CTAPRNS

HB No. 378 AN ACT CONCERNING REIMBURSEMENTS UNDER CERTAIIN HIGH DEDUCTIBLE HEALTH PLANS

HB No. 380 AN ACT REQUIRING HEALTH INSURANCE COVERAGE OF A PRESCRIBED DRUG DURING ADVERSE DETERMINATION REVIEWS AND EXTERNAL REVIEW PROCESSES

HB No. 384 AN ACT CONCERNING MENTAL HEALTH PARITY, DATA REPORTED BY MANAGED CARE ORGANIZATIONS AND THE ALL-PAYER CLAIMS DATABASE

HB No. 5380 AN ACT CONCERNING CLINICAL PEER REVIEW PERFORMED FPR PURPOSES OF A UTILIZATION REVIEW

INSURANCE AND REAL ESTATE COMMITTEE

Public Hearing March 6, 2018

Testimony **IN SUPPORT**

Representative Sean Scanlon, Senator Timothy Larson, Senator Kevin Kelly, and Honorable Members of the Committee:

I am Danielle Morgan, MSN, CNS, Family PMHNP, a Family Psychiatric Nurse Practitioner, and I have provided psychotherapeutic and psychopharmacologic services for persons with mental illness in Connecticut since completing my nurse practitioner training at Yale University in 2000. I have a private practice in Hamden and Guilford where I treat approximately 1000 patients and I am currently a member of the medical staff at a FQHC where we treat a whole range of substance use and psychiatric disorders in the East Hartford area.

Thank you for the opportunity to provide feedback on each of these bills on behalf of the thousands of psychiatric APRNs providing care to the citizens of CT.

HB No. 378

I urge you to support HB 378. I have been the owner and general manager of a psychiatric practice for the last 18 years and have enjoyed growing it from serving a few patients on the weekends to a full service, 1000 patient, part-time practice.
I am still an in-network provider with several third party payer systems but this grows more and more difficult to accept as the high deductible health plan comes to dominate mental health coverage. As patients are strapped with exorbitant monthly premiums and then forced to pay high deductibles, this serves only to force patients out of care for economic reasons and instill resentment in our patient: provider relationship as they struggle to understand the complexities of their coverage. This is particularly devastating as my patients struggling in psychiatric crises, with suicidal children and addicted family members.
I laud the idea of compelling the third party payer source – already replete with premiums – to reimburse providers at our contracted, in-network rates and work out the remainder of the billing issues with their customers. This will remove us from the role of bill collector and allow us to maintain the trust and sanctity of our relationships with our patients.

HB No. 380

This is a necessary piece of prescription coverage I urge you to support. Often in my practice I see patient's prescription benefit coverage change which leaves their maintenance mental health medications at great risk for coverage. I may have worked hard to achieve stability, keeping patients out of the hospital and consistently at work, with elegant prescription medication regimes, only to have new coverage decide they do not want to continue paying for regimes that have been in place for good periods of time and reasons. As I fight for this clinical reasoning to be accepted during a PA/UR process, my patients are burdened to choose between the financial devastation of out-of-pocket drug costs or risk a psychiatric decompensation. Compelling a prescription carrier to provide a supply of current medication while the process is in effect makes the most clinical sense and safety for the patient.

HB No. 5380

I support the use of a "clinical peer" when called upon to participate in a peer review. A review process is often the case in psychiatric care, as there is little parity observed, so we are often called upon to "discuss the clinical care and treatment we are providing" with a "peer" at the third party payer source. For psychiatric APRNs, this is often a psychologist or RN, neither of whom prescribe medication. Therefore, I am often called to justify treatment approaches or medical decision making with clinicians practicing beyond their scope. It makes the most sense to have these discussions, and would benefit patient care, if "clinical peer" meant that – a psychiatric APRN or psychiatrist.

HB No. 384

I urge you to support mental health parity and data collection, as we continue to struggle with a grave shortage of mental health providers and the data the bill seeks to capture in

(7), (8), (9), (10), and (11) may speak so some of our state's issues around the successful delivery of mental health services.
Additionally, The APRN Society seeks to add "any licensed APRN" to (21) as our APRN providers also provide this screening during annual physical examinations.

Thank you for your consideration on these matters.

Respectfully submitted,

Danielle Morgan, MSN, CNS, Family PMHNP, APRN-BC
Chair, Psychiatric Subcommittee
CT APRN Society