



Quality is Our Bottom Line

Insurance Committee Public Hearing

Tuesday, March 1, 2016

Connecticut Association of Health Plans

Testimony Submitted Regarding

SB 160 An Act Concerning Insureds' Access to Health Insurers for the Processing of Certain Prior Authorization Requests

The Connecticut Association of Health Plans appreciates the opportunity to comment on SB 160.

Given the scope and seriousness of this proposal, we conducted research among plans, and in our own files, to determine whether prior authorization for the inter-hospital transfer of mothers and newborns has been an issue, either in terms of plan administration or appeals. We found that it has not been an issue at all. Plans deal with these situations differently - most commonly, the transfer is made and authorization is granted retrospectively, as these situations tend to be emergent/urgent. Other plans use their telephonic authorizations systems, but regardless of system used, we have simply not found an issue which demands statutory intervention - if anything, a plan whose members are struggling to access care or dealing with challenges authorizing this sort of urgent or emergent service should be called to task by the Department of Insurance. In our experience, the Department is actively engaged in rectifying situations in which administrative process is somehow interfering with access to care.

We certainly understand the intent of the bill, but the notion that the statutes would be amended to significantly alter both the authorization process and to create Connecticut-specific membership identification cards is just not called for given the data. We respectfully urge rejection, and would certainly stand ready to work with the Committee, the Department, and any interested consumers or consumer organizations which concerns related to this narrow set of facts. If there is indeed a problem, it seems solvable administratively.

Thank you.