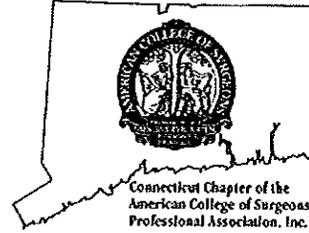


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**Connecticut State Medical Society Testimony in Support of House Bill 5512 An Act Expanding Health Insurance Coverage for Mental Health Services**  
**Insurance and Real Estate Committee**  
**February 19, 2013**

Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee, on behalf of the close to 7,500 physicians and physicians in training of the Connecticut State Medical Society (CSMS) and the American College of Surgeons Connecticut Chapter (ACP, thank you for the opportunity to provide this testimony to you today in support of House Bill 5512 An Act Concerning Insurance Health Coverage for Mental Health Services.

We fully believe that the intent of this bill goes to the heart of what has been a major issue of mental health parity for many years in Connecticut. of Medical conditions identified as mental and behavioral health in nature continue to be stigmatized by the health insurance industry and therefore are often not covered or treated similar to other diseases, conditions and treatments. Thankfully, Connecticut's Health Care Advocate, Vickie Veltri, offered recommendations to ensure parity for coverage of mental and behavioral health issues in Connecticut. CSMS fully supports those recommendations as a very good foundation for increasing actual mental health parity in Connecticut because all too long there has been a lot of talk of parity, but coverage has not necessarily followed. In essence we support the recommendations that:

1. Connecticut should adopt an overall vision for health that integrates and coordinates access to effective, timely, high quality and affordable mental health and substance use prevention and treatment services into overall healthcare
2. Connecticut's mental health and substance use delivery system should be synchronized by an coordinating entity
3. Prevention, awareness and screening programs must be enhanced
4. Residents covered by self-funded and fully-insured plans should have access to community-based services
5. Mental Health Parity and Addiction Equity must be enforced
6. The recommendations of the 12/18/12 Program Review and Investigation Committee report should be adopted in full
7. State programs must be evaluated for cost effectiveness, and should be streamlined
8. Cost shifting to the state should be evaluated and minimized.

It is unfortunate that proposed legislation like this is necessary in 2013. However, the networks and coverage levels offered by established health insurers and their various health products and

plans are significantly limited, with few if any trained psychiatric physicians and other providers available, especially for children. This often requires patients to seek services out of network at a cost that is often a burden and barrier to care, especially because of recent changes by health insurers that put a further significant financial burden on the patient, limiting insurer payment responsibility. In fact, insurers today do not cover even close to half of the expense for out of network mental and behavioral health care services. What is more, these same insurers, though asserting that they allow a certain number of visits or treatments a year, often deny treatment continuation or medical maintenance. Both the high cost of out of network care and the continued denials in treatment deters patients from obtaining or seeking needed mental health and behavioral health care. In fact, it is less about societal stigmatism today from a patient perspective than it is about access to qualified and trained psychiatric and behavioral health care providers and the insurers care plan approval.

In addition to support for developing a vibrant and robust network of mental and behavioral health care providers in the state, we support this proposed legislation. We further believe that while we recruit and work to grow the cadre of well trained and qualified mental and behavioral health providers, insurers should be required to offer in network benefits in situations in which enrollees must seek qualified and well trained providers out of network for mental and behavioral health care services. Further, insurers should not fail to find medical necessity in treatment modalities for patients seeking and receiving mental and behavioral health services simply because the patient has not improved or in some cases not gotten worse. In evaluating mental and behavioral health care services and treatment, insurers must begin to realize that a suicidal patient that is being cared for in an inpatient setting, should continue to be treated when they have not improved or not deteriorated, just because they have not further attempted suicide does not mean they are ok to go home.

Please support the actuality of mental health parity in Connecticut by supporting HB 5512