

PUBLIC HEARING THE INSURANCE COMMITTEE – MARCH 6, 2018

Statement of Margaret Watt, Executive Director, Southwest Regional Mental Health Board

RE: SB 384

Senator Larson, Senator Kelly, Representative Scanlon and distinguished members of the Insurance and Real Estate Committee:

I am the Executive Director of the Southwest Regional Mental Health Board, writing today in support of State Bill 384, An Act Concerning Mental Health Parity, Data Reported by Managed Care Organizations, and the All-Payer Claims Database.

Although both federal and CT state law make provisions to ensure parity between mental health and physical health coverage, in reality consumers continue to face real barriers to accessing mental health treatment.

- Consumers cite extreme difficulty in finding providers who participate in their insurance; many report that the provider lists from their insurance plans identify providers who are not actually participating or are no longer accepting new patients. Those who are able end up using out-of-network providers at very high costs, while others are unable to receive needed services.
- Meanwhile, many providers are unwilling to participate in insurance panels due to restrictions about the services they can provide, regulations about prior authorizations, long waits for reimbursements and low reimbursement rates.
- The **December 2017** Milliman report, “Addiction and Mental Health vs Physical Health: Analyzing Disparities in Network Use and Provider Reimbursement Rates,” available at <http://www.milliman.com/uploadedFiles/insight/2017/NQTLDisparityAnalysis.pdf>, identified **significant differences in parity between behavioral health and physical health coverage in Connecticut:**
 - The proportion of behavioral health visits that were provided Out of Network in CT was 10.52 times higher (1052%) than out-of-network office visits for primary care. **This was the highest disparity in the country**, reflecting lack of access to in-network behavioral healthcare.
 - Similarly, with regard to inpatient care, CT had the second highest proportion of behavioral health out-of-network use in the country, 16.6 times higher (1660%) than in-network inpatient facility use.
 - In CT, payment levels to providers for primary care office visits were 30%-40% higher than payments for behavioral health office visits.

These statistics are appalling in a state that has long spoken of a commitment to parity. They point to a critical need for monitoring. Connecticut’s All-Payer Claims Database collects data related to these issues; however, data on actual payments to providers are not public, and data on claim denials are not available. **SB 384 would require the data gathering and transparent reporting that would allow the General Assembly to monitor critically needed progress toward parity.**

Another point: One component of the proposed bill would add coverage for screening for mental health conditions “during any annual physical examination conducted by a licensed physician,” (in addition to depression and other screens conducted by licensed behavioral health professionals). **I strongly urge that mental health screenings during annual physicals be covered when conducted by any healthcare professional, including nurses or physician assistants who are trained to conduct such exams and often perform annual physicals.**

Thank you for your consideration.