



Donald A. Neel
Board Chair

Luis B. Perez, LCSW
President & CEO

Testimony of the Mental Health Association of Connecticut (MHAC)

Before the Insurance and Real Estate Committee

February 5, 2015

Regarding

H.B. No. 5259 (Proposed): An Act Expanding Health Insurance Coverage For The Treatment Of Mental Or Nervous Conditions

S.B. No. 24 (Proposed): An Act Establishing Standards And Requirements For Insurers' Drug Formularies, Requiring Disclosure Of Certain Health Insurance Plan Information For Consumer Comparison Purposes, And Requiring The Connecticut Health Insurers' Compliance With The Affordable Care Act.

Senator Crisco, Representative Megna, and distinguished members of the Insurance and Real Estate Committee, I am Wendi Fralick, Senior Director of Advocacy with the Mental Health Association of Connecticut. As a statewide advocacy organization and direct service provider, the Mental Health Association of Connecticut assists people with mental illnesses and co-occurring disorders live integrated, healthy lives in our communities. To this end, I am here today to support H.B. No. 5259 and S.B. No. 24.

As providers of mental health services, we are well aware of the significant discrepancies between public health insurance and private health insurance in Connecticut. Specifically, people with mental health conditions who have private insurance often lack access to covered services and supports as compared to people with public insurance. Furthermore, people with private insurance are often denied coverage for mental health services on the basis that the service is not deemed "medically necessary" by insurance companies.

While the public health system is committed to promoting health, wellness and recovery for people with mental health conditions, the private health insurance companies are much more restrictive in the services they cover, the duration for which they will cover such services, and where the services must occur. This great divide between public and private health systems has been termed the “coverage gap.”

Access to and coverage of mental health services promotes long-term health and wellness in the community and reductions in the most costly medical responses, including emergency room visits, hospital stays and institutional care. As we understand the current description, H.B. No. 5259 will begin to address the coverage gap for people with mental health and nervous conditions by increasing private insurance coverage to include out-of-network provisions and long-term hospitalization as necessary. Equalizing private health insurance in this manner will support Connecticut citizens experiencing mental health and nervous conditions to access the services and supports they need when they need them to achieve health, wellness and recovery.

In addition, we are in support of S.B. No. 24. By establishing and implementing standards and requirements for insurers’ drug formularies, requiring disclosure of health insurance plan information for consumer comparison purposes, and requiring compliance with the Affordable Care Act, we believe consumers can make educated decisions about their health insurance options in order to ensure they can access the medications they need to support their wellness and recovery. This is an important next step as Connecticut continues to modify the implementation of the Affordable Care Act to support consumers.

H.B. No. 5259 and S.B. No. 24 will work collaboratively to implement insurance modifications that will provide access to services and medications for people with mental health and nervous conditions. It is our hope that these changes will positively impact the overall healthcare system in Connecticut and, thus, promote advancements toward health and wellness for all residents.

Thank you for your time and consideration.