



Connecticut Association of Addiction Professionals
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Testimony on Raised Bill SB 384 : *AN ACT CONCERNING MENTAL HEALTH PARITY, DATA REPORTED BY MANAGED CARE ORGANIZATIONS AND THE ALL-PAYER CLAIMS DATABASE.*

Date: March 19, 2018

To: The Members of the Insurance and Real Estate Committee

I am submitting testimony to support the passage of proposed legislation on Mental Health and Substance Abuse Parity, **SB. 384**. If enacted, this bill will advance a new and necessary era in critical data collection on current insurance practices that will promote consumer awareness, behavioral health providers, and key public policy influencers.

Introduction to the CT Association of Addiction Professionals:

The Connecticut Association of Addiction Professionals (CAAP) represents over 850 credentialed addiction specialists. The addiction specialists' work covers the spectrum and diversity of venues that provide substance abuse treatment- community-based SA TX agencies, community health centers, prisons, hospitals, mental health programs, schools, re-entry programs, independent practices, primary medical services, and other settings across the state.

CAAP is the State Affiliate for the National Association of Alcohol and Drug Abuse Counselors. The Association is served by an all-volunteer Board of Directors, who advocate for public policy that empowers the State's workforce of addiction specialists, and most importantly, the substance abusing consumers whom the workforce serves. **The licensed addiction specialist, LADC, is the statutorily recognized professional provider of addiction services in Connecticut, who has met credentialing requirements, which encompass best practice standards of care in the treatment of addictions.**

The Status of Parity in Connecticut's Behavioral Health Services Delivery System:

It is a widely accepted fact in both CT's public and private behavioral health care, substance abuse treatment agencies, hospitals, and private practitioners that insurance companies' reimbursement rates by private and public payers (Medicaid) are disincentivizing qualified providers from accepting clients with SUD.

Addictions professionals and consumers from across CT regularly report to CAAP Board of Directors that insurance carriers' current practices create severe barriers to SA treatment. The barriers are all about money in the form of savings in an array of fiscal defense strategies!

These barriers include:

- Rationed utilization methods for course of treatment and length of stay to inpatient and outpatient treatment
- Questionable protocols for denial of claims.
- Network of providers, who may not possess the credentialing standards for educational and professional experience in the treatment of SUD.
- Low rates of reimbursement.
- Flawed access to SA treatment. Many insured patients who often present with the most complex medical and behavioral health disorders, receive marginal treatment, or encounter serious systemic barriers to care- lengthy waiting periods or no availability for placement to detox services, lack of inpatient openings for patients with documented diagnosis that require this level of treatment, and uncoordinated referral processes to specialists, and patient stigmatization due to life-style and misinformation about the disease of Addiction.
- Soaring rates of deductibles that force insured patients with active SUD to abandon life-saving treatment.
- Large numbers of licensed, Independent behavioral health providers across CT, including psychiatrists (adult & children), APRNs, LADCS, LCSWs, LMFTs, and LPCs choosing to OPT OUT of accepting privately insured patients due to the drastically low insurance reimbursement plans' reimbursement rates.

Discussion of Current Insurance Practices Regarding the Treatment of Substance Use Disorders

CAAP supports a robust utilization review of provider and insurance carrier practices. The guiding principle of this process is to reward not punish providers, whose performance outcomes are driven by treating a panel of patients, who are notable for its high numbers of individuals with serious, severity of health, psychiatric, and social issues. Otherwise, the present practice of major insurance carriers to "cherry pick" the healthiest patients by means of diverse and subtle mechanisms thus resulting in the exclusion of clinically challenged patients, and the Providers, who treat them, from their insurance plan will prevail.

Another frankly dangerous and unfair perception is that Addiction is a second tier Disorder. This flawed concept currently negatively impacts the delivery of SA treatment to state residents.

Addiction is a Primary Disease!

"Alcohol and drug addiction cost American society \$193 billion annually, according to a 2011 White House Office of Drug Control Policy report.¹ In addition to the crime, violence, and loss of productivity associated with drug use, individuals living with a substance abuse disorder often have one or more physical health problems such as lung disease, hepatitis, HIV/AIDS, cardiovascular disease, and cancer and mental disorders such as depression, anxiety, bipolar disorder, and schizophrenia.² In fact, research³ has indicated that persons with substance abuse disorders have:

- Nine times greater risk of congestive heart failure.

- 12 times greater risk of liver cirrhosis.

- 12 times the risk of developing pneumonia.

When persons with addictions have co-occurring physical illnesses, they may require medical care that is not traditionally available in, or linked to, specialty substance abuse care. The high quality treatment needed by individuals with addictions requires a team of different professionals that includes both specialty substance abuse providers and primary care providers...

Other researchers reported that substance abuse disorders, depression, and medical co-morbidities relate to poor adherence to medications to treat type 2 diabetes.⁹ Yet, many individuals served in specialty substance abuse settings do not have a primary care provider".¹⁰

^{11.} 2011 The Economic Impact of Illicit Drug Use on American Society. Washington D.C: U.S. Department of Justice."

It is important to note that the **Licensed Alcohol and Drug Counselor** is by state statute the **lead provider** for implementing substance abuse diagnosis and treatment. In Governor Malloy's omnibus "**Opioid Abuse 2016 Legislation**", **LADCs**, in the new law gained the new standing as the provider of specialized prevention and early intervention services to halt dependence upon prescription opioids.

Yet, some insurance panels **still do not include the LADC** on its behavioral health provider panels. It is the consumer who pays the price both figuratively and financially. He or she must resort to SA TX with a licensed behavioral health provider, although well-intentioned, is seriously lacking the fund of knowledge, education, experience, and skill sets to offer best practice standards of care in the treatment of addiction. The unintended consequences from inferior care may include the client dropping out from treatment, relapse, and the devastating downward bio-psycho-social conditions, caused by the progression of active addiction.

Since 2015, CAAP has received on-going complaints from the sick and suffering addict and their families, and partners across the state that access to SA TX, covered by his or her insurance plans, to out-patient treatment is extremely difficult. Admission to in-patient services within the Connecticut is almost totally lacking. The substance abuse user and their families are then forced to pay exorbitant out-of-pocket fees for securing a treatment program. This formidable barrier to care is worsened by the stunning rise in deductibles mandated by private insurance carriers.

These conditions prevail at a time when CT continues to deal with a significant increase in deaths connected to the prescription/heroin epidemic and state funding for public SA TX programs continue to be reduced due to the state's fiscal crisis. Currently, there appears to be

no cogent and enlightened public policy to address these systemic challenges in addressing a major public health crisis.

The Treatment of Addiction- the Covert Influence of Blame, Shame, and Stigma

In CT and many states, the denial of prompt and critical SA treatment based upon a blaming and negative paradigm that directs the access to services on a protocol of **Failure**, hence, the barriers of shame and stigma related to SUD are strengthened. It is not unusual for youth and young adults to be denied inpatient treatment or a "higher level of treatment" until these consumers have "failed " at out-patient and intensive outpatient treatment. With this sector of the population presenting with the soaring rates of opioid addiction and overdoses leading to death, this model is an egregious and barbaric system of care.

In Connecticut, we do not block necessary medical intervention and treatment from youth and young adults who have diabetes by withholding insulin medication until the young patient has a diabetic induced shock. In stark contrast, in the state's current practice of supporting treatment for the disease of addiction, necessary treatment may be blocked due to lack of treatment slots, arbitrary treatment regimens, and rationed admission or continuation of treatment.

To underscore and support the scientific evidence that Addiction is a disease, the Surgeon General produced *a Report on Addiction (November 2016)* that documented the need, implementation, and recommendation that Addiction is a "Primary Disease". At that time the Surgeon General issued a national **Call to Action** to the nation's physicians to integrate the assessment, diagnosis of addiction, and treatment in standard primary medical services.

If the State chooses not to give full parity to licensed addiction specialists in its behavioral health provider, public and private payer network, the greatest risk will be to CT residents. Consumers, who seek substance abuse treatment, will be in jeopardy of losing access to evidence-based treatment and the highest standards of care for their addictions by the statutorily identified, behavioral health provider- the Licensed Alcohol & Drug Abuse Counselor. It is critical that the addiction specialist be reimbursed at a fair rate for the provision of life-saving services to CT residents by private insurance plans.

CT has a moral obligation to provide its residents, families, and partners impacted by the disease of addiction adhere to the standards of Parity with insurance coverage that promotes swift access to evidence-based level of care, qualified specialists, and fiscal coverage and reimbursement policies which are equal to the complexities inherent to the disease. Let us always remember that Addiction is a treatable disorder, but if not treated with appropriate standards of practice, **Addiction is a terminal illness.**

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