

CONNECTICUT LEGAL RIGHTS PROJECT

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TESTIMONY OF JAN VANTASSEL, ESQ.
INSURANCE AND REAL ESTATE COMMITTEE
March 12, 2013

SUPPORTING RAISED BILL 6612....AN ACT CONCERNING THE HEALTH INSURANCE GRIEVANCE PROCESS FORADVERSE DETERMINATIONS, THE OFFICE OF HEALTH CARE ADVOCATE AND MENTAL HEALTH PARITY COMPLIANCE CHECKS

Good afternoon. My name is Jan VanTassel. I am the Executive Director of the Connecticut Legal Rights Project (CLRP). CLRP is a statewide non profit agency that provides legal services to low income adults who have serious and persistent mental illness on matters related to their treatment, recovery and civil rights. CLRP has offices at all of the state funded psychiatric hospitals, facilities and programs, and also conducts outreach and intake at a range of community sites including psychosocial clubs, shelters and soup kitchens.

I have held this position for nearly fifteen years, and during that time I have served on a number of mental health commissions and boards, including the Governor's Blue Ribbon Commission on Mental Health, the Community Mental Health Strategy Board, the Lieutenant Governor's Mental Health Cabinet, the Oversight Council of the Mental Health Transformation Grant and Mental Health Block Grant Planning Council. One recurring goal of every one of these entities has been to assure timely access to quality services and supports for families and individuals with behavioral health problems. These problems are being identified at a very early age, and we know that early intervention can help control the severity and impact of these problems. Unfortunately, we also know that far too often they are not being addressed until they have reached a crisis, and that one of the reasons for this is a family's inability to obtain insurance coverage for treatments and interventions.

The report issued by the Office of the Health Care Advocate in January summarizing the testimony at its October hearing captured the heartbreaking and frustrating stories of families with insurance who were not only unable to get insurance coverage; they were unable to get straight answers. These were people desperately seeking urgent care for behavioral health conditions who hit brick walls without explanation while family members suffered. It is simply inexcusable.

The essence of Raised Bill 6612 is to provide basic information and promote fairness. It will not solve all of the access problems that these families face, but it can at least inject some fundamental respect and due process into the procedures that they must endure.

It establishes a definition of an urgent care request that specifically addresses behavioral health disorders;

It continues coverage without liability for the duration of a review or grievance;

It reduces the review time for urgent care requests and reviews to 24 hours, still too long for an urgent care request in my opinion, but a definite improvement;

It mandates a written notice of decision with the specific clinical criteria used to make the decision and information about appeals and the right to submit and obtain information;

It mandates specific information be provided about the availability of assistance from the Office of the Health Care Advocate; and

It includes language to require the use of clinical peers with the training and experience that qualifies them to review the clinical service being reviewed.

Each of these is a reasonable measure to assure that people who have health insurance, and are seeking coverage for behavioral health services, have the opportunity to experience an insurance process that has transparency, timeliness, and reasonable standards for decision-making and review. Raised Bill 6612 represents a significant building block in constructing a mental health coverage system that works for families encountering behavioral health challenges and the State. I urge you to support this bill.