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**Testimony of Kevin P. Lembo  
Healthcare Advocate**

**Before the Insurance and Real Estate Committee  
In support of HB 5235 and HB 5219  
February 25, 2010**

Good afternoon, Representative Fontana, Senator Crisco, 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. The Office of the Healthcare Advocate (OHA) 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 HB 5235, An Act Concerning Evidence of Noncoverage of Health Insurance. Specifically, this bill requires insurance companies to notify consumers in writing that a request for services has been denied; provide them with a denial notice that includes the relevant portion of the insurance policy on which the insurer based its denial; and, provide as part of the denial notice the name and contact information for the Office of the Healthcare Advocate for assistance with an appeal. The current text of this bill is limited to the denials of services on the basis that the services weren't specifically part of the contract. After discussion with the bill's sponsor, we strongly recommend including all denial notices in the scope of this bill, including those based on medical necessity.

OHA is the only state agency dedicated solely to consumer assistance with health insurance denials. Our office was established with the specific responsibility to walk with consumers through the process, and participate in appeals on their behalf. In 2009, OHA served over 2,600 consumers and realized savings of \$6.7 million. This work was accomplished by 3 full-time, case work staff. In that same year, the state Insurance Department, with 5 full-time staff dedicated to health care casework reported 3,000 health cases, and \$1.3 million in health care savings.

No other agency does what we do, and no other agency can do what we do free from competing responsibilities. Listing both OHA and Insurance Department in the notices created by HB 5235 creates confusion for consumers, disparate outcomes for consumers, and potential redundancy. Since OHA is the office designed to handle such health insurance cases from beginning to end, including OHA on the denial notices will ensure the consumer receives the level of assistance contemplated by HB 5235.

OHA also supports HB 5219. HB 5219 extends the length of coverage under our mini-COBRA fill from eighteen to thirty months. The extension of our mini-COBRA will allow employees who have been laid off to keep their coverage for a longer period while searching for new employment. Under this bill Connecticut's mini-COBRA will allow people who are otherwise ineligible to receive federal COBRA or whose federal COBRA has terminated to maintain group coverage at a group rate for a longer period, thirty months, than previously permitted. In Connecticut, where jobs recovery is lagging far behind that of the rest of the country, the mini-COBRA extension will prevent most laid-off employees from losing their insurance coverage. Failure to pass HB 5219 will result in many laid off employees losing their group insurance and, at best, finding themselves in the individual market or, at worst, uninsurable.

Thank you for allowing me to testify today in support of HB 5235, with suggested changes, and HB 5219.