

Written Testimony of
Connecticut Society of Eye Physicians
Connecticut ENT Society
Connecticut Urology Society
The Connecticut Dermatology and Dermatologic Surgery Society
Supporting HB6612: An Act Concerning Insurance Grievance Process For Adverse
Determinations, The Office Of the HealthCare Advocate and Mental Health Determinations
Insurance and Real Estate Committee
March 12, 2013

Senate Crisco, Representative Megna and members of the Insurance and Real Estate Committee, On behalf of on behalf of over 1000 physicians in the specialties of Ophthalmology, Ear Nose and Throat, Dermatology, and Urology, we submit our written testimony in support of House Bill 6612 An Act Concerning Insurance Grievance Process For Adverse Determinations, The Office Of the HealthCare Advocate and Mental Health Determinations. We further support the testimony given by the Connecticut State Medical Society (CSMS) on this matter.

We are grateful for the work of this committee and the Office of the Healthcare Advocate to improve both internal and external review processes when adverse determinations of medical necessity are made. This bill provides important safeguards for patients and physicians when insurers determine that the care advised by a physician and needed by patients is "not medically necessary". In such determinations, the medical judgment of a physician with a long standing professional relationship with a patient is over-ruled by an individual with little or no clinical experience or training in the area for which they are making life altering decisions. The appeals process requires an enormous investment of time and resources in an often frustrating attempt to convince the insurer of the medical necessity of the requested treatment. HB 6612 requires insurers to have processes in place to ensure that reviewers apply consistent clinical review criteria in the utilization review process, and further requires that appropriately trained clinical peers are conducting those reviews and benefits determinations.

HB 6612 contains language to clarify the definition of "clinical peer", ensuring that reviews and determinations are made by professionals from the same specialty as the physician who instituted the appeal process. We believe it is important that the language in Section 8 establish consistency within the existing state statutes, and therefore strongly support the amended language requested by the Connecticut State Medical Society as follows:

(7) "Clinical peer" means a [physician or other] health care professional who holds a nonrestricted license [in a state of the United States and in the same or similar specialty as typically manages the medical condition, procedure or treatment under review] in this state or in another state that requires the same or greater qualifications for licensure, and:

(A) Is licensed by the appropriate regulatory agency of this state or another state requiring the same or greater qualifications; and (2) is trained and experienced in the same discipline or school of practice as the health care professional whose care is the subject of an adverse

determination and such training and experience shall be as a result of the active involvement in the practice or teaching of medicine within the five-year period before the incident giving rise to the claim.

(B) For a review or benefit determination concerning a child or adolescent substance use disorder treatment, as such disorder is described in section 17a-458, or a child or adolescent mental disorder, holds a national board certification in child and adolescent psychiatry or child and adolescent psychology, and has training or clinical experience in the treatment of child and adolescent substance use or child and adolescent mental disorder, as applicable.

This bill also includes a revised definition of an “Urgent Care Request,” for situations in which an insured individual suffers from severe physical pain, substance abuse disorders or mental disorders; and addresses both inpatient and intensive outpatient services. We support the position of the Connecticut State Medical Society on the inclusion of the provision to shorten the timeframe for a required response to an Urgent Care Request from 72 hours to 24 hours. It seems repetitive to say that Urgent Care Requests must be dealt with urgently.

We thank you for considering this important legislation and respectfully ask for your support of HB 6612 with the suggested amended language.