



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Testimony

Insurance and Real Estate Committee

March 3, 2015

House Bill No. 6847 An Act Enhancing Access To Behavioral Health Services And Services For Youths With Autism Spectrum Disorder.

Senator Crisco, Representative Megna, and members of the Insurance and Real Estate Committee, the Insurance Department (the Department) appreciates the opportunity to submit written testimony on raised **House Bill No. 6847 An Act Enhancing Access To Behavioral Health Services And Services For Youths With Autism Spectrum Disorder**. Generally, H.B. 6847 would amend sections 38a-514b; 38a-488b; 38a-516a; and 38a-490a of the Connecticut General Statutes to require unlimited coverage for behavioral therapy services relating to autism spectrum disorder and would add a new section to the Connecticut General Statutes that directs the Department to convene meetings with various agencies and the carriers to develop recommendations for behavioral health.

The first portion of this bill concerns services relating to Autism Spectrum Disorders. Since August 2014, all major carriers in Connecticut have been voluntarily covering behavioral therapy services related to Autism Spectrum Disorder on an unlimited basis. Our current statute for group insurance provides for coverage of autism spectrum disorder up to a certain dollar amount based on age through age fifteen (15). The changes will codify in statute current practice of unlimited behavioral therapy services related to Autism Spectrum Disorder through age fifteen (15) and extend the age of coverage to age twenty-one (21). This will align more closely with the offerings through social services where Autism Spectrum Disorder services are covered until age twenty-one (21). The changes also unify the group and individual statutes to make them identical. This will lead to less confusion regarding coverage and codify in statute current practice.

The last section of this bill relates to data collection and recommendations for behavioral health. On May 29, 2014, the Governor vetoed Public Act 14-58. In the Governor's veto message, he found the objectives of that bill "laudable," but he outlined a number of concerns, including the accuracy of such data being tied to provider input. The Governor noted that "due to stigma or other reasons" there may be a significant number of people reported with issues other than the mental health conditions for which they were treated. The Department understood the Governor's concerns and agreed with his recommendation that "there will be an opportunity for stakeholders, the executive branch, the Connecticut Health Insurance Exchange, and others, to work together to pursue this bill's laudable objective in the next legislative sessions."

Since then, the Department has been actively working with a core group led by the Governor's office that includes the Insurance Department, the Office of Policy and Management, the Healthcare Advocate and

the state departments of Children & Families, Developmental Services, Mental Health & Addiction Services, and Social Services. The purpose of that core group was to discuss the data collection provision among other functions, and ultimately strengthen the intent of the bill as the Governor signaled in his veto message.

That working group has proposed section 7 of this legislation which requires that the Insurance Department lead a group composed of agencies, regulators, payers, the Office of the Healthcare Advocate, representation from the state employees plan, and others to develop recommendations for behavioral health utilization and quality measures data. Governor's Bill No. 6847 provides that the requested data should be collected uniformly from health insurance companies, health care centers and state agencies that pay health care claims and that the Department will compile results of the recommendations and submit a report to the General Assembly by January 1, 2016.

This data will help the state analyze:

- Coverage for behavioral health services
- Alignment of medical necessity criteria and utilization management across the agencies, plans, programs, companies and centers
- Adequacy of coverage and services
- Adequacy of health care provider networks
- Availability of behavioral health care providers in the state
- Percentage of behavioral health care providers participating in group hospitalization and major medical insurance plans and state medical assistance programs
- Adequacy of services available for behavioral health conditions

For these reasons, the Department supports Governor's Bill No. 6847 as we are very enthusiastic about convening that group to gather state-wide data on mental and behavioral health with the end goal of identifying differences and achieving uniformity among the various payers. The Department thanks the Insurance Committee Chairs and members for the opportunity to submit testimony on H.B. 6847.

About the Connecticut Insurance Department: The mission of the Connecticut Insurance Department is to protect consumers through regulation of the industry, outreach, education and advocacy. The Department recovers an average of more than \$4 million yearly on behalf of consumers and regulates the industry by ensuring carriers adhere to state insurance laws and regulations and are financially solvent to pay claims. The Department's annual budget is funded through assessments from the insurance industry. Each year, the Department returns an average of \$100 million a year to the state General Fund in license fees, premium taxes, fines and other revenue sources to support various state programs, including childhood immunization.