

Insurance and Real Estate Committee JOINT FAVORABLE REPORT

Bill No.: 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

Title: DISORDERS, AND SUBSTANCE ABUSE SERVICES.

Vote Date: 3/14/2019

Vote Action: JOINT FAVORABLE

PH Date: 2/27/2019

File No.:

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SPONSORS OF BILL:

Rep. Cristin McCarthy Vahey, 133rd Dist.

Sen. Catherine A. Osten, 19th Dist.

Rep. Brenda L. Kupchick, 132nd Dist.

Rep. Tom Arnone, 58th Dist.

Rep. John K. Hampton, 16th Dist.

Sen. Saud Anwar, 3rd Dist.

Rep. David Michel, 146th Dist.

Rep. Devin R. Carney, 23rd Dist.

Rep. Lucy Dathan, 142nd Dist.

REASONS FOR BILL:

The purpose of the bill is to require 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.

RESPONSE FROM ADMINISTRATION/AGENCY:

Representative Brenda Kupchick, supports the bill because it would change the CT General Statutes to require CID the Connecticut Insurance Department, CID to include evaluation of routine outpatient therapeutic services in annual report cards, require payers to complement uniform medical protocols for CT providers to use facilitating reimbursement, increase provider reimbursement, mandate payers disclose reimbursements rates for the review of parity compliance, aligns CMS and private payer reimbursement rates for behavioral health services with other non-behavioral medical services, and commission a state review of current parity implementation. See testimony for suggestions on specific language from Mental Health Connecticut.

Ted Doolittle , Health Advocate, Office of the Health Care Advocates Office, supports the bill because it would require health care insurers to disclose to the Insurance Department and the public, additional data regarding their efforts to adhere to state and federal mental health parity laws. The additional transparency will provide the public with further assurances that consumers are receiving the full mental health benefits they are entitled to. It would also allow for parity to be applied to each health plans prescription drug benefit and eliminate step therapy and other barriers to the pharmaceutical treatment of substance, Connecticut was the seventh worst out of network facilities being utilized 11 times more often in network facilities for 2015. Connecticut had the worst in the nation record with 34.2% of the insured receiving those treatments out of network. It raises many questions but proves more parity related data and more analysis than the current system is needed.

NATURE AND SOURCES OF SUPPORT:

The National Council for Behavioral Health, supports the bill because it will facilitate implementation of the federal parity law and strengthens parity provisions within Connecticut law. Parity law requires health insurers that offer mental health and addition benefits to so on par with medical and surgical benefits.

Thomas Burr, Glastonbury, CT, Community and Affiliate Relations Manager, NAMI, Has a son who has been in recovery from bipolar disorder. He struggled for 8years but is now sober 11 years, working and doing well. Medicaid provides for mental health parity and it was a game changer in his recovery.

Susan Campion, Connecticut Association of Addition Professionals, supports the bill. We don't block necessary medical intervention and treatment from youth and young adults, who have diabetes by withholding insulin medication until the young patient goes into diabetic shock. In stark contrast in the state's current practice of supporting treatment for the disease of addiction, necessarily treatment might be blocked due to lack of treatment slots, arbitrary treatment regimens, and rationed admission or continuation of treatment. Mental health parity CT is vital to CT residents with mental health issues.

Ewelina is diagnosed with Bipolar with psychotic features. She is dependent on a psychiatrist, a psychologist, as well as a homecare nurse who see her every day. Her nurse is an example of a nonquantifiable metric the type of care parity legislation will help ensure it becomes available and affordable for private health insurance holders.

Tim Clement, American Psychiatric Association, supports the bill because it would require transparency and accountability on the part of insurers. A decade after the Federal Parity Law was enacted state and federal examinations have consistently found that insurers are still not in compliance with more complex aspects of the law and its implementing regulations. The bill will provide for the law to be compliance.

Suzy Craig, Senior Director of Policy and at Mental Health Connecticut, need to gain clarity on parity compliance and ensure that the lives and consumer rights are essential to Connecticut residents. Please add the language to follow the Federal parity compliance.

Connecticut Association of Health Plans, welcomes the opportunity to work with the committee members. We ask that the legislature be mindful of where the appropriate regulatory authority of the industry lies so that the state does not set up a system of dual regulation that adds confusion, administrative burden and cost to the system. Remove the provisions related to pharmaceutical management which by virtue of the associated costs, will have the unintentional effect of reducing access to care as opposed to increasing it.

Marcia Dufore, Executive Director of North Central Regional Mental Health Board, supports the bill having reviewed 28 day rehabilitation programs in Connecticut that provide additional treatment along with psychiatric and psychological services for those who need that level of care. While mental parity is law the reality is different. There are dramatic and real-life impacts of the failure to provide appropriate treatment. The risk of relapse is significant and potentially deadly. CT rate of death due to overdose has risen by over 300% since 2012 and over 13% in the past years. There is a need to monitor and hold insurance companies accountable for upholding mental health parity standards.

Valerie English Cooper, Certified First Aid Instructor, supports the bill having heard over 2,000 Connecticut residents during the mental health First aid trainings held September to October 2018 as a part of a nationwide project called Aware. One in five adolescents and adults has a mental health disorder. In CT access to care is one of the greatest impediments to recovery for mental health disorder. Access is not the only reason, stigma also is a reason. Mental Health parity should also be extended to First Aid and CPR trainings.

Ted Kennedy, Jr., supports but asks for two important ways, require better claims data transparency and second by enlarging the networks of mental health providers.

Patrick J. Kennedy, The Kennedy Forum, supports the bill and points out that the Millman report showed that health insurance plans are not in compliance with the Federal Parity Act. There are also additional steps that can be taken, does not require health plans to demonstrate compliance through a non-qualitative comparability analysis between MH/SUD and traditional medical surgical services. We recommend the bill the following: require parity market conduct exams, expand what is reported, rank health plans, promote consumer protections authorize increasing penalties for noncompliance and improve evidence based pathways.

Shaukat Khan, President of the Connecticut Psychiatric Society, support the bill. Many people use the hospitals to detox or seek treatment what is not happening is that people are not being followed-up after they seek hospital treatment. Hospital stays are limited in terms of the number of days stay in an inpatient unit arbitrarily imposed by the insurance companies and not by health professionals. Connecticut should lead the way to parity.

Stephen Wanczyak-Karp, LMSW, National Association of Social Workers, Connecticut, supports the bill and asks that the reporting requirements mirror the components of the final MHPAEA rules. Comparative analysis is requested to prevent fraud. Provider rates between physical and mental health visits are not on par. Mental health visits are typically longer in length than physical care visits, yet payments do not reflect the greater clinician intensity of work.

Ben Sahiken, Advocacy and Public Policy manager, The Alliance of Community Nonprofits, support parity and adherence to federal laws most of our members express that

commercial insurance does not cover all of the services they believe are medically necessary to treat their clients. See 6 pages of draft language in testimony .

Mark Spellman, Ph. D, Connecticut Psychology Association, supports the bill because it would help with parity. It would allow access to psychological help for working class families, and would portent Connecticut's investment in Husky supported treatment. See 55 pages of testimony...

NATURE AND SOURCES OF OPPOSITION:

Able child.org opposes the bill because mental health isn't the same as diabetes or other diseases because the diagnosis is subjective. Parity would give a blank check to wrongfully hold and drug people against their will.

Connecticut Conference of Municipalities, CCM, opposes the bill because it would create new mandated expansions of health insurance coverage in order to provide coverage for various treatments procedures, and would increase insurance costs for towns and cities.

Reported by: Terri Reid

Date: 3.28.19