

**Connecticut House Bill 6612 An Act Concerning The Health Insurance Grievance Process For Adverse Determinations, The Office Of The Healthcare Advocate And Mental Health Parity Compliance Checks.**

**Statement of  
America's Health Insurance Plans  
601 Pennsylvania Avenue, NW  
South Building, Suite 500  
Washington, DC 20004**

**Connecticut Insurance and Real Estate Committee Public Hearing  
March 12, 2013**

America's Health Insurance Plans (AHIP) is a national trade association representing the health insurance industry. AHIP seeks a correction to Section 14 of the bill.

Section 14 of the bill changes the definition of "Managed care plan" under Section 38a-1040, concerning the scope of authority and duties of the Office of Healthcare Advocate. It deletes the references to what are clearly managed care plans and substitutes the very broad definition of "health insurance" from Section 38a-469, which includes many types of health insurance that are neither health care contracts nor managed care contracts. These include disability income protection coverage, accident only coverage, specified accident coverage, specified disease coverage, travel health coverage; and single service ancillary coverage, such as dental and vision coverage. These non-medical contracts are subject to the full protection of the Insurance laws and the supervision of the Insurance Department and we are not aware of any evidence that there is a need to share this responsibility with the Health Care Advocate. There is also no evidence that the Health Care Advocate has the staffing or the expertise to deal with the issues that arise under such non-healthcare, non-managed care contracts.

We urge you to limit the definition of "managed care plan" to the types of coverage under subsections (1), (2), (4), (11) and (12) under Section 38a-469, consistent with treatment of managed care plans under other provisions of Chapter 38a.