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Connecticut Continues to Rank as One of the Worst States for Access to Private Health Insurance Coverage for Mental Health and Substance Use Care

Hartford, CT. November 21, 2019 — In the midst of an opioid epidemic and soaring suicide rates, Connecticut residents are finding it increasingly difficult to access affordable behavioral healthcare (mental health and substance use disorder treatment) under their private health insurance plans. A groundbreaking nationwide study by the actuarial firm Milliman shed light on this disturbing trend over a five-year period beginning in 2013, which documented widening disparities in access to in-network services for mental health and substance use disorder treatment among 37 million employees and their families.

Connecticut outpatient access is the worst – ranking #1 – as the state most likely to see behavioral health office visits land out-of-network at 11.5 times the rate as for primary care office visits. The state has held the #1 position for worst outpatient access since Milliman’s last findings were released in 2017. Also in the 2019 report, reimbursement rates for Connecticut behavioral health providers were nearly 42% less than for other doctors. Connecticut’s out-of-network inpatient use has nearly tripled in 4 years and out-of-network outpatient facility use is nearly two times the national average.

"While I'm sickened and saddened to once again see Connecticut rank dead last when it comes to in-network coverage for mental health and substance use disorder, the recent findings by Milliman underscore why it was so important that we finally passed mental health parity reform this year so that starting next year insurance companies will finally be held accountable for treating the behavioral health of their customers differently than physical health," said Rep. Sean Scanlon (D-Guilford), co-chair of the Insurance and Real Estate committee.

This report comes on the heels of Connecticut’s passage of “An Act Concerning Mental Health and Substance Use Disorder Benefits (Public Act No. 19-159), a law that received unanimous, bi-partisan support and requires that private insurance plans follow the regulations set forth in the 2008 federal Mental Health Parity and Addiction Equity Act (MHPAEA). The Federal law states that health care coverage for mental health and substance use disorders can be no less restrictive than for medical and surgical benefits.

“Connecticut historically has had significant influence on national mental health policy. It was one of the first states to enact a parity law, even before there was any type of federal parity legislation. Now, with the 2019 law, this legislation is an important step towards ensuring that Connecticut’s consumer rights are protected,” Luis Perez, President and CEO, Mental Health Connecticut.

Milliman’s newest report, released in concert with a coalition of America’s leading mental health and substance use organizations, shows that consumers receive treatment through out-of-network providers at a far greater

rate than medical services and access to in-network care has continued to decline since 2013. Through its review of claims data from hundreds of health insurance plans nationwide, the report found that:

- Despite the national opioid and suicide crises, mental health and substance use treatment together accounted for less than 3.5% of total health care reimbursement, with substance use treatment ranging from 0.7 to 1% of that total over the 5 year period.
- Behavioral health access disparities escalated from 2013 to 2017 in all three categories of care examined: outpatient visits, inpatient facilities and outpatient facilities. Disparities nearly doubled for inpatient and outpatient facilities, rising from almost 3 to nearly 6 times more likely, when compared to medical/surgical facility use.
- Children were 10 times more likely to receive outpatient mental health care out of network compared to primary care visits, twice the disparity faced by adults.

The Report also documented a substantially lower reimbursement rate for behavioral health office visits compared to primary care reimbursement for similar billing codes, based upon Medicare payment levels. While provider shortages have been addressed on the medical side through higher reimbursement, health insurers continue to pay behavioral health providers less than Medicare allowable rates.

Key findings in Connecticut include:

Connecticut's out-of-network utilization for outpatient behavioral health care was more than 22%, compared to 2.4% of primary care visits that land out-of-network. This is nearly twice the national average.

Connecticut's out-of-network inpatient use for behavioral health care is 4 times the national average at more than 24%, compared to the 1% of inpatient facilities for out-of-network primary care.

Connecticut's out-of-network outpatient facility use for behavioral health remains at more than twice the national average, at nearly 10%.

Connecticut's behavioral health providers received nearly 42% less than other doctors for similar billing codes in 2017.

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The CT Parity Coalition is a group of advocates from over 25 organizations and associations across Connecticut working with state legislators, consumers, and other groups to elevate equity in health care system. The Coalition educates and advocates for policy change that will protect individuals living with mental health and substance use disorder conditions, ensuring consumers' rights are protected and that they are treated as fairly as they would for other health conditions. For more information go to: www.ctparitycoalition.org