

OFFICE OF FISCAL ANALYSIS

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ADDENDUM

To Fiscal Note on
HB-6095

AN ACT CONCERNING REQUIRED HEALTH INSURANCE COVERAGE FOR DETOXIFICATION AND SUBSTANCE ABUSE SERVICES.

The original fiscal note reflected a potential cost to the state and municipal health plans. Based on additional data, there is a cost to the state of approximately \$1 million in FY 20 and \$2 million in FY 21 from eliminating medical necessity and prior authorization for certain services which is anticipated to change the utilization of services.

In accordance with current law, the state employee and retiree health plan currently provides coverage for inpatient and outpatient mental health and substance use disorder services, using the American Society of Addiction Medicine (ASAM) guidelines to determine the appropriate service intensity and level of care.

In addition, the limit of “not more than seven days of detoxification per admission,” is not anticipated to result in a fiscal impact as it is interpreted to make behavioral health more restrictive and therefore not permissible under the Mental Health Parity Act of 1996 (MHPA). MHPA states plan “cannot impose annual or lifetime dollar limits on mental health benefits that are less favorable than any such limits

imposed on medical/surgical benefits”.¹ In accordance with ASAM Care is authorized based upon the members symptoms and needs across various criteria.

¹Source: https://www.cms.gov/cciio/programs-and-initiatives/other-insurance-protections/mhpaea_factsheet.html