 877 that would exempt small employers from the provisions Section 2 of the bill, but maintain the requirements of current Connecticut mental health parity law. It was not the intent of the group that sought this legislation to impose additional requirements on small businesses from which they were exempt under federal law. Removal of small employers from the provision of Section 2 of the bill will help move SB 877 toward a true conforming bill. NAMI-CT supports the Office of the Health Care Advocate's proposed resolution to this issue.

Thank you for your time.

ⁱ Congressional Budget Office Cost Estimate: S. 558 Mental Health Parity Act of 2007, *As reported by the Senate Committee on Health, Education, Labor, and Pensions on February 14, 2007*, March 20, 2007.

ⁱⁱ New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America*. (2003).

ⁱⁱⁱ National Institute of Mental Health, *The Numbers Count: Mental Disorders in America*, 2006.

^{iv} National Institute of Mental Health, *The Numbers Count: Mental Disorders in America*, (2008).

www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml.

^v The National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention, Development and Deployment. *Blueprint for Change: Research on Child and Adolescent Mental Health*, (2001).

^{vi} American Association of Suicidology, *USA Suicide 2006: Official Final Data*, (2009).

www.suicidology.org/c/document_library/get_file?folderId=228&name=DLFE-142.pdf.