



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 SB 1090  
March 12, 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.

I would like to thank you for the opportunity to comment on SB 1090, An Act Decreasing the Timeframe for Certain Adverse Determination Grievances. The proposed change that insurers complete the review process for urgent care utilization review requests and issue a decision within twenty-four hours of the receipt of such a request instead of the current seventy-two hours, acknowledges the clinical reality that, in many cases, delays in the onset of treatment may be the difference between recovery or relapse. SB 1090, as well as HB 6612, expands on the protections under federal law. 29 CFR 2560.503-1(f)(2)(i) requires that: “the plan administrator shall notify the claimant of the plan's benefit determination (whether adverse or not) as soon as possible, taking into account the medical exigencies, but not later than 72 hours after receipt of the claim by the plan.”

Thank you for providing me the opportunity to deliver OHA’s testimony today. We look forward to continuing to collaborate and advocate for the consumers of Connecticut in this important matter. If you have any questions concerning my testimony, please feel free to contact me at [victoria.veltri@ct.gov](mailto:victoria.veltri@ct.gov).