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From: Margaret Watt <mwatt@swrmhb.org>
Sent: Tuesday, February 07, 2017 11:55 AM
To: INSTestimony
Cc: zRepresentative Brenda Kupchick; zRepresentative Laura Devlin
Subject: Today's Insurance hearing: HB 5441 & SB 543

Dear members of the Insurance Committee:

I am unable to attend the public hearing today but wanted to comment on two bills related to insurance coverage that will ensure adequate treatment for substance use disorders.

Between 2011 and 2014, almost 40 percent of Americans with a substance use disorder that required treatment didn't go to rehab because they believed they could not afford it or they did not have health insurance.

Insurance plans are supposed to provide coverage, although not all services are always covered. In addition, out-of-pocket costs (deductibles and co-pays) mount up rapidly. A recent survey of all 50 states' 2017 Essential Health Benefits (EHB) plan showed:

- More than two-thirds of the plans are in violation of the ACA;
- 18% of plans violate parity requirements, with 31% containing potential parity violations;
- None of the EHB benchmark plans provide comprehensive coverage for substance use disorders (SUDs) by covering the full array of critical benefits without harmful treatment limitations; **the most frequently excluded or not explicitly covered benefits are residential treatment (not covered in 14 states' plans) and methadone maintenance therapy (not covered in 7 plans);**
- 88% of plans lack sufficient detail to fully evaluate ACA compliance.

HB 5441 is an act to provide health insurance coverage for long-term addiction treatment. Some issues to consider include:

- Intensive Outpatient Programs (IOPs) are important treatment programs for which insurance often creates barriers. Rather than authorize a longer treatment program (eg 12 weeks) once up front, public insurance will authorize a 3-week IOP and then require reauthorizations every 2 weeks. This process creates literally hours of administrative work for the treatment providers each week just to try to keep clients in a program that they need. It results in some people exiting the program when they are not ready and relapsing and also detracts from providers' time for treatment. Private insurance usually authorizes less total time (e.g., 6 weeks) and the reauthorization process is harder and longer. In contrast, people with no insurance who are court-ordered into treatment can stay in an IOP for as long as is deemed necessary by the treatment provider and the CSSD (court-support services division) program.
- There are very few programs that provide for very long treatment, such as 60 days (e.g., Liberation Programs) or 4 months (Crossroads); however, there are people who need this type of service.
- Medication-Assisted Treatment for opioids is an essential service. There are 3 main types of medications: buprenorphine (suboxone), methadone and Vivitrol. Since different treatment programs

work for different people, all options should be covered; however, many plans do not cover all 3 options.

SB 543 is an act to ensure coverage for inpatient substance use treatment of at least 14 days. The biggest obstacle to such treatment is bed availability. In some cases the wait for these beds can be 2+ months long. There are loopholes in terms of who is eligible for available beds, such as certain HUSKY programs. There is also nowhere to send individuals who are transgender.

Thank you.

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