



*A District Branch of the
American Psychiatric Association*

Good Afternoon. I am Reena Kapoor, M.D., the president of the Connecticut Psychiatric Society (CPS), which represents 800 psychiatrists in Connecticut.

My testimony today concerns Bill 131, An Act Concerning the Working Group on Behavioral Health Utilization. The Connecticut Psychiatric Society appreciates the work of the Behavioral Health Task Force that has examined the issue of mental health parity since its creation during the June 2015 Special Session. It represents a big step forward in gathering data to demonstrate that, even though parity between mental and physical health benefits is the law, in reality, parity is very difficult to evaluate, and even more difficult to enforce.

As practicing psychiatrists, we have reason to believe that significant disparities between mental and physical health coverage still exist in Connecticut. Our members report that patients seeking mental health care through commercial insurers are routinely denied coverage for medically necessary treatment in ways that appear to violate parity laws. For example, suicidal patients seeking admission to a psychiatric hospital must obtain prior authorization from the insurer. What is prior authorization? It's a process under which insurance companies must grant permission for certain kinds of treatment to be given to patients and decide how long this treatment can be made available to a patient before the insurance company has to reauthorize it. In the case of the suicidal patient, a physician has to call the insurance company before hospitalizing the patient and speak with an employee who has no medical training and is simply checking off boxes on a form. No equivalent procedure exists when, for example, a medical patient has a heart attack or a stroke, and a doctor determines he needs hospitalization. In that case, the patient is simply admitted to the hospital without having to go through a gatekeeper.

In our members' experience, insurers also employ "fail-first" strategies for prescription drugs and other treatments of mental health disorders. For example, patients are required by the insurer to spend weeks taking less expensive antidepressant medications before the doctor's recommended treatment is approved. This might not seem like a big deal, but for a person suffering from depression, weeks of failed treatment can cause further mental anguish, multiple co-pays for medications that don't work, and hopelessness about whether their condition will ever improve. All of this is avoidable if the insurers simply allowed patients to receive the treatment their doctors recommend. Lastly, our members tell us that commercial insurers greatly over-estimate the availability of in-network behavioral health providers. When a patient is trying to find a new therapist or psychiatrist, it is common to call dozens of names on the insurance company's list of providers, only to find that the providers no longer accept insurance, are no longer in practice, or cannot take on any new patients. The end result is that patients are unable to access the care that they need in a timely manner.

We hope that stories like these are compelling, but we also acknowledge that they are just stories. The Working Group on Behavioral Health Utilization cannot move forward to enforce parity with anecdotal evidence; real data about the experiences of patients and doctors is necessary. We are grateful that Commissioner Wade and the Working Group have reached out to CPS and asked us to collect data about many aspects of psychiatric practice that will contribute to the discussion about parity. We are collecting this data and anticipate sharing it soon. In the meantime, we also support other strategies, including this legislation, which will help provide much-needed transparency about how insurance companies make decisions about the coverage of behavioral health services. Until we are able to directly compare data about the coverage of mental and physical illness, patients seeking mental health care remain at risk, and we won't get at the answer to whether true parity exists in Connecticut.