



**Testimony of Kevin Lembo, State Healthcare Advocate
 Before the Insurance and Real Estate Committee
 In Support of S.B. 301
 February 5, 2009**

Good morning Senator Crisco, Representative Fontana, Senator Caligiuri, Representative D'Amelio and members of the Insurance and Real Estate Committee. For the record, I am Kevin Lembo, the State Healthcare Advocate. My office is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health insurance plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

I am here today to testify in favor of S.B. 301, AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS, the purpose of which is to provide comprehensive health insurance coverage for autism spectrum disorders. Last year, I testified in support of a bill promoted by Senator Crisco and Representative Abercrombie that required insurers to cover therapy services for children on the autism spectrum on par with therapy services provided to those with physical illnesses. That bill was a first step toward ensuring parity in treatment for people with an autism spectrum disorder. S.B. 301 will move the ball further down the field by acknowledging that Applied Behavioral Analysis (ABA), is not an experimental treatment, and must be covered if medically necessary.

Connecticut's mental health parity law requires coverage for the diagnosis and treatment of mental health disorders listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM) on par with medical surgical or other physical conditions. Autism spectrum disorders (ASD) are listed in the most recent edition of the DSM, and therefore, coverage for ASD should be on par other illnesses. Like many other mental disorders, the treatment for ASD involves more than psychological treatment. In most circumstances treatment also involves prescription medications and physical, speech and occupational therapies. It is not unlike many medical illnesses, which also require more than one modality of treatment.

While ABA has gained scientific acceptance and is recognized as a psychological treatment for ASD by the American Academy of Pediatrics, the insurers in our state still do not recognize ABA's validity and continue to deny legitimate mental health treatment to those with ASD. Our office has represented several of these consumers in front of managed care organization panels. While we were able to get coverage for ABA on a

case-by-case basis as an exception, there should be no need to have to climb over so many hurdles to get medically necessary treatment.

Physical therapy, speech therapy and occupational therapy are often provided in concert with other treatments for ASD. Last year's legislation was a step toward ensuring that adequate therapeutic treatment is available for those with ASD. This year's legislation, to provide comprehensive health insurance coverage for ASD, would go further. It is consistent with the principle that insurers should be required to cover medically necessary care, whether it means two speech therapy sessions or forty. There should be no distinction between coverage for ongoing and medically necessary physical therapy, speech therapy and occupational therapy for ASD patients and ongoing medication regimes for chronic mental illness. Both treatment regimes derive from recognized mental disorders and should be treated equivalently.

Ongoing treatment, like that for all mental disorders, may be subject to utilization review initially and at appropriate intervals for the appropriate management of care.

Lastly, it is important to note that the passage of the proposed bill would not require the substitution of insurance coverage for required and appropriate educational planning. The bill would augment the limitations of individual educational plans by balancing the obligations of school systems with the reality that ASD is a 24-hour per day mental condition. We expect to access medically necessary treatment for such chronic conditions and when we purchase health insurance, we expect our insurer to pay for that treatment. SB 301 will explicitly reinforce the insurer's obligation.

Other Bills We Support

HB 5093, SB 299, SB 638 would require prosthetic parity, expand coverage for routine costs in cancer clinical trials, and require coverage for more recent colon cancer screening for colon cancer survivors. Each of these bills is consistent with my office's statement that medically necessary healthcare should be covered regardless of diagnosis or service. Continuing to amend our statutes by individual diseases or treatments gives us less and less margin to ensure we cover all medically necessary care. Each of these issues should be considered as part of a larger healthcare discussion.

OHA also supports SB 46, AN ACT CONCERNING TRANSPARENCY OF MEDICAL LOSS RATIO INFORMATION. I have consistently testified that transparency on the medical loss ratio and other managed care organization information not only assists consumers in purchasing their insurance, but also informs policymakers and group purchasers of at least one measurement of an organization's operations. We don't believe this requirement is burdensome. The managed care organizations are required to include this information in their summary plan descriptions. Revealing them at the time of purchase without a separate request for the information means the addition of one additional piece information to their sales materials.

We support HB 6277, AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR SMALL EMPLOYERS, which would reduce from thirty to twenty

the number of hours an employee would have to work to be eligible to purchase insurance from a small employer health plan.

HB 5172, AN ACT ESTABLISHING THE HEALTHY STEPS PROGRAM, should be studied. This bill was raised in both the 2007 and 2008 sessions as a detailed bill and was made part of a larger discussion on healthcare reform. Any major healthcare reform bill should be vetted through the Health First Authority and Statewide Primary Care Access Authority.

A bill as described by SB 47, AN ACT CONCERNING HEALTH CARE PROVIDER CONTRACTS, should make it through committee this year and onto the floor. The legislation has been offered for the last few years and would more clearly lay out the obligations of providers and insurers and offer some transparency to consumers. The proposed bill also offers consistency to providers and consumers across Connecticut regulated health plans.

Thank you for your attention, and I am happy to answer any of your questions.