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**Proposed Bill No. 543 AN ACT CONCERNING INSURANCE COVERAGE FOR  
INPATIENT SUBSTANCE ABUSE TREATMENT PROGRAMS**

**Proposed Bill No. 5441 AN ACT REQUIRING HEALTH INSURANCE  
COVERAGE FOR LONG-TERM ADDICTION TREATMENT**

**Proposed Bill No. 5140 AN ACT CONCERNING REIMBURSEMENTS TO  
HEALTH CARE PROVIDERS FOR COVERED SERVICES PROVIDED FOR  
THE TREATMENT OF A SUBSTANCE USE DISORDER**

**Committee on INSURANCE AND REAL ESTATE**

Public Hearing February 10, 2017

**Testimony IN SUPPORT**

**Senator Somers, Representative Kupchick, Representative Perillo, and Honorable  
Members of the Committee:**

I am a Family Psychiatric Nurse Practitioner and I have provided psychotherapeutic and psychopharmacologic services for persons with mental illness and substance abuse disorders in Connecticut since completing my nurse practitioner training at Yale University in 2000. I have a private practice in New Haven and Guilford where I treat approximately 500 patients and I am a member of the medical staff at an inpatient detox unit in New Haven where we treat a whole range of substance use disorders both in an inpatient detox setting as well as providing ambulatory methadone maintenance, suboxone treatment, and long term psychiatric treatment.

Everyday I am humbled and honored to be a member of the treatment team in the fight my patients wage against the war with their addiction. Myself, and the amazing staff I

work with, offer education, support, intervention, medication, therapy, alternatives, housing changes, educational choices, case management, parenting strategies, and court advocacy....all amidst a very broken healthcare system that fights against us every step of the way.

I laud each of you for taking seriously this current public health crisis that affects our most vulnerable citizens and proposing legislation that may prompt meaningful systemic change. My hope is that as you champion these bills, you will offer our patients less discrimination and more parity in disease management, while assisting us treaters to offer your addicted constituents the increased access to the care and recovery they need to move on with their lives in healthier ways.

Addiction is a very powerful illness that carries with it consequences like no other illness – legal, social, environmental, and criminal. I have been dismayed for the balance of my 30 year career to witness society’s reaction to those who struggle with this illness. As a whole, we tend to shun and judge, (a reaction you do not see with other expensive and chronic illnesses like diabetes or asthma), as opposed to coming around the addict and offering them even more support than someone with a more simplified chronic illness state and one that does not carry similarly negative consequences.

Thank you for taking addiction “on” in the way it needs to be “taken on”. I use the word “war” specifically as I sit here reflecting on 3 medical codes I managed just last week. I supervised the staff bringing 3 people back to life in our triage bays – our nursing staff are truly angels of mercy, grace, and wisdom – it is this war, in all its complexity, that we are in need of your help to make resources available and payor sources accountable to work the craft we are trained to work to lead people to recovery.

**Bill 5140** – It is imperative that any services rendered by a provider be paid directly to that provider. Never should reimbursement be distributed to an insured, particularly in the case of a disease state that has money/access to cash as its most powerful trigger. Imagine coming home from detox, shaky and not sure of your commitment to your sobriety. You get a check in the mail for some amount of cash from your insurance company for services provided by said detox that you are supposed to be handing over to a facility or provider to pay the bill for that stay. How likely do you think it is that the bill will be paid or that you are setting that less than stable person up for relapse? I will tell you: you are driving the success rate of your struggling constituent into the ground and you are further driving treaters and treatment facilities into financial peril. Everyone loses in this situation.

Bill 5140 turns a lose-lose situation into an incredibly lower risk scenario for the patients and ensures providers gets paid. Thank you Representative Perillo.

**Bill 5441** – Substance abuse treatment consists of 5-7 day detoxes that can sometimes (with approval) transition to IOP (intensive outpatient) levels of care (3 days a week of group therapy for a few hours a day to supplement your school/work schedule) for several weeks.

I'm not sure if you've ever tried to make behavior change (start a diet, start an exercise program, stop smoking) but I would guess if I asked you to stop or start anything for 5 days, you would not come out a "new person" with "new behaviors" on day 6. The data is clear about this fact – it's not possible. Long term treatment, getting at the root of why people are using, addressing the biology of it (MAT) as well as the psychosocial factors, is the only way to wage this war. That takes time, investment, and commitment. We have the resources (many dedicated and brilliant professionals here in CT – I have worked with them all over the state for the last 17 years), the time, and the commitment (they are consistently willing to work with these folks). It would appear to this point, we have simply chosen not to commit substantial treatment dollars to our addicted citizens. I laud Representative Kupchick for choosing to make a commitment to our citizens with addiction with Bill 5441. I believe there is a place for long term addictions treatment; not all patients need to access it; and if done well, can provide a setting for such meaningful recovery, citizens of CT would emerge healthier and with stronger sobriety in the long run.

**Bill 543** – I am jumping up and down with joy as I write this! This is such an immense step forward in assisting our most physically sick and compromised opioid and alcohol abusing citizens who come to into detox and are barely physically well by day 5, have certainly not even begun considering how to make change in their lives, and now we have to discharge them – sometimes right back to the circumstances that have promoted the choices they have been making to abuse drugs and alcohol in the first place.

I laud Senator Somers and her bill for giving the inpatient substance abuse treatment teams some time to do proper detox, complete case management, afford patients time to heal, and then give them the time to consider what the next move might be. This disease, again, has such far reaching and multifaceted consequences, it is often difficult for folks outside the substance abuse treatment arena to appreciate of all the variables the addict and their teams are juggling to rectify as we navigate towards sobriety.

To have at least 14 days may even allow us to do some meaningful groups, get family involved/outside agencies, and start some alternative forms of treatment – areas of treatment patients ask me for daily but we simply can not provide in a 5 day inpatient stay where some folks are still vomiting and tremulous on day 4 and medical staff is busy manipulating medical protocols in anticipation of insurance discharges.

I feel a great sense of hope in these bills as I welcome and treat adolescents, medical professionals, homeless mentally ill, mothers, veterans, people who commit crimes to support their habits, and the even the most mundane of constituents who have been cursed with a brain prone to addiction come through my detox with lives and careers destroyed senselessly. In most cases, early and appropriate intervention would have reduced the number of relapses and ensured greater chances of success. Stigma, lack of insurance coverage, shame, legal intervention – there are so many barriers to care that do not exist for any other chronic illness management.

I have been fighting this war with my patients for the last 17 years in Connecticut and will continue to do so. I am so happy and sense great hope that all three of you are working to offer meaningful support via your leadership. The direction you can provide to the third party payor systems, as they hold so much of the power in how treatment gets realized here in Connecticut, is of the utmost importance to the lives of our addicted citizens. Thank you for your time and consideration.

Respectfully submitted,

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Family Psychiatric Nurse Practitioner