



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Testimony Insurance and Real Estate Committee March 15, 2016

Senate Bill No. 372 – An Act Concerning Clinical Review Criteria for Utilization Review and Adverse Determination Notices.

Senator Crisco, Representative Megna, Ranking Members, and members of the Insurance and Real Estate Committee, the Insurance Department would like to thank the Committee for introducing this initiative on our behalf and raising **Senate Bill No. 372 An Act Concerning Clinical Review Criteria for Utilization Review and Adverse Determination Notices.**

Through legislation, collaboration and with support from this committee, the state has made strides in enhancing access to behavioral health treatment and the Department has taken an active role in those efforts. Since 2013, we have amended insurance law to tighten the timeframes for authorization to treatment and expedite the external appeals process for consumers. There has been expansion of coverage for services for autism spectrum disorders (ASD) and the Birth-to-Three program.

Your support for this bill will greatly help the continued efforts of the State, the Department and the many stakeholders with whom we have closely collaborated to improve access to behavioral health treatment and to enhance transparency of data on insurance coverage, denials and appeals of mental health services for our citizens. This bill is a product of that collaboration, specifically the multi-disciplined Behavioral Health Working Group¹ that the Department convened after the passage of Public Act 15-5.

We have crafted this legislation with the best interests of the consumer at heart. Among the provisions, the bill would:

- Provide consumers with greater transparency to the criteria that insurance companies use to authorize treatment. Carriers would be required to post their specific clinical criteria and authorization guidelines on their Web sites. This requirement would replace a mandated “crosswalk” disclosure that provided an analysis of the carriers’ medical criteria in relation to four professional health organizations². This disclosure, as required in existing law, confused consumers and is unworkable because of copyright issues with proprietary information in the professional organizations’ criteria.

About the Connecticut Insurance Department: The mission of the Connecticut Insurance Department is to protect consumers through regulation of the industry, outreach, education and advocacy. The Department recovers an average of more than \$4 million yearly on behalf of consumers and regulates the industry by ensuring carriers adhere to state insurance laws and regulations and are financially solvent to pay claims. The Department’s annual budget is funded through assessments from the insurance industry. For every dollar of direct expense, the Department brings in about \$7.45 to the state in revenues. Each year, the Department returns more than \$215 million in assessments, fees and penalties to the state’s General Fund.

- Give consumers information they need to properly appeal a denial by requiring carriers to provide a link to the reason(s) for the denial.
- Provide carriers with the flexibility to extend coverage to new types of treatments made available through advances in medical technology without having to wait for the clinical criteria to catch up. This consumer-friendly provision will give policyholders access to newer treatments much earlier.

This legislation and other recommendations can be found in a Behavioral Health Reportⁱⁱⁱ the group issued on February 23, 2016 and which can be found on our Web site.

The Department continues to work with the mental health community including providers, facilities, and consumers, as well as the insurance industry to collect relevant treatment and coverage data – for both children and adults - on this all-important issue that affects families from all corners of society.

The Department thanks the Insurance Committee Chairs and members for the opportunity to submit testimony in support of S.B. 372.

ⁱWorking group membership: Insurance Commissioner, consumer community, the Offices of the Comptroller and Healthcare Advocate, the Departments of Social Services, Public Health, Mental Health and Addiction Services, Children and Families, Development Services and industry representatives.

ⁱⁱ American Society of Addiction Medicine (ASAM), the Child and Adolescent Service Intensity Instrument (CASII), the Association for Ambulatory Behavioral Healthcare (AABH), and the American Psychiatric Association (APA).

ⁱⁱⁱ <http://www.ct.gov/cid/lib/cid/2016-BehavioraHealth-Working-Group-Report.pdf>

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