

Insurance & Real Estate Committee
SB 1085
Health Insurance Coverage for Mental or Nervous Conditions
March 17th, 2015
Kristen Tierney

My name is Kristen Tierney; I'm a lifelong caregiver of a non-custodial family member. I represent caregivers through my business Turtles & Lemonade and am an active NAMI Connecticut member and Keep the Promise Coalition Coordinating Council member.

I'm here today to speak in support of SB 1085.

1:5 Americans are affected by Mental Health Issues each year (diagnosed, caregivers, family members, etc...). Over 97% of those diagnosed with a mental illness have highly manageable issues, yet care is often not available through private insurance. In my view this is a discriminatory practice, unknown to the insured until they are in crisis.

With Mental Health Parity laws on the books in our state I question why are we still trying to convince private insurers on the short-term, effective, evidenced based treatments and support that the public sector provides so well. Two years ago an insurance company representative testified that 'sooner or later they will no longer be on their books', 'will no longer be a drain on their profits'. He may have meant via an insurance carrier change or, as I took it the insured's death, this horrified me. Do insurance companies wait for cancer patients to switch carriers or pass too? Do we, as a society, accept this?

There are no repercussions for insurance companies to comply with our current mental health parity laws. Consumers expect insurance to cover, or help to cover, proven treatments to effectively treat a known condition. Until in crisis many of those insured don't know that these conditions and supports are not covered, nor do they know what is a best practice for a successful outcome.

My story is different, my loved one has private coverage, yet little or no access to the support services to maintain wellness after crisis and no way to pay the bills for private

care. We like many families, struggle with the thought that our loved one has to lose everything to get good care via the state (i.e. tax dollars). This is unreasonable to me. The reality is that suicide is a better option than state care for those who have functioned for years yet can't access maintenance care. I can't accept that reality, yet I'm forced to live it every day.

Until either insurance practices change or a person passes our loved ones will be back in the ER when in crisis with all of the associated costs to the Healthcare system all due to the industries knowing avoidance of cost-effective, evidenced based, maintenance supports. I haven't even touched on the real costs to the patients and their family, loss of employment loss, etc...

That should be unacceptable to any reasonable person.

Why do we allow a difference in care for those living with highly manageable mental illness vs. those living with cancer? This practice is not parity.

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. It's time we call it what it is: discrimination. 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. As with most chronic conditions early detection and managed care work and are cost effective models for insurance companies, patients and society.

Thank you for your support of SB 1085 and any Mental Health Parity legislation that comes before you that ensure insured have access to evidence based care, supports and maintenance care.

Kristen Tierney
Fairfield, Connecticut