



**Testimony of the Alliance for Children's Mental Health (ACMH)  
Before the Insurance and Real Estate Committee  
March 6, 2018**

**In SUPPORT of:**

**SB 384, AN ACT CONCERNING MENTAL HEALTH PARITY, DATA REPORTED BY MANAGED CARE ORGANIZATIONS AND THE ALL-PAYER CLAIMS DATABASE.**

Good afternoon Senator Larson, Senator Kelly, Representative Scanlon, and members of the Insurance and Real Estate Committee. My name is Susan Kelley, and I am Director of the Alliance for Children's Mental Health (ACMH). ACMH is the only independent statewide policy and advocacy group in Connecticut that focuses solely on children's mental health issues, including the critical overlap of mental health with child-serving systems such as education, child welfare, and juvenile justice. Through our collective voice, we advocate for smart policies and better outcomes for all children in the state. For more information about ACMH, go to [acmhct.org](http://acmhct.org). I am testifying today on behalf of ACMH, including member participant NAMI Connecticut, in support of SB 384.

Nearly half of the 60 million adults and children living with mental health conditions in the United States go without any treatment. People who seek treatment must navigate a fragmented and costly system full of obstacles. While one in five children and adolescents has symptoms of a mental health condition, only a quarter of these youth have access to appropriate mental health services. In Connecticut, this means approximately 125,000 children have unmet behavioral health needs:

- Children and youth with a mental health diagnosis have the highest high school dropout and unemployment rate of any disability group;
- The majority of children involved in the state's juvenile justice system have experienced trauma during childhood and nearly 70 percent have a diagnosable, untreated mental health condition.

Lack of insurance coverage and/or inability of families to afford out of network costs for mental health care for themselves and their children are a significant barrier to access to needed mental health care treatment in Connecticut and other states. "It's been nearly a decade since Congress passed the Mental Health Parity and Addiction Equity Act (MHPAEA) with its promise to make mental health and substance abuse treatment just as easy to get as care for any other condition....Yet today, in the midst of the opioid epidemic and a spike in the rate of

suicide, patients still struggle to access treatment.” (Kaiser Health News, *If Your Insurer Covers Few Therapists, is That Really Mental Health Parity*, Jenny Gold, November 30, 2017)

This conclusion was reached by Millman Inc., a national risk management and healthcare consulting company its 2017 report: *Impact of Mental Health Parity and Addiction Equity Act*. Among the report’s findings:

- In 2015, behavioral care was four to six times more likely to be provided out-of-network than medical or surgical care.
- Insurers pay primary care providers 20 percent more for the same types of care as they pay addiction and mental health care specialists, including psychiatrists.
- State statistics vary widely. In New Jersey, 45 percent of office visits for behavioral health care were out-of-network. In Washington D.C., the figure was 63 percent.

The high proportion of out-of-network behavioral care means mental health and substance-abuse patients were far more likely to face paying out of pocket for treatment, which can make treatment unaffordable even for those with insurance. Moreover, because of such low reimbursement rates, mental health and substance abuse professionals are often not willing to contract with insurers. The result is insurance plans with narrow behavioral health networks that do not include enough therapists and other caregivers to meet the demands of patients.

The Millman report and other research show that insurers have made progress towards eliminating obvious discrepancies in coverage between mental health treatment and medical care. Most insurers have stopped putting annual limits on the therapy visits that they will cover, and higher copayments and separate mental health deductibles have become less of a problem.

Nevertheless, even with MHPAEA, the promise of parity remains out of reach for people with mental illness, including children and families. In *Out-Of-Network, Out-Of-Pocket, Out-Of-Options: The Unfulfilled Promise of Parity, 2016*, the third of three survey reports by the National Alliance on Mental Illness (NAMI), survey respondents overwhelmingly struggled to find a mental health therapist or prescriber. For instance,

“More than half of respondents who looked for a new mental health provider in the last year contacted psychiatrists who were not accepting new patients (55%) or who did not accept their insurance (56%). A third of respondents (33%) reported difficulty finding *any* mental health prescriber who would accept their insurance, either in- or out-of-network. This far exceeded the number who had difficulty finding a medical specialist who would accept their insurance (13%) or a primary care provider (9%).

As in other states, overly narrow provider networks and high out-of-pocket costs are substantial barriers for people seeking to access mental health treatment in Connecticut. ACMH urges passage of SB 184, which takes the necessary steps to address these disparities and ensure access to mental health care in Connecticut for individuals, children, and families.

Thank you for your time and attention.

Respectfully submitted (without oral testimony),

Susan Kelley, JD

Director, Alliance for Children's Mental Health (ACMH)

Director of Children's Policy, NAMI Connecticut

ACMH is housed at NAMI Connecticut, who is a member participant and fiduciary for AMCH.

Member Participants Signing on to AMCH Testimony

NAMI Connecticut

Connecticut Juvenile Justice Alliance (CTJJA)

Empowering Children and Families

Lori Clemente, Parent (Killingworth)

Grace Grinnell, Parent (Canton)

**ACMH Member Participants**

Connecticut Juvenile Justice Alliance (CTJJA)

CT Legal Services

CT Community Non Profit Alliance

CT Voices for Children

Center for Children's Advocacy (CCA)

Family and Children's Aid, Danbury

Dr. Irving Jennings, child psychiatrist

Clifford Beers

Family Forward Advocacy CT

African Caribbean American Parents of Children with Disabilities (AFCAMP)

Connecticut Association of Foster and Adoptive Families (CAFAF)

National Alliance on Mental Illness, Connecticut (NAMI Connecticut)

National Association of Social Workers, Connecticut

Child Guidance Center of Southern CT

The Village of Children and Families

Scarlett Lewis, Jesse Lewis Choose Love Foundation

Susan Graham, Family Champion and CONNECT consultant

Christine Rowan, Parent (Newtown)

Lori Clemente, Parent (Killingsworth)

Grace Grinnell, Parent (Canton)

David Marcus, Parent, Innovative Advocacy Solutions LLC

Kathleen Burchard, Parent, Grandparent, participant of CFAC

Katherine Downing-Ahmed, Parent, participant of CFAC

Connecticut Association of School Based Health Centers

Yale School of Public Health

Child Health and Development Institute (CHDI)

Child First  
Office of the Child Advocate  
Stamford Youth Services Bureau  
Dr. Frank Fortunati, Yale  
Early Childhood Alliance  
Empowering Children and Families  
Kids in Crisis  
Academy of Child and Adolescent Psychiatry  
CT Council of Child and Adolescent Psychiatry