



Office of the  
Healthcare  
Advocate  
STATE OF CONNECTICUT

**Testimony of Victoria Veltri  
State Healthcare Advocate  
Before the Human Services Committee  
In support of SB 322  
March 6, 2014**

Good afternoon, Senator Slossberg, Representative Abercrombie, Senator Markley, Representative Wood, and members of the Human Services 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 plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

Last year, OHA directly helped 5,683 consumers and recovered \$9.6 million for Connecticut consumers in our individual case work, in addition to the intensive focus on systemic advocacy, including the elimination of barriers to access to mental health and substance use services. Because OHA freely advocates and pushes for reforms that benefit consumers, we often challenge ourselves and the state as a whole to do better for its residents.

Last year, we pointed out in our report, Findings and Recommendations: Access to Mental Health and Substance Use Services,<sup>1</sup> significant gaps in Connecticut. Some of those findings were addressed in last year’s legislative session. One of the largest gaps we identified in our report was lack of access to robust provider networks and lack of system capacity.

I would like to testify in support of SB 322, An Act Concerning A Behavioral Health Clearinghouse. This bill strives to ensure that consumers in need of substance use and behavioral health services and treatment can easily identify readily available services, programs and resources, as well as find a provider or treating facility for non-crisis situations for people with private healthcare coverage. Connecticut currently has a multitude of outstanding resources that offer guidance and other assistance for consumers. However, many of these initiatives have a specific population focus or are primarily geared towards public programs and

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<sup>1</sup> [http://www.ct.gov/oha/lib/oha/report\\_of\\_findings\\_and\\_recs\\_on\\_oha\\_hearing\\_1-2-13.pdf](http://www.ct.gov/oha/lib/oha/report_of_findings_and_recs_on_oha_hearing_1-2-13.pdf): (2013).

services, leaving consumers with private healthcare coverage with fewer options for real time service location.

SB 322 strives to promote collaboration between OHA and existing clearinghouses and resources. Notable among them, United Way's 2-1-1 and the Departments of Mental Health and Addiction Services and Children and Families, already collaborate with each other and multiple government and community providers to inform consumers about available public and nonprofit services and resources and to help them access these services.

When OHA was asked to take on this role, it was with the recognition that our office advocates for people across the spectrum of healthcare coverage. OHA advocates for people with public and private coverage, including those enrolled in self-funded plans that include most large employer plans, many mid-size employer plans, municipal plans and the state employee plan, among others. Several meetings with a range of advocacy community organization representatives and 2-1-1 led to this proposal.

The Network of Care provides valuable resources, including types of services available and a list of non-profit or other public providers. However, with respect to private healthcare coverage, it does not provide detail on the many types of private coverage offered or the private providers participating in private health plans, particularly for individuals enrolled in self-funded healthcare coverage, which represents the majority of privately covered people in the state.

The Connecticut Clearinghouse also provides many valuable services, including links to locators of services and other very important information for consumers.

2-1-1 also provides tremendous benefit to CT residents by directly assisting individuals with crisis services, as detailed in its testimony, among its many other duties. 2-1-1 also acknowledges in its testimony the gaps with private provider monitoring and access to care for those with private coverage and longer-term needs.

Importantly, no site and no entity provides real-time measurement of the availability of providers for privately covered individuals, something that has been repeatedly identified as a barrier to access to care for those with private healthcare coverage.

As OHA understands the intent behind this bill, it was to complement the assistance already offered by existing resources, assessing caller's needs and providing appropriate guidance, information, advocacy or referral as indicated, including to 2-1-1, state agencies and our community partners, while collecting data on gaps in access that can then be addressed by OHA's mission to monitor existing laws and make recommendations for improvement in private coverage. This bill does not seek to replicate or replace the already well established and excellent existing services, such as those offered by 2-1-1, DMHAS and DCF, but build upon OHA's already existing partnerships with them to promote greater consumer access to assistance.

Another critical function that this bill would provide the development and maintenance of a comprehensive, searchable directory of private sector behavioral health providers and facilities that could include real time information about provider practice type and specialty, insurances accepted, availability, open beds including level of care, contact information and more. To our knowledge and after researching the sites mentioned above, there is no entity that provides this function.

We have talked to providers and the hundreds of patients we assist each year with mental health and substance use issues who have long been seeking a comprehensive list of all behavioral health providers and facilities, and this clearinghouse envisions the creation and maintenance of such a directory. Such a resource would greatly enhance the ability of both consumer as well as providers to identify available and appropriate treatment options, but would have the added benefit of providing data concerning the experiences of the those covered by private coverage, as well as transparency concerning Connecticut's behavioral health behavioral health networks.

OHA believes that by working with 2-1-1 and our community partners, we can suggest revised language for the bill that better reflects the intended focus of the bill,. And as always, we will work with you and others to ensure that we all take the best path forward on this issue.

Finally, SB 322 dovetails with OHA's core advocacy work and, by collaborating with existing entities, this will allow Connecticut to create a seamless mechanism for consumers in need of assistance, collaborating with all stakeholders and advocates to ensure that consumers are directed to the resource most appropriate for their needs, identifying and filling gaps in that support network, primarily around those in private healthcare coverage, and maintaining a comprehensive real time database of behavioral health providers. This is the core of advocacy work.

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](mailto:victoria.veltri@ct.gov).