

Support SB 384: An Act Concerning Mental Health Parity, Data Reported by Managed Care Organizations and the All-Payer Claims Database

Defining Mental Health Parity

Parity laws require health insurers that offer mental health and addiction benefits to do so on par with medical and surgical benefits, preventing them from applying financial requirements and treatment limitations for mental health and addiction that are more restrictive.

The federal parity law, passed in 2008, applies to most commercial and all Medicaid managed care plans in the United States. State insurance commissioners and Medicaid Directors have the authority to enforce the parity law, yet individuals and their employers are still paying for insurance coverage for mental health and addiction care that is far more restrictive than insurance coverage of other medical care.

Connecticut is Falling Behind in Parity

Connecticut Consumers continue to face difficulty finding in-network Mental Health and Substance Abuse Providers and cannot get approval to implement a treatment plan as recommended by their therapists, doctors or treatment team.

In a 2017 Milliman report, all 50 states were examined to see how commercial insurers were performing in terms of out-of-network utilization for mental health and substance use disorder services versus out-of-network utilization for medical and surgical services. The report also examined reimbursement rates. **Connecticut performed worse than most other states in all aspects of the examination.**

- 34% of mental health office visits were out-of-network versus only 3% for medical/surgical visits.

SB 384 has strong reporting requirements that will shine a light on insurers' protocols and help the state know what needs to be done to ensure better access to care.

Why Does Parity Matter to Connecticut?

Connecticut lacks true parity in practice. Enforceable parity law is one way to ensure that health plans are playing an active role in addressing the current opioid crisis, providing insured individuals timely access to medically appropriate care.

Individuals who use their insurance to access mental health and addiction care for disorders, like major depression or opioid use disorder, experience significant barriers far more frequently than individuals who access medical services.

This means insured Connecticut citizens are not getting needed treatment for mental health and addiction services. When individuals cannot access or afford services their conditions worsen and the state suffers from productivity losses.

For the health of Connecticut, please pass SB 384.

1. Adds a screening for certain mental health conditions to an annual physical.
2. Expands reporting requirements for the CT Department of Insurance by Managed Care, Health Carriers, Health Insurers and the All Payer Claims Data Base.
3. Expands the data points that would be included in the Consumer Report Card.
4. Requires health carriers to use the Federal Parity Law for compliance, should there be conflicts between Federal and State Parity Laws.

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