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Testimony of Jennifer C. Jaff, Esq. Against De-Funding the Office of the Healthcare Advocate

The Office of the Healthcare Advocate was created in the early 2000's. I actually wrote the first draft of the legislation when I worked for the Attorney General because we were receiving so many letters and phone calls from consumers whom we had no jurisdiction to assist. There was no question that there was a need for government to respond to the father of the ten year old little boy who needed a heart transplant, or the breast cancer victim who went for chemotherapy and was greeted by collection agency messages on her answering machine by the time she got home. The Office of the Healthcare Advocate became the place where sick consumers could find recourse.

In 2004, the tireless Kevin Lembo took over the Office and grew it to include seven staff at a budget of just over \$1 million. Not one dime of that money comes from the taxpayers; it comes from the Insurance Fund, which is a levy on insurance companies that pays for the State Insurance Department as well as the Office. In 2008, the Office saved 2,161 consumers more than \$5.2 million. Since January 2005, the Office has helped about 7,500 patients to recover \$14 million. So not only would cutting the Office not save taxpayers one penny, but it would cost Connecticut's taxpayers millions of dollars paying for health care that their insurers really ought to be paying.

The Office of the Healthcare Advocate performs other work, too. If a patient is maxing out his or her lifetime benefits, they make sure that the commercial insurance really has been exhausted before moving the patient to publicly funded plans.

And although the Connecticut Insurance Department does field some complaints, the Department can only regulate what are called "fully-funded" plans that are regulated by the State; the "self-funded" plans that are regulated only by federal law are not subject to

Insurance Department regulation. The office of the Healthcare Advocate is the ONLY watchdog in Connecticut for plans that are funded by large employers, like Pitney-Bowes and United Technology.

Nor is there any other member of State government speaking out for the health care payment needs of Connecticut residents. The Office of the Healthcare Advocate took the lead in ensuring that HUSKY enrollees were not forced into plans that did not have enough medical providers enrolled, and was the only state official who stood up for the needs of those who would enroll in the Charter Oak Health Plan despite a shortage of physicians. The Office of the Healthcare Advocate consistently has been the voice of the most vulnerable in Connecticut.

Although it is the case that we at Advocacy for Patients with Chronic Illness, Inc. do insurance appeals, we cannot possibly take on an additional 2,000 patients per year and still maintain our obligations to patients nationwide. Without the Office of the Healthcare Advocate, these patients – patients who have insurance that has denied coverage for a treatment because they believe it's not medically necessary – will have nowhere to go.

- Cutting the Office of the Healthcare Advocate does not save money.
- Cutting the Office of the Healthcare Advocate will cost consumers millions of dollars because they will not have anybody who will appeal insurance company decisions to deny coverage because a treatment allegedly is not medically necessary.
- Cutting the Office of the Healthcare Advocate will leave federally regulated plans without any state oversight.
- Cutting the Office of the Healthcare Advocate eliminates consumers' voice.

Since we know eliminating the Office of the Healthcare Advocate will hurt many people in Connecticut without saving a dime of taxpayer money, we leave it to the reader to speculate as to Governor Rell's true reason for cutting this office. It sure isn't about money.