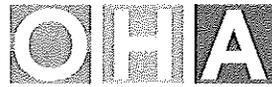


FTR



Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

**Testimony of Victoria Veltri
State Healthcare Advocate
Before the Insurance and Real Estate Committee
In support of HB 6382
February 14, 2013**

Good afternoon, Representative Megna, Senator Crisco, Senator Kelly, Representative Sampson, and members of the Insurance and Real Estate Committee. For the record, I am Vicki Veltri, State Healthcare Advocate with the Office Healthcare Advocate ("OHA"). 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.

Thank you for the opportunity to comment on HB 6382. Although the inclusion in the Exchange (HIX) of individuals who would qualify for a Basic Health Program (BHP) under the Affordable Care Act (ACA) extends greater opportunities for Connecticut's citizens to obtain health insurance, significant concerns about affordability of this coverage remain.

Of initial concern is the removal of language permitting the HIX to contemplate the role of a BHP as a key element in the development and reform of health insurance and delivery in Connecticut. While the BHP is not currently being actively considered, the Basic Health Program Working Group convened by the Office of Health Reform and Innovation evaluated the concept for several months and recommended that, given the uncertainty surrounding the cost for implementing a BHP, "the decision on whether to adopt a Basic Health Plan be deferred until there is further information available to evaluate the costs and

benefits of a Basic Health Plan.” (Recommendation to the Office of Health Reform & Innovation and the Department of Social Services, December 17, 2012) In fact, these recommendations go on to suggest that the HIX actively collect pertinent utilization data that would greatly enhance the ability to accurately assess the cost for a BHP. HB 6382’s removal of the HIX’s engagement in the discussion surrounding a BHP may impact the state’s ability to identify and develop truly affordable healthcare for some of our most needy as well as potentially reduce overall costs.

Thank you for providing me the opportunity to deliver OHA’s testimony today. If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.