

# Public Health Committee JOINT FAVORABLE REPORT

**Bill No.:** SB-1086

**Title:** AN ACT CONCERNING MENTAL AND BEHAVIORAL HEALTH SERVICES.

**Vote Date:** 3/31/2021

**Vote Action:** Joint Favorable

**PH Date:** 3/29/2021

**File No.:** 567

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## **SPONSORS OF BILL:**

The Public Health Committee

## **REASONS FOR BILL:**

This bill makes assorted unrelated changes to the provision of mental and behavioral health services.

1. Eliminates the requirement that psychiatrists, psychologists, social workers, and marital and family therapists who provide outpatient mental health treatment to a minor without parental consent or notification reassess, after the sixth session, whether continuing the treatment without such consent or notification is still warranted.
2. Requires physicians, PAs, and APRNs, starting October 1, 2021, to perform a mental exam on a patient during the patient's annual physical exam.
3. Establishes a 10-member task force to study the health benefits of psilocybin and requires the task force to submit its findings and recommendations to the Public Health Committee by January 1, 2022.
4. Prohibits certain health insurers from requiring beneficiaries to use step therapy for drugs prescribed to treat a behavioral health condition.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

None

## **NATURE AND SOURCES OF SUPPORT:**

### **Stephen Wanczyk-Karp, LMSW, National Association of Social Workers (NASW):**

The National Association of Social Workers (NASW) offers comments and recommends the following changes on behalf of our 2,300 members statewide.

In Section 1 (b), lines 12 & 13, we recommend replacing [an independent social worker certified pursuant to chapter 383a] with **Licensed Clinical Social Worker pursuant to chapter 383a**. The title independent social worker was used from 1985-1995 until the clinical licensure of social workers was codified into statute. Section 19a-14c of the CGS does not reflect this decades-old language change. We recommend that only the Licensed Clinical Social Worker (LCSW), but not the Licensed Master Social Work (LMSW), be in the statute. SB 1086 eliminates the requirement for parental notification, involvement, or consent after six sessions. This change is contrary to current practice standards for social work, and the Association does not support this provision. However, we would recommend twelve months instead of six. Reassessment of the minor to determine the need for continued treatment without the involvement of a parent or guardian is a reasonable provision that will protect both the minor and the provider.

The Association is not convinced that physicians, physician assistants, and APRNs possess adequate training in mental health treatment. It is not clear what and how diagnostic and treatment tools will be utilized, what party is responsible for developing the necessary tools, if age and ethnicity be specified, and how any necessary treatment plans are created and implemented. We are unable to support this section because there are too many unanswered questions. The Association would recommend that the Public Health Committee work on ways to incentivize and advance the provision of integrated health care where physical and mental health providers are collaborating within the same practice setting.

### **Sarah L. Evans Zalewski, Ph.D., NCC, LPC, BC-TMH, ACS, President-Elect, Connecticut Counseling Association (CCA):**

Senate Bill 1086 addresses the procedures for a child to obtain mental health treatment without parental consent. We are concerned that Section 1(b) of the bill does not include services provided by professional counselors pursuant to chapter 383c. We are also troubled that professional counselors are not included in Section 19a-14c of the General Statutes.

CCA robustly supports this bill with the inclusion of professional counselors. As the legislature previously determined, there are times when it is in the best interest of a minor to engage in counseling without the knowledge and permission of their parents or guardians.

Unfortunately, there is a significant surge of minor's mental health issues on the horizon. There should be no barriers to minors being able to obtain and engage in the competent mental health treatment they need.

## **NATURE AND SOURCES OF OPPOSITION:**

### **The Connecticut Association of Health Plans (CTAHP):**

With heightened awareness of behavioral health treatment, health carriers have become more focused on the issue as they work with providers, consumers, and policymakers to balance access, quality, and cost.

Behavioral health illnesses and substance use disorders are and should be a critical focus of the health care delivery system, particularly considering the opioid epidemic and the growing number of mental health cases emerging due to the COVID-19 pandemic. CTAHP shares the concern of members of the legislature seeking to enhance access to quality behavioral health treatment, and we remain committed to working together to reach that goal.

CTAHP respectfully requests the committee reject Sections 4 and 5 of SB 1086. We acknowledge the importance of reducing barriers for individuals seeking behavioral health treatment through medication, but this language includes ALL medications used to treat behavioral health conditions.

The prohibition of step therapy negates a critical tool that carriers use to support evidence-based treatment and control costs. Care plans can vary vastly depending on where they're provided and by whom. Step therapy helps advance the use of clinical "best" practice protocols while it sets forth the indications for many step therapy treatment regimens.

Connecticut state statute already provides for considerable step therapy protection with the following measures. Current law prohibits health insurers from using step therapy for more than sixty days, requires that the carrier provide coverage for a different drug after the sixty days trial, and allows providers to render a regimen "clinically ineffective". The statute also established an automatic "override" provision that available at any point in the process. The law also includes an enforcement tool via the State Department of Insurance. They are authorized to levy fines or penalties on an insurer who doesn't abide by the law.

Behavioral health treatment is not a one size fits all solution. Step therapy's trial and error approach benefit the consumer from a quality of care and cost perspective. Pharmacy costs are rising 15-20% a year or more, and Connecticut's policyholders can't afford the passage of this provision.

**Connecticut State Medical Society (CSMS):**

Connecticut State Medical Society (CSMS) strongly opposes SB 1086.

Section 2 of this bill is already included as part of annual physical examinations. Additionally, these are decisions best left to the physicians and their patients. Due to the constraints imposed by employers and the insurance industry, most physicians are only able to spend 13 minutes or less when conducting an annual physical. This brief amount of time does not allow for a full-scale mental health examination.

In 2019, the American Medical Association (AMA) House of Delegates debated a resolution that would study further the benefits of psychedelic substances such as psilocybin, and they declined to adopt a resolution noting that there is no accepted medical use for such drugs. Psilocybin, commonly known as "magic mushrooms," impacts the brain's prefrontal cortex, affects the serotonin levels in the brain, and induces hallucinations. This drug could interact adversely with prescribed medications and negatively impact the health of Connecticut's patients. Therefore, CSMS opposes the establishment of the task force specified in Section 3 of the bill.

Section 4 and Section 5 of SB 1086 would prohibit insurers and others from applying step therapy to behavioral health drugs. Step therapy is an administrative hurdle used by health

insurers to delay patient's access to care and serve as impositions into the patient-physician relationship and decision-making process. Under step therapy, patients must try less expensive, often older generation medications before they "step up" to the medication prescribed by their physician. This process could take several months while putting the lives of some of our most vulnerable patients at risk. The best interest of the patient and their care needs to be the foundation when making patient care decisions, not the best financial interest of the health insurers.

CSMS supports the elimination of step therapy in the treatment of behavioral health, and we encourage you to examine the language in SB 1045 as a model for step therapy reform.

**Sam Hallemeier, Director, State Affairs, Pharmaceutical Care Management Association (PCMA):**

The Pharmaceutical Care Management Association (PCMA) offers the following comments regarding SB 1086 (step therapy) on behalf of pharmacy benefit managers (PBMs), which administer prescription drug plans for millions of Americans.

PCMA believes the passage of SB 1086 will restrict our ability to provide a high-quality benefit and put downward pressure on the rising cost of prescription drugs. There are several tools in place to ensure that patients receive clinically appropriate and cost-effective drug therapies. These include Step Therapy (ST) and Prior Authorization (PA). Health plans and PBMs use Pharmacy & Therapeutic committees to develop evidence-based guidelines used in programs, such as ST, to guarantee cost controls and do not impair the quality of clinical care.

PCMA is concerned about the consequences of limiting or prohibiting PA and ST in Connecticut. Our projections forecast increased prescription drug costs upwards of \$554 million to the 700,000 fully insured employers and their health plans over the next decade. PCMA respectfully opposes SB 1086. Now is not the time to increase the cost of providing reliable and affordable access to prescription drugs.

**Reported by: Beverley Henry**

**Date: May 11, 2021**