



Margo Ph.D. FAED
To: Honorable Members of the Appropriations Committee, CT General Assembly
From: Margo Maine, PhD, FAED
Re; Public Hearing Regarding Governor's Proposed Budget (2-23-2011)
2-22-2011

I am unable to be at the public hearing in person but submit this testimony to the committee. Thank you in advance for considering my concerns. I understand that this letter concerns a small part of a very big budget. Small things, however, often have huge effects, as we all know.

This week, the rights and protection of healthcare consumers throughout Connecticut are on the chopping board, ready to be cut into meaningless bits.

The state budget being considered by the Appropriations Committee proposes merging the **Office of the Healthcare Advocate (OHA)** into the **Department of Consumer Protection (DCP)**.

OHA has played a critical and unique role in Connecticut's health care system, helping thousands of consumers and providers each year to access the care required and to resolve disagreements with third party payors such as managed care or health maintenance organizations.

OHA's effectiveness is in large part due to its independence and structure. ***The independence of a watch dog agency just makes sense.***

Mergers are supposed to increase effectiveness or cut costs, often promising both. This move does neither. Instead, it will endanger consumers, compromise their access to appropriate medically necessary care and it will not save money. ***Merging OHA into DCP makes no sense.***

In 1999, in response to the increasing complaints regarding the care provided and the lack of transparency of their policies, the Connecticut Legislature opted to develop the Office of the Healthcare Advocate, rather than to institute regulations over the managed care and health maintenance industry.

Prior to **OHA**, consumers had no way to appeal decisions or access independent advice regarding the policies or procedures of their managed care or health maintenance company, unless they obtained private legal counsel at their own expense. Anyone who has had to navigate through the murky policies

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for pre-authorization of care or appeal a denial of care, knows what a challenge this is. When you, or a family member, are already seriously ill, this becomes a gargantuan and disempowering task, adding significant and unnecessary stress and uncertainty.

As a healthcare provider, I remember being cynical about the effectiveness of the proposed agency and would have preferred legislative oversight, as I have seen far too many patients and their families struggle to access care, and many times lose the battle, both with the managed care company and with the illness itself. **OHA**, however, has surprised skeptics like me who believe that consumers should be able to access medically necessary care as recommended by their healthcare providers. **OHA** has, in fact, played a vital and impressive role in the delivery of quality health care to healthcare consumers since its inception.

Merging **OHA** into **DCP** will thereby strip it of its autonomy and ability to negotiate independently with private companies and other state agencies. With its current independent status, **OHA** is administratively housed within the Insurance Department but is an autonomous entity, funded by the Insurance Fund; this funding source continues under the proposed merger, so no money will actually be saved, but CT consumers will have a less effective advocacy agency when they meet the critical health and life and death decisions that bring them to **OHA**.

OHA's independence has allowed it to be a flexible and innovative agency, evolving to meet the needs of consumers in this ever-changing and stressful healthcare system. **OHA** can propose legislative solutions to the kinds of problems consumers face and can comment on the policies of other agencies in the consumers' best interests. For example, several years ago, **OHA** proposed a bill to eliminate a required 3-day inpatient hospital stay prior to approving coverage for residential treatment. This change actually saves health care dollars, as acute hospital care is much more expensive than residential care and is usually not specifically designed to meet the rehabilitation needs of the patients in question. The insurance industry opposed the law, but the legislature passed it because *it just made sense*.

I am hoping that good sense prevails this week as the Appropriations Committee considers the proposal to merge **OHA** into **DCP**. Connecticut citizens and health care providers desperately need **OHA** to continue its effective role in educating consumers to be well-informed customers and to advocate appropriately for themselves. My practice has seen countless patients seriously compromised by life-threatening eating disorders access the help **OHA** offers. They have

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recovered and now function fully as citizens, students, parents, and professionals. Literally, OHA saved their lives.

It just makes sense to save lives. It just makes sense to save OHA's independence.

Please act in the best interests of CT's healthcare consumers. Preserve OHA's independence and ability to advocate for medically necessary care when insurance companies and managed care entities deny it. Thank you.

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Dr. Margo Maine, cofounder of the Maine & Weinstein Specialty Group, is a clinical psychologist who has specialized in eating disorders and related issues for over 30 years. Author of: ***Treatment of Eating Disorders: Bridging the Research- Practice Gap***, co-edited with Beth McGillley and Doug Bunnell (Elsevier, 2010); ***Effective Clinical Practice in the Treatment of Eating Disorders: The Heart of the Matter***, co-edited with William Davis and Jane Shure (Routledge, 2009); ***The Body Myth: Adult Women and the Pressure to Be Perfect*** (with Joe Kelly, John Wiley, 2005); ***Father Hunger: Fathers, Daughters and the Pursuit of Thinness*** (Gurze, 2004); and ***Body Wars: Making Peace With Women's Bodies*** (Gurze, 2000), she is a senior editor of ***Eating Disorders: The Journal of Treatment and Prevention***.

Dr. Maine was a founding member and longtime board member and vice president of the Eating Disorders Coalition for Research, Policy, and Action. A Founding Member and Fellow of the Academy for Eating Disorders and a member of the Founder's Council and past president of the National Eating Disorders Association, she is a member of the psychiatry departments at the Institute of Living/Hartford Hospital's Mental Health Network and at Connecticut Children's Medical Center, having previously directed their eating disorder programs.

Dr. Maine is the 2007 recipient of The Lori Irving Award for Excellence in Eating Disorders Awareness and Prevention, given by the National Eating Disorders Association. She lectures nationally and internationally on topics related to the treatment and prevention of eating disorders, female development, and women's health.

Dr. Maine devotes much time and energy to addressing federal policy related to eating disorders through her work for the National Eating Disorders Association and the Eating Disorders Coalition

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for Research, Policy, and Action, having chaired the policy section of the FREED Act (Federal Response to Eliminate Eating Disorders), which was introduced into Congress by Representative Patrick Kennedy in February, 2009 and by Senator Harkin in 2010..