**Testimony of Victoria Veltri**
**State Healthcare Advocate**
**Before the Insurance and Real Estate Committee**
**Re SB 16**
**February 17, 2015**

Good afternoon, Senator Crisco, Representative Megna, Senator Kelly, Representative Sampson, and members of the Insurance and Real Estate Committee. For the record, I am Victoria Veltri, State Healthcare Advocate with the Office Healthcare Advocate ("OHA"). OHA is an independent state agency with a three-fold mission: assuring consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

Thank you for the opportunity to comment on SB 16, An Act Concerning Benefits Payable For Assessments To Determine A Diagnosis Of A Mental Or Nervous Condition And Related Conditions. This proposal acknowledges the importance for Connecticut consumers of improving access to behavioral health providers which, as multiple stakeholders have found over the past several years, remains a challenge. SB 16 reinforces current statute which begins to correct this deficit and expanded coverage the types of providers who may be reimbursed for providing these important services.

Evaluation and diagnosis of mental or nervous conditions cannot be viewed with the same lens as standard medical conditions. While comprehensive standards exist to guide

providers, the objective measures necessary to an accurate diagnosis may be more difficult to ascertain in one or two visits with a provider. Medical conditions can be assessed with simple, tangible and concrete tests. Mental or nervous conditions may require a more subtle approach where the patient establishes a relationship with their provider and gives information with which the provider can make a diagnosis. However, this may not happen right away. SB 16 acknowledges this reality by allowing behavioral health providers to appropriately treat their patients, and receive appropriate reimbursement for those necessary services, and removing the artificial constraints of visit limitations.

These provisions also help to bring plans into compliance with current law requiring parity in coverage of behavioral health conditions with medical conditions. Opponents of this proposal may suggest that the requirement that the inclusion of alternate providers in sections c) and d) of this bill represent an additional mandate. However, the U.S. Department of Health and Human Services issued guidance on this issue which states, in relevant part:

> We consider state-required benefits (or mandates) to include only specific care, treatment, or services that a health plan must cover. We do not consider provider mandates, which require a health plan to reimburse specific health care professionals who render a covered service within their scope of practice, to be state-required benefits for purposes of EHB coverage.

This clarification means that SB 16's inclusion of the alternate provider types as appropriate and reimbursable providers for the evaluation and treatment of mental or nervous conditions does not represent a mandate for the state. Instead, it serves the dual purpose of complying with state and federal parity laws and continues the work of enhancing our state's behavioral health system.

Thank you very much for your foresight and dedication to this timely and critical issue. If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.