



CONNECTICUT  
LEGAL  
RIGHTS  
PROJECT, INC.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.  
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.  
INSURANCE AND REAL ESTATE COMMITTEE PUBLIC HEARING  
MARCH 6, 2018

**Supporting:** H.B. No. 5382 (RAISED) AN ACT CONCERNING CONTINUITY OF CARE AND NETWORK ADEQUACY.

**Opposing:** H.B. No. 5380 (RAISED) AN ACT CONCERNING CLINICAL PEER REVIEW PERFORMED FOR PURPOSES OF A UTILIZATION REVIEW

**Supporting:** S.B. No. 379 (RAISED) AN ACT LIMITING CHANGES TO HEALTH INSURERS' PRESCRIPTION DRUG FORMULARIES.

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**Supporting:** S.B. No. 380 (RAISED) AN ACT REQUIRING HEALTH INSURANCE COVERAGE OF A PRESCRIBED DRUG DURING ADVERSE DETERMINATION REVIEWS AND EXTERNAL REVIEW PROCESSES.

**Supporting:** S.B. No. 384 (RAISED) AN ACT CONCERNING MENTAL HEALTH PARITY, DATA REPORTED BY MANAGED CARE ORGANIZATIONS AND THE ALL-PAYER CLAIMS DATABASE.

**Supporting:** S.B. No. 383 (RAISED) AN ACT CONCERNING ALTERNATIVE TREATMENT OPTIONS.

Senator Larson, Senator Kelly, Representative Scanlon and distinguished members of the Insurance and Real Estate Committee:

Good afternoon. My name is Kathy Flaherty and I'm the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. CLRP was established in 1990 pursuant to a Consent Order which mandated that the state provide funding for CLRP to protect the civil rights of DMHAS clients who are hospitalized, as well as those clients who are living in the community. I'm also the Co-Chair of the Keep the Promise Coalition (KTP). KTP is a coalition

of advocates (people living with mental health conditions, family members, mental health professionals and interested community members) with a vision of a state in which people with mental health conditions are able to live successfully in the community because they have access to housing and other community-based supports and services that are recovery oriented, person-driven and holistic in their approach to wellness. Lastly, I'm a member of the steering committee of the Connecticut Cross Disability Lifespan Alliance, an alliance of people of all ages with all disabilities who pursue a unified agenda.

**CLRP supports proposals that will increase access to care and provide those whose care is covered by private insurance the information they need to be informed consumers.** For this reason, we support HB 5382, SB 379, SB 380, and SB 383. The opposition to HB 5380 is based only on it not being clear that requiring that a clinical peer review be done by a medical professional licensed in Connecticut, as opposed to a clinical peer who is licensed in another state, will result in increased access to care for people receiving care in this state.

While mental health parity is the law, which means in theory that insurance covers treatment for mental health conditions in a manner equal to the coverage for physical health conditions, the reality is quite different. This has been recognized as a problem for quite some time, and steps have been taken to attempt to address the disparities between mental health coverage and that for physical health. When providers are subject to more cumbersome processes and procedures (prior authorization, etc.) coupled with low reimbursement rates, providers are less likely to accept insurance coverage. When people have to go out-of-network to access care, they may not have the resources available to pay for treatment, and therefore may not seek treatment at all. The medical model of mental health conditions does not adequately serve everyone; but for those who choose to address their concerns by seeking help from medical professionals, their ability to do so should exist on a level equal to that of someone seeking medical treatment to address a physical health condition. **CLRP supports SB 384 to advance mental health parity.**

I served as a member of the Insurance Department's Behavioral Health Working Group. We helped the department develop a report card that would be accessible and understandable by the lay public in making choices about their coverage. That report card is only as useful as the data used to generate it. This bill would require insurance companies to provide more data, including:

- data on adverse determinations (denied care) and the appeal rates for such denials
- details about how many in-network behavioral health providers and facilities are available for their members
- their provider utilization rates
- factors impede access to treatment of substance abuse

The bill would also require the Insurance Department to expand its evaluation of how behavioral health services are accessed in this state. I urge this committee to support this bill.