

Carolyn E. Badeau

March 3, 2016

LABOR AND PUBLIC EMPLOYEES COMMITTEE

Hill Regional Career High School, 140 Legion Avenue, New Haven, Connecticut.

RE: Raised Bill No. 5449

Madam Chair/ Mr. Chairman and members of the committee,

My name is Carolyn Badeau from Lebanon, CT I am here today to speak in favor of Raised Bill Number 5449: *AN ACT CONCERNING LIABILITY FOR UNFAIR INSURANCE PRACTICES IN WORKERS' COMPENSATION CLAIMS.*

It has been over 6 years since my date of injury. At the time had no private insurance. I was 23 years old, out on my own, living pay check to pay check and consequently, I also did not have a regular health physician.

Since my date of injury in 2009, I have been diagnosed with Post Concussive Syndrome by 6 different doctors through the insurer's independent medical exams and a commissioner's examination. I was also diagnosed with Post Traumatic Stress Disorder by United Services and 3 different Psychiatrist evaluations. I was told I reached Maximum Level of Improvement by the commissioner's examination and given a permanent partial disability of 12% for Post Concussive Syndrome in 2010, and again by the insurer's own IME in 2014. The insurer's own psychiatric evaluation gave my diagnosis of PTSD a permanent partial disability of 5%, however the commissioner's evaluation from the same years states I have not reached MMI. Throughout the years I have been through 4 different Commissioners as their rotations changed, the insurer is being represented by their second law practice.

My symptoms include; Dizziness, confusion, lapse in memory, anxiety, panic attacks, headaches that last more than 24 hours up to a few days at least once a week since the injury, nightmares, insomnia, fear of confrontation with the assailant, flash backs, etc

Mileage reimbursement has taken over a year to receive from time of submission. After several hearings, I am told I am unable to see ANY doctor other than those located in Hartford Area (easy 45 minute plus drive away) just because the insurer refuses other locations. My comp case was even considered inactive for a period because no treatment was approved by insurer. I attempted to receive treatment on my own however, the specialists I need to see qualified to treat me, not only required a doctor's referral (which I was able to obtain by a health physician), but also required payment in full prior to appointment, and then denied anyway because I was given a percentage rating prior and each M.D did not want to be involved even when I had received group insurance through my job later on.

As noted above, I have had to attend "IMEs" at the direction of the insurer. The last two were for a neurologist and a psychiatrist in September 2014. From what I have seen, it appears that the reports from these doctors, which were both in my favor, were held by the insurer. What

I mean by that is the insurer's psychiatry IME report dated 9/30/2014 was not made available until a hearing in December 2014; the neurology IME report dated 9/4/2014 was not made available until after that December hearing, even though the insurer's representative mentioned having reviewed it. Furthermore, the psychiatric IME report listed the 9/4/2014 neurology report as one of the records provided to the psychologist by the insurer. It would appear that at least the neurologist's IME report was held, if not both. Not to mention, during the period between these IME appointments in September and when we finally received the reports months later, the insurer offered what was a low ball proposal in light of the reports.

Over 6 years and I have not received either treatment or indemnity benefits for the rating I received despite concurrence of physicians in diagnosis and permanency. I received a couple weeks of reduced rate temporary benefits for the period right after the injury. Hearing after Hearing after Hearing; it's Ridiculous! And all because they can get away with it. Three minutes is not long enough to give all the examples I could provide to you of the unjust, manipulative games, false accusations and lies that the insurer and their representation has blasphemy used to drag out my case.

Thank you for your time,

Carolyn Badeau