

HAVEN

Health Assistance InterVention Education Network



Legislative Testimony
Joint Committee on Public Health
Bill No. 5058
An Act Concerning Substance Abuse Treatment

Senator Gerratana, Representative Ritter, Senator Crisco, Representative Riley, Senator Markley, Representative Srinivasan and members of the Joint Committee on Public Health, my name is Maureen Sullivan Dinnan. I am the executive director of the Health Assistance interVention Education Network for Connecticut Health Professionals, which was created in 2007 following the passage of Connecticut General Statute Section 19a-12a. HAVEN is the assistance program for healthcare professionals facing the challenges of physical illness, mental illness, chemical dependence, or emotional disorder. I thank you for the opportunity to present this written testimony in support of the concept of Bill No. 5058, An Act Concerning Substance Abuse Treatment.

Substance use disorders have been increasingly recognized as an illness which takes a tremendous toll on the individual, the family, and society. By 2002, the economic cost of drug abuse in the United States was estimated to be \$180.8 billion dollars.¹ Healthcare professionals suffer from substance use disorders at the same rate as the general population. It is accepted that 10 to 15% of the population will suffer from substance use disorders. The illness knows no age, education, race, or other boundary. It is important that our lawmakers help expand resources to address this illness.

The purpose of this bill is to expand substance abuse treatment options. Currently, we have difficulty accessing residential treatment facilities because insurance does not consider residential care “medically necessary” unless the individual needs detoxification. Even if the individual is currently under the influence of alcohol or drugs, if the drug is opiates alone or benzodiazepines alone, the insurance company denies coverage on the ground that “withdrawal will be difficult, but will not result in death.” When residential care is approved for detox, the patient may only receive two to six days of treatment. Access to longer term care is difficult to obtain.

From HAVEN’s experience, it is not the substance use treatment facilities that are limiting admission or treatment. When the facility calls the health insurer for confirmation of benefits, the facility is told benefits do not apply as the company does not consider the care medically necessary. After doctor-to-doctor appeals, the patient is offered care at their own expense which may be \$20,000 to \$40,000. The health insurance companies are, in effect, prohibiting admission or treatment by denying benefits.

¹ Office of National Drug Control Policy, “The Economic Cost of Drug Abuse in the United States in 1992-2002” Section IV

HAVEN would like the bill to include language that decisions on the medical necessity for substance use treatment and level of care are to be made by the treatment provider and may not be overridden by an insurance reviewer. This bill will be rendered meaningless if the insurance companies may write policies claiming to provide substance use coverage, yet make application of the benefits so challenging that essentially there are no available benefits.

HAVEN would welcome the opportunity to collaborate to ensure this bill accomplishes its important mission: to make substance use treatment available and to give individuals in the State of Connecticut a voice in their treatment plan. I would like to again thank the Committee for allowing me to submit testimony on behalf of HAVEN, the health assistance program for Connecticut health professionals. Should you have any questions we would be happy to make ourselves available at your convenience.

Respectfully submitted:



Maureen Sullivan Dinnan
Executive Director



Vincent McClain, M.D.
Associate Program Director



Linda A. Barile, PhD, RN
Associate Program Director