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Testimony of Dr. Harold Schwartz, Psychiatrist in Chief of Institute of Living
in support of
Senate Bill 1085, An Act Concerning Health Insurance
Coverage for Mental or Nervous Conditions

Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee I am Dr. Harold Schwartz, Psychiatrist in Chief of Hartford Hospital's Institute of Living and Regional Vice President for Behavioral Health at Hartford Healthcare. I am also representing the Connecticut Psychiatric Society. I am submitting this testimony in **support of raised bill No. 1085, An Act Concerning Health Insurance Coverage for Mental or Nervous Conditions.**

This bill rectifies the long standing discrimination faced by individuals with individual and group health insurance policies seeking coverage for various mental health services. I wish to emphasize, in particular, my support for the provisions which would require that inpatient hospitalization and outpatient services be provided for up to 14 days without prior authorization. Payers routinely use prior authorization and reauthorization based on medical necessity to deny reimbursement for care that the clinicians who are actually seeing the patient deem necessary.

A typical example is the patient who has acted to kill himself but denies further suicidal ideation once in the emergency room. Or, the admitted patient who by the second or third day of hospitalization claims to no longer be suicidal. On preauthorization or reauthorization, such patient may be denied further care despite the clinician's certainty that further hospitalization is necessary. The central issue is that "medical necessity," no matter how precisely defined, remains an ambiguous concept which can be and always will be abused by payers determined to minimize their "medical cost offset."

This bill would assure appropriate and unimpeded care for the majority of patients whose hospitalizations typically are shorter than 14 days, would eliminate the protracted and anxiety ridden appeals process for the families of patients denied care and would minimize the huge staff time expense which hospitals currently incur responding to paper work and telephone requirements for the utilization review process. At the Institute of Living this represents 5 full time masters prepared nurses in addition to the time of the doctors and therapists who spend hours appealing denials of care for their patients.

Other provisions of this bill are equally important. Commercial insurance for mental health care has generally been limited to traditional inpatient and outpatient services for conditions which are considered to be "acute." This practice has left many services which have come to be recognized as necessary for a full recovery from mental illness unavailable to this population.

Furthermore, patients who come to be seen as chronic (needing longer term services than those seen as acute) are often denied further care. Intensive home based services, case management and emergency mobile services are a few examples of services generally not covered. That many of the services referenced in this bill have been available to patients receiving care in the public sector is just a further indictment of the current inadequacies of these insurance plans. I commend the committee for considering this bill and urge its passage in the strongest possible terms.

Thank you,

Harold I. Schwartz, M.D.
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