



*A District Branch of the
American Psychiatric Association*

**Testimony of Jackie Coleman
Executive Director CT Psychiatric Society
Insurance and Real Estate Committee**

In Support of SB 384 AAC Mental Health Parity, Data Reported by Managed Care Organizations and All Payer Claims Database

Parity has been a steep hill to climb, even here in Connecticut, a state which most people would consider to have an enlightened view of mental illness and substance abuse treatment.

There are significant gaps in the provision of mental health and substance abuse treatment, and it is our contention that people are not getting the coverage that they are paying for. Data about coverage are collected by the Office of the Insurance Commissioner, but the data are not answering the basic questions about the provision of treatment, at what level, in what area, by which providers, and whether it is in or out of network.

We know that when we come to you as legislators with a problem, you want data. We as providers and advocates can't bring you the data because it resides in the computers of third party payers.

And yet, common sense tells us that if we are constantly hearing that people aren't getting treatment, there must be a reason.

A recent study produced by Milliman used medical claims data from major insurers covering nearly 42 million lives over a several year period, and found that nationwide patients used an out of network provider for a substantially higher proportion of mental health and substance use disorder care than they did for other physical illnesses. In Connecticut the proportion of inpatient facility services for mental health and substance use disorder care that were provided out of network was 2.45 to 16.60 times higher than for physical illnesses, the proportion of mental health and substance use disorder office visits that were provided out of network was 5.80 to 10.98 times higher than for physical illnesses, and 8.00 to 8.83 times higher than for physical illness specialist office visits. This could be, and likely is, a violation of the Federal parity law.

As compared to all other states, Connecticut has a 550% to 1050% higher behavioral out of network use making it a state with one of the more significant problem with patients gaining access to in-network health care for mental health and substance use disorders.

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We contend, and this study supports our contention, that the primary reason treatment for substance abuse and mental illness is lacking is that patients are forced to seek care out of network, and they can't afford it.

Whether we are correct, or not can probably be easily proven when these data are gathered.

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