



Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

**Testimony of the Office of the Healthcare Advocate
Before the Insurance and Real Estate Committee
Re SB 372
March 15, 2016**

Good afternoon, Senator Crisco, Representative Megna, Senator Kelly, Representative Sampson, and members of the Insurance and Real Estate Committee. For the record, the Office of the Healthcare Advocate ("OHA") is an independent state agency with a three-fold mission: assuring 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.

I appreciate the opportunity to comment on SB 372, AAC Clinical Review Criteria for Utilization Review and Adverse Determination Notices. This bill represents the recommendations of the Behavioral Health Working Group established in PA 15-5. This Working Group met several times over the last year in a very collaborative and thoughtful manner, identifying several important measures to enhance the utilization review and adverse determination process.

A key concern that was discussed involved the proprietary nature of the criteria for behavioral health or substance use services specified in statute. This was explored at length, as remains a challenge. SB 372 seeks to provide clarity about the processes and notices carriers are expected to provide consumers with in these circumstances, but

permits carriers to develop their own clinical criteria which would mitigate the barrier that these proprietary criteria present. When a carrier elects to do so, they must demonstrate to the Insurance Commissioner that these criteria are clinically consistent with the statutorily defined standards. OHA expressed some concerns to the Work Group about Insurance Department's admittedly limited ability to effectively assess the clinical merits of the criteria in these situations. Doing so ensures that consumers' requests for service are being evaluated in a clinically appropriate manner.

However, the process that the Work Group engaged in was beneficial, collaborative and helped to provide an important variety of insights and perspectives into the need for consistent, appropriate and responsive standards for the utilization review processes.

Thank you very much for your commitment to this timely and important issue. If you have any questions concerning my testimony, please feel free to contact me at demian.fontanella@ct.gov.