Testimony of Leslie Connery, Government Relations Counsel
before the Insurance and Real Estate Committee
Public Hearing on 2/7/17 - House Bill 5963

Good afternoon, Chairman Larsen, Chairman Kelly, Chairman Scanlon, and members of the Insurance and Real Estate Committee:

My name is Leslie Connery. I serve as Government Relations Counsel for the Christian Science Church. I would like to make a few quick points in support of **House Bill 5963, An Act Concerning Treatment or Care Provided by Religious Nonmedical Providers under Health Insurance Policies or Health Benefit Plans** - a modest proposal intended to clarify Connecticut law concerning the inclusion of religious nonmedical providers in health plans.

As. Ms. Ross has previously pointed out, we are not asking for a mandate. The language we are proposing does not require any health plan to cover religious nonmedical health care services. It merely clarifies that health plans that wish to do so may include such coverage and allows them to utilize appropriate nonmedical criteria for processing and validating claims.. For example, a health plan might decide to apply particular credentialing requirements for certain types of religious nonmedical providers, to cover only certain services, to impose a cap on benefits, or to require claims to be reviewed for appropriate utilization by nonmedical personnel. We are not asking this Committee to weigh in on how to define the benefit or what the appropriate safeguards might be, since each plan's needs and concerns will be different.

In my current position, I've had occasion to advocate on behalf of patients who are being denied access to benefits for Christian Science services covered under their health plans. In this context, I have seen how the application of preauthorization and utilization review criteria not designed for forms of care outside of conventional medicine can hinder access to religious services on which patients that have relied for most or all of their lives. I have encountered situations in which patients, whose first choice would have been to receive care from a Christian Science provider, have been forced into medical treatment because a health plan was insisting on the application of precise medical criteria that were not relevant to the type of care the patient wanted. In other cases, the individual preauthorizing care simply disagreed with any approach that did not involve conventional medicine. Requiring people to set aside their sincerely held religious beliefs in order to satisfy medical criteria that aren't relevant to the care they choose is not conducive to their physical or mental well-being, especially when they are in the midst of a health problem.

My discussions with health plans have also convinced me that there is uncertainty about whether plans may contract with religious nonmedical providers -- something which is beneficial because it reduces patients' costs and administrative burden. We are not aware of any barriers under State or federal law to these providers being in-network or to the language that we are proposing. In fact, the language we are proposing is very similar to language already contained in the existing laws of some other States, as well as provisions in the federal Medicare Act that accommodate patients who choose to receive care in religious nonmedical health care institutions (**Exhibits B and C**). Existing Connecticut law already accommodates health plan

coverage of nonmedical services provided in the home care context (**Exhibit D**). We are not aware that these existing State or federal provisions have posed problems or concerns for health plans or hindered them from determining whether services are reasonable and necessary.

I should also mention that, as an employee of my Church's world headquarters in Boston, I am one of a very small number of Christian Scientists who have access to a health plan that covers both medical care and Christian Science care. I have never had to make a significant claim, but I am glad I have this coverage. I am all the more grateful for it because I have spoken to a large number of Christian Scientists from across the country (including Connecticut) who do not have this option. I am testifying today not only because I believe that this is a necessary, legally sound proposal, but because I believe that my reliance on the teachings of Christian Science has helped me to lead a healthier life.

We talk a lot these days about the importance of ensuring that our health care system provides patient-centered care. Shouldn't that term encompass respecting a patient's individual choice of care, especially where that choice is predicated on sincerely held religious beliefs? The people who have accompanied me and Ms. Ross to this hearing today are here because they have found that the practice of Christian Science has made a tangible difference in their health. All HB 5963 does is open the way for a constructive dialogue about how religious nonmedical care can be covered in a way that honors both patient choice and health plans' desire to ensure that covered services are reasonable, necessary, and cost effective.

Thank you for your consideration of this legislation.