

FTAR

Insurance & Real Estate Committee
HB 5259 An Act Expanding Health Insurance Coverage
for the Treatment of Mental or Nervous Conditions
February 5th, 2015
Kristen Tierney

My name is Kristen Tierney; I'm a caregiver of a non-custodial family member and resident of Fairfield.

I'm here today to speak in support of HB 5259.

1:4 Americans are caregivers of someone living with a Mental Illness. 1:28 Americans are diagnosed each year with a Mental Illness. **Over 97% of those illnesses are highly manageable, when there is access to care.**

In Connecticut there are barriers to accessing care for both short-term and long-term mental health care for both private and self-insured policyholders. The costs of care and maintenance and therefore, support and recovery are financially out of reach for the average insured resident.

So the question is: With mental health parity laws on the books why are we still fighting to get private and self-insurance entities to comply with these statutes? **Expanding the coverage may in fact be a way to effect change in this area and decrease this burden to the policyholder, who in fact thinks they are covered for such care, until they need it and are in crisis.**

The insurance industry chooses not to pay for short-term care to properly identify and stabilize and then for the necessary, cost effective, longer-term maintenance. They do this knowing the staggering success and long-term savings of proper, evidence based care and the high success rates of these cost effective management supports. Looking at their balance sheets with a long view they know people switch insurance companies often and won't be 'their problem' for long.

The important part of that statement is that our loved ones then become the Legislatures problem as the long-term costs are transferred to the State when these entities deny care, as many are forced to go to the state to get care. The costs then include; housing, job preparedness, healthcare, etc.. The cost burden is first shifted to taxpayers like me, resulting in very real long-term financial repercussions for my family and then to the state as a last resort.

As a taxpayer, I pay for my families insurance, pay for private care for my loved one and through taxes for the state to care for those who are unable to get care privately and are forced to go to the state for care. The result is a staggering financial burden for people like me and my loved one. Policyholders purchase insurance, expecting care for what ails them, why is this different? Ethics aside, we need to think about the spirit in which people buy insurance and their vulnerability in crisis. A mental health crisis is no different than a physical trauma in its urgency and need of care.

I'm asking for your support of HB 5259 and like Bills that come before you in this and future sessions. The approximate 800,000 Caregivers in this state cannot sustain the costs associated with; insurance premium payments, denial of care, private payment for care and then the resulting tax increases to pay for care that insurance companies deny.

I'd be happy to answer any questions that you have and will make myself available to any and all of you.

Thank you for your time and attention to this very important matter,

Kristen Tierney
Fairfield, Connecticut

[Excerpt from my March, 15, 2013 Testimony on Mental Health Parity for your review.]

Without mental health insurance parity you accept that a person with stage 4 cancer whether 13 or 65, in excruciating pain will go to an emergency room to get care; 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 RX only. No follow-up, 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 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...

That is unacceptable to 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 pay our premiums expecting to get.

We would never accept a meds 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 an RX 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.

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