Connecticut State Medical Society
FOUNDED IN 1792
160 St. Ronan Street, New Haven, CT 06511-2390 (203) 865-0587 FAX (203) 865-4997

Hearing on Mental Health Parity
Office of Health Care Advocate
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On behalf of our more that 6,500 physician and physician-in-training members, thank you for the opportunity to present this testimony to you today in support of efforts to increase parity in coverage for mental health services in Connecticut. Most importantly, we must continue to state that insurance coverage for services does not guarantee access to care, and the focus today should be on access to mental and behavioral health services. In addition, we increasingly see situations in which services may be covered, but not to an adequate extent, and often insurers are using unqualified health care providers to make coverage decisions for medical care services they were never trained to provide.

In 1996, the Mental Health Parity Act (MHPA) was enacted, requiring parity in aggregate lifetime and annual dollar limits for mental health benefits and medical/surgical benefits. The MHPA, however, did not apply to substance abuse disorder and did not prevent some other types of limitations on mental health benefits. In 2008, the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) was signed into law. The MHPAEA expanded on the MHPA by broadening the parity rules as they apply to mental health benefits as well as extending these rules to substance abuse disorder benefits.

Under the MHPAEA, any group health plan that includes mental health and substance abuse disorder benefits along with standard medical and surgical coverage must treat them equally in terms of out-of-pocket costs, benefit limits and practices such as prior authorization and utilization review. For example, a plan may not apply separate deductibles for treatment related to mental health or substance abuse disorders and medical or surgical benefits – they must be calculated as one limit. MHPAEA applies to employers with 50 or more workers whose group health plan chooses to offer mental health or substance abuse disorder benefits. MHPAEA was effective for plan years beginning on or after July 1, 2010.

In February of 2010, the Obama Administration issued regulations implementing the MHPAEA providing greater clarity on how MHPAEA should be applied. For the first time, these rules help assure that those diagnosed with debilitating and sometimes life-threatening disorders will not suffer needless or arbitrary limits on medical care. The rules bring needed relief to families faced with meeting the cost of obtaining mental health and substance abuse services.

Unfortunately, in Connecticut, MHPAEA law and regulations do not apply to everyone – especially those receiving insurance through small employer groups and in the individual market. The same federal safeguards outlined above must be applied to anyone who receives health insurance coverage in Connecticut, regardless of the size of the group or whether insurance is obtained in the individual market. CSMS urges the adoption of parity in health insurance and access to health care services in Connecticut, regardless of whether individuals are seeking health insurance or medical care for mental or behavioral health matters, substance abuse disorders or any other medical condition.

Absent a state law that further strengthens federal protections, CSMS continues to believe that mental health parity is a good concept, but its implementation is lacking in Connecticut. Although a patient may have "coverage" on paper, health-insurer delays and denials in authorization too often curtail critical access to these services. More needs to be done to guarantee that insurers not only identify that mental and behavioral health services are covered benefits, but that they are establishing adequate networks that will guarantee access to mental health services provided by well-qualified and trained physicians to actually provide this care. As previously mentioned, coverage does not necessarily mean access -- and access requires that networks are sufficiently robust and that patients have choices in the physicians and other providers who have the training and experience to provide these services. Furthermore, care cannot be denied by someone not trained in the area of care being recommended for the patient. We have come too far already to go back to the days when medically necessary care was denied by bureaucrats looking at a computer screens and not at the needs of the patient.

We are familiar with situations in which non-practicing clinicians, or even worse, those without training in psychiatry or sub-specializations in psychiatry are denying or limiting care that they have never provided and may not understand. We are continually provided with examples by our members of situations in which it appears the underlying mental health status or condition of the patient is completely ignored by the individual assessing the medical care plan modality for the insurer. In fact, we are constantly told of instances where insurers will not authorize continuation of treatment of Connecticut patients unless a traumatic event occurs (because improvement means discharge from inpatient programs). This contradicts all efforts being made to improve the health and well-being of every resident of the state of Connecticut, regardless of medical status or condition.

Thank you for the opportunity to present this testimony to you today.