



National Multiple Sclerosis Society
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**Insurance and Real Estate Committee
Public Hearing, March 15, 2012**

**Testimony in Support of Raised Senate Bill 410, An Act Concerning
Adverse Determination Reviews**

Senator Crisco, Representative Megna, Senator Hartley, Representative Johnson, Senator Kelly, Representative Sampson and Distinguished Members of the Insurance and Real Estate Committee,

My name is Susan Raimondo and I am the Senior Director of Advocacy and Programs for the National Multiple Sclerosis Society, Connecticut Chapter. The National MS Society has offices in Hartford and Norwalk. We serve over 6,000 individuals living with multiple sclerosis and their families in Connecticut. Thank you for the opportunity to testify today.

We are requesting that the Insurance and Real Estate Committee pass SB 410, An Act Concerning Adverse Determination Reviews.

Individuals with multiple sclerosis experience a variety of complex medical symptoms and problems that can lead to significant disabilities. MS is a chronic disease that attacks the central nervous system, including the brain, spinal cord, and optic nerves. Symptoms may be mild or severe including paralysis and loss of vision. The progress, severity, and specific symptoms of MS are unpredictable and vary from one person to another.

Although there is still no cure for MS, effective strategies are available to modify the disease course, treat exacerbations (also called attacks, relapses, or flare-ups), manage symptoms and improve function. In combination, these treatments enhance the quality of life for people living with MS. People living with MS need access to chronic disease management, rehabilitative services and devices, mental health and prescription drugs. All of these services are subject to frequent denials by health insurance providers.

SB 410, would create greater equity for patients who are denied services from health plans because it allows a patient to access the complete record in their appeal. This legislation provides a tool for the beneficiary and his/her health professionals to have all of the information used to deny the benefit.

The bill would also require that the insurer provide the patient with the denied medication during the course of the appeal. This protects the patient by giving him or her access to needed medication and encourages the insurer to resolve the case quickly.

Currently, when a health plan denies coverage, the burden of proof of medical necessity rests on the patient and the provider. The fact that a health plan must provide the entire record is a simple matter of fairness to the patient and the provider.

We urge the General Assembly to pass SB410, a An Act Concerning Adverse Determination Reviews

Thank you for recognizing the importance of the bill; this will assist individuals in maximizing health and wellness.