



**TESTIMONY OF  
PATRICIA REHMER, SENIOR VICE PRESIDENT  
BEHAVIORAL HEALTH NETWORK, HARTFORD HEALTHCARE  
SUBMITTED TO THE INSURANCE AND REAL ESTATE COMMITTEE**

**THURSDAY, FEBRUARY 27, 2020 CONCERNING**

***HB 5248, AN ACT ESTABLISHING A TASK FORCE TO STUDY HEALTH INSURANCE COVERAGE FOR PEER SUPPORT SERVICES IN THIS STATE AND***

***HB 5256, AN ACT CONCERNING REQUIRED HEALTH INSURANCE COVERAGE FOR DETOXIFICATION AND SUBSTANCE ABUSE SERVICES***

Hartford HealthCare (HHC) appreciates the opportunity to comment on the above-referenced bills.

With regard to **HB 5248**, which concerns peer supports, we believe a task force is the appropriate approach. We would encourage the committee to expand the charge of the group to look at coverage under Medicaid and to ensure that peer support specialists are included in this conversation. Should this bill move forward, we would welcome the opportunity to participate.

According to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), peer support workers are people who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process. Peer support is an evidence-based practice and is cost effective.

HHC uses peer support specialists for a variety of purposes, including long term follow up after discharge. Our peer support specialists must complete a rigorous 80-hour course and pass a certification exam. Currently we are not reimbursed for these services either under Medicaid or commercial insurance in Connecticut. While these services should be available to more patients, we are concerned that if peer support specialist services are covered by Medicaid or private insurance, they will be limited to patients who meet their health plan's medical necessity standards. Right now, providers who offer this service may do so in cases where Medicaid or insurance is unlikely to reimburse. This topic certainly merits further study and discussion and we agree with the task force approach.

We have some concerns with **HB 5256**, which requires health insurance coverage for detoxification and substance abuse services. We applaud the provisions of the proposal which would provide for family counseling and intervention services, as well as for minimum lifetime coverage levels for detoxification and substance use services. However, we have serious concerns about section 1(2) and section 2(2) of the bill, which would cap inpatient hospital and nonhospital detoxification services at seven days per admission.

Clinicians need to be able to provide individualized treatment. Most clinicians' treatment recommendations are supported by the American Society of Addiction Medicine's evidence-based criteria for placement, continued

stay and transfer/discharge of patients across a broad spectrum of patients with addiction and co-occurring conditions. Some detoxification cases are more complicated and simply require more time. It would be clinically dangerous to set an arbitrary cutoff for any medical condition that involves hospitalization. Insurance coverage of these services should not set an arbitrary cap either.

Thank you for your consideration of our comments. For additional information, contact Kim Harrison or Cara Passaro at 860-263-4137.

*With 30,000 colleagues, Hartford HealthCare has cultivated a strong, unified culture of accountability and innovation. Its care-delivery system, with more than 360 locations serving 185 communities, includes two tertiary-level teaching hospitals, an acute-care community teaching hospital, an acute-care hospital and trauma center, three community hospitals, the state's most extensive behavioral health network, a large multispecialty physician group, a clinical care organization, a regional home care system, an array of senior care services, and a large physical therapy and rehabilitation network. The HHC acute care hospitals are: The William W. Backus Hospital, Charlotte Hungerford Hospital, Hartford Hospital, The Hospital of Central Connecticut, MidState Medical Center, Windham Hospital, and St. Vincent's Medical Center.*