



*A District Branch of the  
American Psychiatric Association*

**Statement concerning**

**Senate Bill 433 – An Act Concerning Standards and Requirements for Health Carriers’ Provider Networks and Contracts between Health Carriers and Participating Providers**

**Insurance and Real Estate Committee  
March 15, 2016**

This statement is being submitted on behalf of the Connecticut Psychiatric Society concerning Senate Bill 433 – An Act Concerning Standards and Requirements for Health Carriers’ Provider Networks and Contracts between Health Carriers and Participating Providers.

Federal and state parity laws require insurance plans to provide beneficiaries with a sufficient number of physicians in each specialty to enable patients’ timely access to needed medical care. This unfortunately does not happen for many mental health care patients. There is currently no consistent definition of network adequacy, no standards for determining what constitutes “eligible and accessible providers”, no governing procedures for how network inadequacies are adjudicated, and no requirements of appropriate notice for the cutting or dropping of providers. We applaud this committee for attempting to remedy this by introducing Senate Bill 433, however we have serious concerns with the language of the bill and believe that it does not go far enough in ensuring an adequate network and access to care. First, we believe that telemedicine/telehealth is too new to be included when determining the adequacy of a network and respectfully request that any reference to it be removed from the bill. When determining adequacy, only physicians who are present and able to examine and provide care should be counted. Further, the bill permits health carriers to reduce its participating providers by up to 24% before notifying the Commissioner. This is an incredibly high reduction of providers which would greatly impact those patients seeking care. Tiers (?) I need more here about how mental health is impacted by tiers

In order to really ensure network adequacy, legislation must require health plans to:

- Include specific standards for demonstrating a network’s adequacy;
- Define how compliance with those standards will be verified; including requiring plans regularly publish data on the percentage of mental health claims paid out of network compared to the percentage of other medical claims paid out of network;
- Mandate that plans provide employers and potential beneficiaries with access to the claims data that demonstrates the plan’s network is, in fact, adequate. This data must include numbers of physicians in each specialty calculated in full time equivalents and periodic reporting of the number of claims filed by each physician;
- Specify the frequency by which plan directories are updated to reflect physicians who are currently accepting new patients;
- Require a user friendly patient appeals process for challenges to network adequacy;
- Require plans to publically disclose any non-standard contractual arrangements for physicians who are paid more for patients who have been unable to get care from an in-network provider;
- Require health plans to pay the full out of network rate when a beneficiary is unable to find care from an in network provider in a timely manner and at a reasonable distance.

We hope that this committee will consider modifying the bill and are willing to offer whatever support we can. Our primary focus has always been, and will continue to be, guaranteeing patient access to the highest quality mental health care.

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