



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Testimony Public Health Committee March 20, 2018

Senate Bill No. 511 An Act Concerning Opioids.

Committee Chairs, Vice-Chairs, Ranking Member, and Members of the Public Health Committee, the Insurance Department appreciates the opportunity to submit written testimony on **Senate Bill No. 511 An Act Concerning Opioids**. Section 1 of this bill requires the Commissioner of Mental Health and Addiction Services, in collaboration with the Insurance Commissioner and the Chief Medical Examiner to convene a working group with other stakeholders to evaluate methods of combating the opioid epidemic in the state to investigate and report on various items including health carriers' roles in determining the time of an insured's stay at a treatment program for persons with substance abuse disorder.

The Insurance Department has been a partner in working with all stakeholders including consumer groups, legislators, other executive branch agencies, insurance carriers, and others to create sound public policy to combat the opioid epidemic and is an active member of the Alcohol and Drug Policy Council. Coverage for substance abuse disorder is a mandated benefit in Connecticut for fully insured plans and the Department's regulatory scrutiny ensures that these health plans are in compliance with all state and federal laws before they can be marketed in Connecticut.

The Department has several concerns with Section 1 of this bill. First instead of charging a new work group to investigate the listing items, the Department respectfully suggests that the Alcohol and Drug Policy Council, as the interagency and multi-stakeholder group charged with devising statewide plans to address issues such as the opioid epidemic, may be a more appropriate entity to look into the issues of interest.

Second, the bill requires the work group to investigate the role of health carriers in shortening a person's stay at a treatment program for a person with a substance use disorder, which the Department believes is unnecessary. Under current law, substance use disorder treatment programs are required to be covered and subject to medical necessity. CGS 38a-591a et seq. concern the Department's utilization review and external review laws. These parts of the law require that insurers, among other things, use clinical reviewers with certification and background in a similar field as the services being requested, require medical criteria standards for insurers when evaluating requests for behavioral health services, have 24-hour turnaround times for carriers to review urgent requests for behavioral health services and 24-hour expedited determinations for appeals of insurance company denials of certain behavioral health services through the Department's External Review Program.

In addition, the Department's Consumer Affairs division investigates and adjudicates policyholder complaints and the Market Conduct division reviews company practices to make certain that consumers receive the benefits to which they are entitled. If a pattern of noncompliance is detected through multiple

About the Connecticut Insurance Department: The mission of the Connecticut Insurance Department is to protect consumers through regulation of the industry, outreach, education and advocacy. In 2017, the Department recovered almost \$7 million on behalf of consumers and regulates the industry by ensuring carriers adhere to state insurance laws and regulations and are financially solvent to pay claims. The Department's annual budget is funded through assessments from the insurance industry. For every dollar of direct expense, the Department brings in more than \$5.00 to the state in revenues. In 2017, the Department returned about \$125 million in assessments, fees and penalties to the state's General Fund.



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complaints, the Consumer Affairs division will refer the complaint to the Market Conduct division for further investigation. Additionally, the Market Conduct division regularly reviews carriers' practices to ensure compliance with all Connecticut laws and regulations.

The Department has collaborated on various laws and participated in many working groups on these topics. Last year the Department was actively engaged on P.A. 17-131, a comprehensive Governor's initiative to prevent prescription opioid abuse, to ensure that the bill would contain language requiring carriers to cover medically monitored inpatient detoxification services and medically managed intensive inpatient detoxification services, if medically necessary, for insureds diagnosed with a substance abuse disorder per the American Society of Addiction Medicine (ASAM). The bill additionally requires the ASAM criteria to be followed for admission to alcohol and drug treatment facilities. In 2016 the Department contributed to and supported P.A. 16-43 and in 2015 the Department assisted in drafting P.A. 15-198 – two comprehensive Governor's bills to curb the opioid epidemic and break down barriers to getting people the proper treatments. P.A. 16-43 ensures that carriers in Connecticut will continue to cover opioid antagonists and to do so without prior authorization.

In October 2016, the Department held a Symposium on Opioids with major carriers to learn more about their programs and strategies to curb opioid abuse and provide coverage for treatment addiction for their policyholders. Following this symposium, the Department issued a report in 2017 "*Ensuring Access and Coverage in Connecticut for Substance Abuse Treatment*"¹ that was distributed to the Governor, the Insurance & Real Estate and Public Health Committees, and posted publicly on the Department's website. The report reviews a survey that the Department implemented of 16 health insurance companies to determine whether any barriers for substance abuse treatment existed for policyholders in the fully insured individual, small group, and large group plans regulated by the Insurance Department. The report examined the extent to which coverage is provided, the types of treatments covered, requirements that policyholders must meet, and any cost-sharing requirements for such services.

Finally, the Department's annual Consumer Report on Health Insurance Carriers in Connecticut², is a comprehensive tool that consumers and public policymakers can use to meaningfully compare health insurers against a number of factors including quality measures. The Department has been publishing the report since 1998 and has greatly enhanced it over the last two years to include quality measures for behavioral health and substance abuse coverage. The 2017 edition was expanded to include data on how insurance companies are doing in providing follow-up treatment for mental health and substance abuse care. The Report Card is distributed each October to the Insurance and Real Estate Committee.

The Department stands ready to assist all Connecticut residents and legislators on this important issue and is available to provide expertise on issues of insurance coverage.

The Department thanks the members of the Public Health Committee for the opportunity to submit testimony on Senate Bill No. 511.

¹ <http://www.ct.gov/cid/lib/cid/2017-SubstanceAbuseTreatment.pdf>

² <http://www.ct.gov/cid/lib/cid/2017ConsumerReportCard.pdf>

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