

Testimony in Favor of

Raised Bill No. 5373

**AAC Implementing the Recommendations of the Legislative Program Review and Investigations
Committee Concerning the Reporting of Certain Data by Managed Care Organizations and Health
Insurance Companies to the Insurance Department**

Testimony by

Jeffrey Walter

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I am writing in favor of Raised Bill 5373 which will improve accountability and transparency on the part of managed care companies with regard to the provision of adequate health care services to Connecticut citizens with mental and substance use disorders. I served as President and CEO of Rushford Center, one of the state's leading private, non-profit behavioral health providers, for 34 years and continue to co-chair the Connecticut Behavioral Health Partnership Oversight Council.

Mental and substance use disorders affect more than 200,000 Connecticut citizens each year. It is widely recognized that these disorders, when untreated, result in preventable co-morbidity, hospitalizations, and overall healthcare costs, not to mention unnecessary human suffering and premature death. Raised Bill 5373 requires managed care companies and health care insurers to submit detailed annual reports to the Insurance Department regarding their provider panels, expenditures, and denial/appeal experience – all related to the provision of behavioral health services. The bill is a result of several PRIC staff reports that describe the difficulties that insured individuals and families often encounter from their insurance companies when they attempt to gain access to behavioral health specialists and facilities in Connecticut.

This legislation might not be necessary were it not for the fact that behavioral health is treated differently by the insurance industry than virtually any other health care specialty. The State Office of the Health Care Advocate reports on denials and appeals on a quarterly basis for a variety of health conditions; care for psychiatric and substance use disorders is denied at a rate that far surpasses any other part of the health care system.

The adequacy of provider networks for behavioral health will also be addressed in this legislation. Again, there exists a lack of transparency by the insurance industry when it comes to real network adequacy. Too often, individuals contact a provider listed as in-network by their insurer, only to find that the provider is no longer enrolled or is not taking new patients. Insurers are not currently required

to take responsibility for the accuracy of their published network lists or to survey their providers to ascertain current availability as measured by acceptance of new patients and wait times for appointments.

While the proposed legislation, in and of itself, will not improve access to behavioral health care, it will shine a bright light on the current state of these important services in Connecticut and provide consumers with information they do not currently have. For this reason, I recommend approval of this bill.

Thank you.

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