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Office of the Healthcare Advocate
Mental Health and Substance Use: Access to Prevention, Treatment, and Coverage
Public Hearing
Legislative Office Building, Room 2C
October 17, 2012
10:00 AM to 4:00 PM
Hearing Notice: http://www.ct.gov/oha/lib/oha/Public_Hearing_Notice_10-17-12-_FINAL.pdf

TESTIMONY
SUBMITTED BY PAUL GIONFRIDDO

Thank you for the opportunity to make these comments. For many years, I worked on behavioral health policy as an 11-year member of the Connecticut House of Representatives. But I have had two experiences since then that have underscored (1) the importance of access for all to behavioral health services and parity in coverage and (2) how far we still have to go to achieve these things.

The first happened more than ten years ago, when my insurer said that my son Timothy had exhausted his lifetime mental health benefits while still a teenager.

Tim has given permission for his story – much of which took place in Connecticut – to be told publicly. And the September 2012 issue of the national health policy journal *Health Affairs* published an essay that tells it in some detail. The essay shows how poorly we have supported the community services needed to prevent and treat behavioral illnesses over the past 30 years. It also discusses problems in Connecticut and other states that persist to today. There is a link to the essay at the end of this testimony.

Tim was diagnosed with serious mental illness as a child, becoming one of the 6% of Americans who must live with such a condition. Serious mental illness has lifetime costs and consequences. The idea that someone could exhaust a lifetime of coverage in a few short years is astounding.

Fortunately, Tim was covered by a Connecticut insurer subject to Connecticut's state parity law. As a result – and only because of this – the insurer continued to pay for Tim's care for two more years.

Tim later lost his private insurance coverage. As a 20-something, he no longer met the criteria for physical or developmental disability his new insurer said he had to meet to remain on a parent's policy at the time.

In the past four years, we have come a long way toward making things better with the passage of both the Mental Health Parity and Addition Equity Act of 2008 and the Affordable Care Act.

But we haven't come as far as we think.

My second, more recent experience, explains why. It happened after both laws were passed.

I am now a resident of Florida, covered by a Connecticut insurer. I learned late last year that Blue Cross Blue Shield of Florida had sent nearly all of its behavioral health providers termination notices. It then offered to take them back, but only if they agreed to significant reductions in reimbursement. This only happened to behavioral health providers.

Here's what this meant. Before the reductions, a psychologist was receiving just under $52 for an hour counseling session. This is less than the $65 per hour earned by the average carpenter, the $75 per hour earned by the average electrician, the $90 per hour earned by the average plumber, and the $100 per hour earned by the average auto repair person.

After the reductions, today that same psychologist gets only $46 per hour.

You may wonder what this Florida example has to do with Connecticut.

This is it. Out-of-State Blues pay only in each state what the Blue Cross Blue Shield provider in that state decides to pay.

So the $46 is what Anthem Blue Cross Blue Shield of Connecticut – my current insurer - pays that psychologist. In this instance, "parity" for a Connecticut insurer is only as good as it is defined in Florida.

We must understand that what happens outside of Connecticut makes a difference in Connecticut. And, conversely, we must also understand – as do the insurers – that what is done in Connecticut can help build a wave that will travel through the rest of the country. We need Connecticut's leadership now more than ever.

Thank you.

Link to Health Affairs Narrative Matters Essay:
http://content.healthaffairs.org/content/31/9/2138.full.pdf+html