HAVEN

Health **A**ssistance Inter**V**ention **E**ducation **N**etwork

Testimony
Office of the Healthcare Advocate
Public Hearing October 17, 2012
Mental Health of Substance Use: Access to Prevention, Treatment, and Coverage

Healthcare Advocate Victoria Veltri and Special Guest Speaker Carol McDaid, my name is Maureen Sullivan Dinnan. I am the executive director of the Health Assistance InterVention Education Network (HAVEN) for Connecticut healthcare professionals. HAVEN was created in 2007 following the passage of Conn. Gen. Stat. Sec. 19a-12a and is the assistance program for healthcare professionals facing the challenges of physical illness, mental illness, chemical dependence, or emotional disorder. I thank you for the opportunity to present this written testimony on the critical issue of access to prevention, treatment, and coverage for mental health and substance use disorders.

Since 2007, HAVEN has assisted more than five hundred medical professionals suffering from chronic physical illnesses, mental health illnesses, and substance use disorders. Currently, HAVEN is monitoring approximately two hundred sixty medical professionals. Mental health conditions, including substance use disorders, do not discriminate based on race, education, or socio-economic status. HAVEN does not provide care and treatment. HAVEN's role is to provide the structure and accountability that enables professionals to be responsible patients as well as to obtain the care and treatment necessary for them to have sufficient well-being to be able to provide quality patient care to others. Our nurses, doctors, dentists, veterinarians, and allied health professionals in Connecticut face the same barriers to mental health and substance use treatment as the general population.

A key barrier that we face daily at HAVEN is that insurance companies will not provide coverage for the level of care necessary to treat the identified illness. Too often, we hear that the patient will not be allowed a residential treatment, partial hospitalization program or even an intensive outpatient program, as the patient has not failed at a lower level of care. Mental health and substance use must be considered as dangerous a brain disease as other chronic physical illnesses. Despite attempts to achieve parity, there is no such parity. Due to insurance coverage determinations, patients go to an inappropriate level of care because they cannot afford to pay out of pocket for the treatment that is desperately needed. While the insurance companies offer appeals, such appeals are not timely and most patients cannot risk losing an appeal. Unless the patient has the resources to put forth $20,000 to $40,000, the individual is not able to access the needed care.

For medical professionals, failing at the lower level of care does not mean that they will then be allowed to advance to the more aggressive treatment; it may mean that they lose the opportunity for confidential treatment. Failure at the lower level of care is required to be reported to the licensing bodies in accordance with state law. The licensing bodies may impose disciplinary action for failure to respond to treatment. The facts underlying the medical issue will then become available on the internet. This becomes a tremendous barrier discouraging professionals from seeking treatment. How we define success and failure in treatment is also

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problematic. Insurance companies appear to consider treatment effective if the individual does not use while in outpatient treatment, and so, if they lapse, they may be required to repeat outpatient treatment. Success is establishing sustained remission for a chronic illness. Arbitrarily allowing a defined number of sessions to treat depression, obsessive compulsive disorder, or relapse prevention therapy limits access to needed care. Care for chronic illness should be lifelong care.

The determination of medical necessity is abused by insurance companies. Treatment decisions are taken away from treatment providers. If a treatment provider who has seen and evaluated the individual determines that a level of care is appropriate, the insurance reviewer should not be able to override this assessment. Health needs of individuals are disregarded in the interest of the insurance company. Patients and providers make treatment decisions based on finances and not medical need.

Parity is also undermined by the reality that many of the mental health providers in Connecticut do not take insurance. Unless a patient has out-of-network benefits, their insurance may be of limited usefulness. We need the mental health providers to be willing to be on insurance provider lists. We need insurance plans to provide meaningful timely coverage and reimbursement for providers.

Too often, it is difficult to find adequate resources for detoxification and/or quality treatment. When there is an acute crisis, finding a bed for an adult woman can be especially challenging. The waiting list for inpatient, partial-hospitalization programs, intensive outpatient programs, and outpatient treatment tends to be weeks or months. When there is a mental health or substance use disorder crisis, we need to be able to act immediately and when the person is willing and ready for treatment. Delays in treatment hurt the patients and hurt society.

In 2012, shame, prejudice, and stigma remain an overwhelming barrier for mental health and substance use treatment. We need to show that we respect mental health treatment by making it available and affordable, and encouraging the best providers to be on our insurance panels. We need to make clear that mental health is not an area where people can cut corners or do minimum treatment or that the least amount of treatment possible is acceptable.

HAVEN is willing to participate in any task forces, committees, or other groups that the Office of the Healthcare Advocate deems necessary to move this issue forward so that we may no longer be speaking about these problems, but we may be part of the solutions for breaking down these barriers.

Respectfully submitted:

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