Testimony before the
Insurance & Real Estate Committee

In Support of
HB 6612 Mental Health Parity & Oversight

March 12th, 2013
Kristen Tierney

Good afternoon Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee.

My name is Kristen Tierney and I live in Fairfield. I am a lifelong caregiver of a non-custodial family member who is diagnosed with a mental illness. I represent caregivers through my business Turtles & Lemonade.

I'm here today to speak in support of HB 6612 AN ACT CONCERNING THE HEALTH INSURANCE GRIEVANCE PROCESS FOR ADVERSE DETERMINATIONS, THE OFFICE OF THE HEALTHCARE ADVOCATE AND MENTAL HEALTH PARITY COMPLIANCE CHECKS.

1in 4 Americans are caregivers of someone with a Mental Illness. Over 97% of those illnesses are highly manageable. 1 in 28 Americans are diagnosed each year with a Mental Illness.

So the real question is: Why do we need to discuss the merits of parity for a medical illness that affects the most vital organ in our body?

As a caregiver I navigate the insurance maze with each crisis. For instance, when my loved ones insurance company denied her emergency care she only needed to hand the phone to me, once a proxy was signed suddenly the same hospitalization was covered. When they denied her the therapist she trusted and was working with who was suddenly out of network, I was able to secure that exemption. When they were going to send her home with no maintenance care I secured both group and individual therapy for her as additional supports before her release but denied the same when she requested it.

I urge you to enforce the insurance parity laws currently in place. **Begin true oversight. Add substantial penalties and no loopholes. Caregivers need to be able to trigger the grievance process for our loved ones who are unable to for themselves.** If you chose to do nothing you need be content with the insurance companies wish for these services to ONLY be offered by the government. Yet, remember that puts the burden for healthcare, support, housing, food, unemployment and SSI on to you.

We need your committee's oversight to put insurance companies on notice that you're watching. We need a place to go to report on insurance companies with respect to behavior health services covered and denied. Insurance companies have benefitted by the inability of those who suffer from chronic mental illness to properly fill out insurance paperwork, advocate and be tenacious enough to break through their cumbersome system in order to access covered or available services and HIPPA laws which prevent caregivers from helping them.

We pay our insurance premiums expecting to get what we pay for, yet rarely do when it comes to behavioral health. Yet, if we don't pay our premium we don't get covered care.

More and more of my peers are encouraging their loved ones to go on state care. Is that really the answer?

I'm dedicated to advocating for these changes. Legislators, caregivers, mental health professionals and insurance companies need to come together and fix this economic problem.

When you know better, do better, that's all I ask.

Specifics of Bill 6612

I urge you to support bill HB 6612, including its requirements of 1) creating standard criteria across all mental health reviews and determinations; 2) more robust uniform standard for clinical peers across all reviews and determinations for all provider types; 3) faster turnaround time on urgent care requests, in particular making a determination within 24 hours which would include any request for a health care service or course of treatment for a co-occurring mental disorder and any request for inpatient mental health services, partial hospitalization or intensive outpatient mental health services necessary to keep a person from requiring an inpatient setting; 4) putting adverse determinations in writing, explaining what criteria and standards were used to reach the denial and what steps one can take to appeal the decision including contacting the Office of the Healthcare Advocate for free assistance regarding the appeal process; 5) continuation of treatment during concurrent reviews without liability to the covered person; 6) requiring the Connecticut Insurance Department to choose a method to check for compliance (including qualitative measures) regarding federal mental health parity and report the results of such compliance checks of insurance policies. I also ask you to include widely accepted mental health level of care/intensity guidelines with respect to adults.

What is Parity?

If you don't accept parity in care you accept that a person with stage 4 cancer whether 13 or 65, in excruciating pain goes to an emergency room to get care; and as soon as their pain is managed, whether that is in 4 hours, or after three days when the insurance company stops paying, pain free or not, they're sent home with a prescription only? No follow-up, no support, nothing, until the next time they are in so much pain they need to come back. That could be hours, days, weeks, or months later. But make no mistake about it, until that person passes away they will be back and they will be in the ER with crisis level pain and all of the associated costs; real costs by insurance, family, personal, employment loss, etc.

You would probably say that this is unacceptable for any reasonable person.

Now substitute mental illness for cancer in the above scenario. That is the EXACT practice that we have in this country. I'm testifying to that fact today.

That is not parity.

That isn't managed care. It is cruelty and certainly not what we expect to get when paying our premiums.

We would never accept a medications-only approach for our loved ones with cancer, without exploring the options and services available for the most successful outcome and quality of life available to them.

Insurance companies pressure the medical community to ignore proven successful best practices for quality of life and recovery when it comes to mental health services and maintenance.

Mental Illness is no different from cancer, or heart disease or diabetes. Society may not think that, or like that, but that is a fact.

Many caregivers feel that the goal of insurance companies with respect to Mental Health is to give them a prescription to mask the problem or manage symptoms, send them on their way, and hope they don't return which means they've passed due to negligent care. That is the exact opposite of our goal and our loved one's goal. It is our feeling that the Insurance Industry's position is that by using this model our loved ones sooner or later will no longer be a drain on their profits. What other demographic would we, as a society, accept this for?

As with cancer, early detection and managed care work. It is the most cost effective model for insurance companies, patients and society.

Great Resources

- The Public Health Committee's December 18, 2012 report.
- The Connecticut Office of the Health Advocates January 5, 2013 report.
- The 2003 Blue Ribbon Commission Report.