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Testimony in Support of House Bill 6431, AN ACT CONCERNING UTILIZATION REVIEWS, House Bill 6433, AN ACT CONCERNING CLINICAL PEER REVIEW PERFORMED FOR PURPOSES OF A UTILIZATION REVIEW, and House Bill 6434, AN ACT REQUIRING HEALTH CARRIERS TO INFORM THE COVERED PERSON WHOSE MATTER IS UNDER EXTERNAL REVIEW THAT THE CARRIER COMPENSATES THE INDEPENDENT REVIEW ORGANIZATION CONDUCTING THE REVIEW

Good afternoon Co-Chairmen Larson, Kelly, and Scanlon; Ranking Member Sampson; and distinguished members of the Insurance and Real Estate Committee:

My name is Dan Fox and I am a State Representative from Stamford. I want to thank the committee for raising House Bills 6431, 6433, and 6434 and the opportunity to testify on these three bills.

These three bills all concern different aspects of the health insurance utilization review process. Unfortunately, it is a process with which I became entirely too familiar with a short time ago.

In February 2015 I was diagnosed with a remarkably rare illness called encephalitis lethargica, "EL" for short. EL is a brain infection and its consequences can be wide-ranging and debilitating. For me, the most significant consequences were that my vision and mobility were significantly impaired and I lost my ability to speak.

My course of treatment to fight the brain infection included two things. First, months of intensive steroid treatments; and second, a treatment called IVIG therapy. IVIG therapy is a unique treatment that consists of injecting the plasma of thousands of donors into me intravenously.

My treating physicians thought that IVIG was the best course of action for me to take after noting that while the steroid treatments were yielding many results, IVIG could possibly yield more effective results. And, it has. I was prescribed IVIG treatment in July 2015. But, my approval for the treatment was denied twice by my insurance carrier and only approved upon an external appeal in December 2015. I began my treatment in January 2016. Six critical months passed while I waited for the process to work.

The three bills before the committee are a direct result of my experience with the utilization review process. Of the three bills, two are, I believe, somewhat self-explanatory - House Bill 6431 which would require peer review performed for purposes of a utilization review to be performed by a medical professional licensed in the state of Connecticut and House Bill 6434, which will inform covered persons whose matters are subject to external review who compensates the independent review organization conducting the review.

The third Bill, House Bill 6433, is the bill I would like to briefly expand upon. Connecticut General Statutes requires that that clinical peers who review decisions under appeal be licensed in the same or similar specialty as typically manages the condition.

This proposed bill would require that the clinical peer reviewing the decision be licensed in the same specialty that manages the condition. Thereby, doing away with the idea that a doctor licensed in a similar specialty is sufficient.

In my case, I suffered from a remarkably rare neurological disease and yet had my appeal reviewed by a doctor board certified in pediatrics and pediatric cardiology. I find this shocking.

Now, through discussions with the State Department of Insurance I have come to learn that my insurance plan is a self-funded plan through the state of Connecticut and so the rules governing my plan and the review of insurance decisions under my plan are somewhat different than the rules that govern a fully insured plan.

But, let's say that I was one of your neighbors or constituents and I participated in a fully insured plan and had my life thrown into total disarray by a disease like EL or some other terrible disease - would you not want decisions concerning that person's care and treatment at least reviewed by a doctor that practices in the same specialty?

Now, I am realistic and I realize that what may appear to me to be simple and minor changes to the he statutes can actually have far and wide-ranging impacts.

I ask you to keep in mind that individuals who go through the utilization review process are at the lowest and most vulnerable point in their lives. These are not typical, run-of-the-mill decisions being reviewed. These individuals are at a point where their lives are literally and totally dependent upon the outcomes of their respective appeals.

I would like to think that wherever possible these individuals can be afforded the opportunity to have their appeal heard by a physician licensed in the same specialty as typically manages the medical condition, procedure or treatment under review.

I am eager to work with the committee and all stakeholders to ensure that these pieces of legislation move forward and I thank the committee for its time.