



CONNECTICUT  
LEGAL  
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PROJECT, INC.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.  
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INSURANCE AND REAL ESTATE COMMITTEE PUBLIC HEARING  
MARCH 5, 2019

**In support of: HB 7125.** AN ACT CONCERNING PARITY FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS, NONQUANTITATIVE TREATMENT LIMITATIONS, DRUGS PRESCRIBED FOR THE TREATMENT OF SUBSTANCE USE DISORDERS, AND SUBSTANCE ABUSE SERVICES.

**In support of: HB 5270.** AN ACT CONCERNING PEER SUPPORT SPECIALISTS AND REQUIRING HEALTH INSURANCE COVERAGE FOR OUTPATIENT PEER SUPPORT SERVICES PROVIDED BY CERTIFIED PEER SUPPORT SPECIALISTS.

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

Good afternoon. My name is Kathy Flaherty and I'm the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. CLRP was established in 1990 pursuant to a Consent Order which mandated that the state provide funding for CLRP to protect the civil rights of DMHAS clients who are hospitalized, as well as those clients who are living in the community. I'm also the Co-Chair of the Keep the Promise Coalition (KTP). KTP is a coalition of advocates (people living with mental health conditions, family members, mental health professionals and interested community members) with a vision of a state in which people with mental health conditions are able to live successfully in the community because they have access to housing and other community-based

supports and services that are recovery oriented, person-driven and holistic in their approach to wellness. Lastly, I'm a member of the steering committee of the Connecticut Cross Disability Lifespan Alliance, an alliance of people of all ages with all disabilities who pursue a unified agenda.

Mental health parity is something that is already supposed to exist pursuant to state and federal law. However, far too often, we hear from people that they have a more difficult time accessing care for mental health conditions as compared to physical health conditions. Sadly, in a state that is known as the insurance capital of the world, we experience the most significant disparities in terms of having to access mental health care out-of-network.<sup>1</sup> I have personally experienced these challenges when addressing my mental health condition. When I was struggling and needed inpatient mental health care, getting admitted to the hospital was a huge challenge; and being able to stay in the hospital for more than a few days was next to impossible. I have had to get prior authorizations to go to a therapist, and the number of covered visits was limited. I have rarely encountered these barriers when addressing physical health issues.

I, along with others, had the opportunity to serve on the Behavioral Health Working Group established by the legislature in 2016. We saw the need for the additional data reporting requirements. There is a move across the nation to make sure that the promise of mental health parity as it exists in statute is kept in reality. Nearly half the states are currently considering or have adopted new legislation to standardize compliance with the federal law.

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CLRP is part of the Connecticut Parity Coalition. We are advocating that Connecticut join this effort to make parity real by passing **HB 7125** and:

- Establishing reporting requirements for insurers to demonstrate how they design and apply their managed care tactics, so regulators can determine if there is compliance with the law

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<sup>1</sup> Milliman Research Report: Addiction and Mental Health vs. Physical Health: Analyzing Disparities in Network Use and Provider Reimbursement Rates (November 2017), available at <http://www.milliman.com/uploadedFiles/insight/2017/NQTLDisparityAnalysis.pdf>

- Specifying how state insurance departments can implement parity and then report on their activities

The elimination of some managed care barriers to medication-assisted treatment (MAT) for substance use disorders would treat drugs prescribed to address substance use disorders similarly to drugs prescribed to address physical health conditions. In addition to supporting parity, it also would help to address the opioid epidemic.

You will hear testimony from others with specific suggestions regarding language for the bill; I urge you to incorporate those suggestions.

As you know, I am a person living in recovery from a mental health diagnosis. I know the value of peer support in my own recovery and have observed the positive impact that the availability of peer support services has on the lives of CLRP's clients and Keep the Promise members. I urge this committee to **support HB 5270**, which would:

- define peer support services;
- specify what services can be provided; and
- identify what insurance would cover.

This bill would create a different kind of parity – parity between the services available in the publicly-funded mental health system and those available to individuals covered by private insurance plans. There are a few commercially-available insurance plans that make peer-delivered services available, but few people are aware of that benefit and it's not clear from insurance company websites where they would go to access those services.

Most peer support services provided by Recovery Support Specialists or Recovery Coaches are funded through grants and mostly available to those receiving services in the DMHAS system. If commercial and public insurance were to cover certified peer support services in certain contexts, such as crisis stabilization to avoid hospitalization, or as part of discharge from the hospital back to the community, it would extend the availability of these services to the 80% of the state with private insurance. It also would increase the opportunities for employment of people in recovery from mental health conditions and/or substance use disorders. It would

result in the reduction of high-cost hospitalization by avoiding the need for hospital level-of-care in the first instance, reducing the length of stay, and avoiding re-hospitalization. I encourage the committee to pay close attention to the testimony submitted by others in support of this bill. We know that peer support works, because we've lived it.

Thank you for your attention to this testimony as you consider these two bills.