

Program Review & Investigations Committee

H.B. No. 6517

An Act Concerning the Insurance Department's Duties, Mental Health Parity Compliance Checks and the External Review Application Process.

**Thursday March 7, 2013
Kristen Tierney**

My name is Kristen Tierney; I'm a lifelong caregiver of a non-custodial family member. I represent caregivers through my business, Turtles & Lemonade. As caregivers we navigate the public, private and insurance mental health systems year-in-and-year-out.

I'm here today to speak in support of Bill 6517.

People diagnosed with a chronic mentally illness cycle in and out of our mental health care system for a variety of reasons all known to the insurance industry and all used to their advantage: the complexity of the brain; stopping meds; rejection of treatment; inability to pay for services or find services; insurance companies changing RXs.

My loved one cycled in and out of the mental health care system for 20 yrs. before accepting her diagnosis. A few years back a crisis occurred with my loved one. The normal triggers were absent; she was happily working, around a great supportive group of people; she was in therapy, following her maintenance plan and on her meds.

I brought her to my home to make a plan; it was clear she had to go to a hospital for a med check; her insurance company denied her pre-authorization for emergency care. I immediately requested a medical proxy from her insurance company to advocate on her behalf, the form was emailed to me to sign and scan back. Suddenly, there was a bed waiting for her, near her home 45 mins away. I drove her back, the whole way trying to convince her to admit herself once there. When we arrived there was no bed. We were told to come back tomorrow; they were too busy to deal with her, it was now 4pm. I

stayed and fought for my loved one, leaving 10hrs later when she got a room. I got home at 4am; the crisis "began" at 11am the day before.

She lost four months of her productive life due to this episode. Her hospitalization cost her her job; she's been unemployed ever since.

*What caused this crisis? **Step Therapy, an administrator at her insurance company changed her medication to a generic from a brand name.** The change was not by a licensed physician, not her Doctor. Remember her insurance company denied her the needed emergency care, which became necessary due to their decision that put her in crisis, she paid a dear price. What was the real dollar savings to the insurance company for the med change?*

Would this have happened if insurance companies knew there was oversight like there are for non-profits that provide mental health services in our state or for our elderly? I think we know the answer to that.

The true costs of providing proper mental health care coverage will decrease *not* increase insurance costs, reducing overall health care cost to all. Providing proper coverage will also reduce the need and associated costs of emergency hospitalizations.

Enforce the insurance parity laws currently in place. Begin true oversight, which I'm so grateful that you're proposing here today. Add substantial penalties and no loopholes. Caregivers need to be able to trigger these penalties 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. **Why are insurance companies not providing covered care still allowed to be serving the public that PAYS for their service? Is this not a contract?**

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

I was informed last week that my loved one is being sued by the hospitalization sighted above. The lawsuit is due to a coding error made by either the insurance company or the hospital. How much money have they have spent over the last 12 months over a coding error they made? I'm sure it's more than the money they saved changing her meds and certainly less than the costs of her unemployment.

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.

Great Resources:

Your Committee's December 18, 2012, report is outstanding, as is the Connecticut Office of the Health Care Advocates, January 5, 2013 report & the 2003 Blue Ribbon Commission Report.