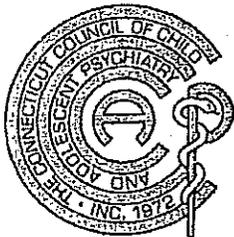


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March 4, 2014

Testimony in Favor of HB 5371, 5372, 5373, 5378

Good afternoon Senator Kissel, Representative Mushinsky and Program Review and Investigations Committee Members

I am Laine Taylor, DO, and am speaking today in my capacity of Executive Committee Member of the CT Council on Child and Adolescent Psychiatry. The greatest gap for access to mental health services within this state is for the middle class families with private insurance. The accessibility to providers, programs, and adequate length of treatment hits our working class families hardest. Connecticut has a safety net for its poor in the form of HUSKY and the wealthy of this state can access fee for service treatment. This gap in care is relevant for all medical care, but impacts mental health care to a greater extent. The state of Connecticut is realizing the importance and wide reaching impact of mental health and access to mental health care for all individuals over the past year. Much of the effort to improve access has been for children and their families. This is seen in our state legislature's enactment of several laws including PA 13-3 and PA 13-178 which deal in the innovative efforts at delivering mental health screening and interventions to children. This is also seen through the Governor's administrative efforts and collaboration with the Office of the Health Care Advocate. As a Child and Adolescent Psychiatrist, representative of the Connecticut Council of Child and Adolescent Psychiatry, and a Connecticut resident, I am speak in support of HB 5371, 5372, 5373, and 5374.

Our statements in support of each bill are as follows:

Regarding HB 5371:

As any parent is aware, a child does not exist in a vacuum. The environment of a child includes school, peer interactions, and family. One of our most effective therapeutic interventions is the In-Home therapeutic service. This entails a licensed clinician entering the home to evaluate and address the behaviors of a child within the family structure. It provides the child, family, and clinician with a perspective unavailable through clinic visits. This intervention is not appropriate for all children, but is reserved for children with whom other interventions have been unsuccessful. Currently this is only available to family with HUSKY insurance or DCF voluntary services. The only current access to Intensive In-Home Child and Adolescent Psychiatric Services is through the use of state funding sources. It is the position of the Connecticut Council for Child and Adolescent Psychiatry that this level of care be available to all children within the state, including those with a private insurance payer. Reporting the use of state funding for in home services by those with private insurance will provide the state with information to determine further necessary steps to make this service accessible even within the access gap.

Regarding HB 5372:

The council also supports the development of a council in the administration to review policies and access to substance abuse care for all individuals. There is a deficit of services for individuals who struggle with addiction and their families. It is our hope that policies reviewed and developed by the council will promote access and implementation of evidence based treatments. With that in mind, the council reviewed the individuals named to the council. It is evident that policy makers, the justice department, and social services are well represented. We would like to additionally recommend appointment of a substance abuse medical specialist representative to help the policies to reflect clinically accurate decisions as other areas impacted by substance abuse are represented on this council.

Regarding HB 5373:

The Council is also in support of this bill as it improves transparency of the policies of individual private insurers. With the implementation of the Affordable Care Act, more Connecticut residents will be members of private insurance panels. There are great differences in coverage between plans. Regular reporting of insurance practices to the state will not only allow policy holders to be aware of the practices of their and other insurance companies, but it will provide data for future improvement of care. In recent years, the reporting of this data to various legislative task forces supplied policy makers with factual information as they evaluated the efficacy of programs and previous legislation. We believe that transparency will best serve the public and private sectors while, most importantly, serving our children and families with quality service options.

Regarding HB 5378:

The council is in support of HB 5378 and we would like to comment on two areas which we explicitly support.

1. We agree with the inclusion of a telehealth demonstration project to evaluate efficacy and to set reimbursement rates. The Council has evaluated several active pilot programs in telepsychiatry, including those funded by Value Options of Connecticut. To this point, the pilot programs have shown great utility in increasing access for patients to child psychiatrists. Additionally, the programs have improved coordination of care and facilitated consultation between primary care clinicians and child and adolescent psychiatrists. We believe that setting rates equivalent to face-to-face reimbursement would promote the use of this medium for healthcare delivery. We would like to specifically request that the definition of telemedicine not include audio use of telephone or facsimile.
2. We are in support of the extension of Medicaid insurance for up to one year after a family no longer meets criteria for this program. Many of the children and families that we serve utilize programs only offered if coverage is provided by HUSKY insurance. We want to encourage the families to not rely on state funding for care, but an abrupt change in payer often means an abrupt change in availability of services. As an example. A family who is originally covered by Medicaid is eligible for Intensive In-Home Child Psychiatry Services, if the employment or income status of the family changes such that they are not Medicaid eligible, the In-Home service ends. This disrupts treatment for the child and family. A month bridge of care will allow for adequate planning based on what is offered by the new insurance company.

Thank you for the opportunity to voice our support for these bills. Please contact our organization for further communication.