



Date: March 15, 2022
To: Insurance & Real Estate Committee
From: Ben Shaiken, Director of Government Relations, The Alliance
Re: H.B. 5391 An Act Concerning Mental Health

Good morning, Senator Lesser, Representative Wood, Senator Hwang, Representative Pavalock-D'Amato, and members of the Insurance and Real Estate Committee:

My name is Ben Shaiken, Director of Government Relations at the CT Community Nonprofit Alliance (The Alliance). The Alliance is the statewide organization representing nonprofits, which deliver essential services to more than half a million people each year and employ 115,000 Connecticut workers.

Thank you for the opportunity to testify on H.B. 5391 An Act Concerning Mental Health. While we appreciate the intent of the bill, we offer that the taskforce it creates is unnecessary, and implementation would serve to delay meaningful systems reform. Experts in the behavioral health field already know the issues which currently plague access to mental health care in Connecticut:

- Low rates for community providers;
- Poor coverage of necessary services;
- Unaffordable annual deductibles for people needing treatment; and
- Continued non-compliance with state and federal parity laws.

Three years after the passage of Connecticut's Mental Health Parity law, and fourteen years after the passage of federal parity legislation, it is still not clear if these regulations are being followed by private health insurance plans. Anecdotally, community nonprofits tell us that commercial insurance does not cover all the services they believe are medically necessary to treat their clients. The December 2017 Milliman report, "[Addiction and Mental Health vs. Physical Health: Analyzing Disparities in Network Use and Provider Reimbursement Rates](#)," identified **CT as the state with the highest disparity between physical and behavioral healthcare** in terms of the proportion of office visits that are out-of-network. Significant disparities were also identified in inpatient care and payments to behavioral health providers compared with primary care providers.

Community nonprofits provide behavioral health services—mental health and substance abuse treatment—to people across Connecticut. Their missions and their contracts with the State, require that they serve all clients and provide them the care they need, regardless of their ability to pay. This means that when a commercial insurer denies a claim or when a consumer cannot afford their high deductible, the nonprofit delivers the services anyway without being paid for them by an individual's insurance. After years of state budget cuts, community nonprofit providers are already under pressure and underfunded. They cannot afford to continue subsidizing private insurance plans that will not pay for care, and the State should enforce penalties for wrongful claim denials.

The Departments of Mental Health and Addiction Services and Children and Families both provide limited grant funding, which has been cut significantly in recent years, to cover the cost of care to

people who are uninsured or under-insured. If more commercial insurance plans paid for the behavioral health services their customers need, the more this grant funding could be used to pay for people experiencing real gaps in coverage. In some cases, the State is footing the bill to pay through grants for treatment that should be covered by insurance.

We encourage the Committee to take concrete action to improve access to behavioral health services. Thank you for your consideration of this important issue.