



## State of Connecticut

### HOUSE OF REPRESENTATIVES STATE CAPITOL

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### Testimony in Support of S.B. 384 Insurance and Real Estate Committee March 6, 2018

Chairmen Larson, Kelly and Scanlon, Ranking Member Sampson and Members of the Insurance and Real Estate Committee, I would like to thank the Committee for allowing me the opportunity to testify on **Senate Bill 384: An Act Concerning Mental Health Parity, Data Reported by Managed Care Organizations and the All-Payer Claims Database.**

This bill seeks to create a landscape where that disconnect can be bridged and the regulator can receive the information it needs to effectively measure parity compliance.

When the Affordable Health Care Act passed most citizens believed all conditions including pre-existing conditions would be covered, but the reality is, individuals with mental illness and their families struggle through a mind numbing bureaucratic maze filled with dead ends.

I truly believed after we passed the Gun Violence, Mental Health and School Safety law it would be the start of better mental healthcare services and coverage. I believed mental illness would be treated exactly the same as any physical illness. I've listened and learned from members of the National Association of Mental Illness (NAMI) community regularly since 2013 and their concerns and frustrations are the same now as they were then.

The questions below reflect the challenges patients are experiencing accessing services, and providers, given the challenges many providers have getting onto carrier networks. Several publications in recent months cite Connecticut as a leader in parity, however actual data shows Connecticut isn't doing as well as we thought, and the disconnect between those two.

#### **Mental Health Parity Compliance**

1. Describe the measures Connecticut Insurance Department (CID) has in place to assess compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA)? What is measured?
2. How long have these measures been in place?
3. Has the CID ever found a carrier to be non-compliant with MHPAEA, intentionally or otherwise? If so, when, and please describe the circumstances and any actions taken by CID.

4. Has CID ever conducted an audit or other investigation into a carrier's MHPAEA compliance?
5. Concerning the CID's Consumer Report Card, how were the Care Measures discussed selected? Why is no consideration given to measuring access to mental health services for members, as the report does for preventive services? Are there limitations to the CID's ability to evaluate these factors?
6. Milliman released a report in December 2017 comparing reimbursement rate and network use for medical versus mental health and addiction services. Data concerning Connecticut suggests significant disparities in member access to in-network services, and demonstrates gross inequity in provider reimbursement rates. How were these trends not identified by the CID's Parity Compliance Survey?
7. Does the CID evaluate reimbursement rates as a factor in parity compliance? If so, what have prior reviews shown? If not, why not?
8. Does the CID evaluate provider credentialing processes for medical and mental health providers? If so, how, and what has been found?
9. What would the CID need to do in order to proactively identify and correct these disparities in the future?
10. Does the CID support the collection of additional data to help identify trends of possible non-compliance, given that prior measures failed to do so? If not, why?
11. Given the recent revelation that Aetna does not have medical directors review each file they approve or deny, what is the CID doing to assess carrier utilization review processes are consistent with standards?

I appreciate the Committee raising SB384 and I'm hopeful the committee will support the legislature receiving this important data so we can all better understand how our healthcare system is serving Connecticut residents with mental illness and how we can make improvements.

Sincerely,

*Brenda L. Kupchick*