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Testimony of Victoria Veltri
State Healthcare Advocate
Before the Insurance and Real Estate Committee
In support of HB 5578
March 18, 2014

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.

Last year Connecticut made great strides towards strengthening consumer protections as part of the utilization review process reforms in Public Act 13-3. These changes recognized the unique nature of mental health and substance use claims and required that carriers use criteria appropriate for these assessments, as well as obliging that a clinical peer with true expertise in the discipline and with the age group perform these claim reviews. HB 5578 corrects a deficiency in last year's legislation to ensure that clinical peers are involved in the review of adverse determinations, while ensuring that utilization review requirements remain intact. This correction was made in cooperation with the carriers.

HB 5578 reinforces the intent of PA 13-3 by clarifying that like clinicians with like experience shall review the service requested by treating provider. Psychiatrists and psychologists have different academic credentials and approach treatment from subtly different perspectives. The changes proposed in HB 5578 merely acknowledge this distinction and permit appropriate review by like-specialists. We understand that there may still be some needed changes in the language to reflect the differences in certification between specialties, and we are committed to ensuring those changes are made.

HB 5578 promotes efficiency in the utilization review process by permitting carriers to develop and implement protocols that promote appropriate claims review by these clinical peers. Additional refinements to perfect the process for all parties will likely be necessary, but OHA and all

stakeholders, including providers and carriers, are dedicated to work together to identify solutions that achieve optimal consumer protection while integrating the perspectives of all parties.

HB 5578 also reinforces OHA's role as the state's consumer assistance program under the Affordable Care Act and legislation previously passed by this committee, requiring OHA's contact information on all denials of services. OHA receives approximately 12,000 calls per year, and in 2013 managed 5,683 cases in a wide variety of issues, saving Connecticut consumers $9.6 million in healthcare costs, and is in a unique position to provide the committee with information on barriers to care that consumers experience when attempting to access their healthcare coverage.

As the only agency whose primary mission is to advocate for Connecticut's consumers healthcare needs, I 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.