

Member Organizations

**The Umbrella Center for Domestic Violence Services**  
Ansonia, CT

**The Center for Family Justice**  
Bridgeport, CT

**Women's Center**  
Danbury, CT

**Domestic Violence Program United Services**  
Dayville, CT

**Network Against Domestic Abuse**  
Enfield, CT

**Domestic Abuse Services Greenwich YWCA**  
Greenwich, CT

**Interval House**  
Hartford, CT

**Chrysalis Domestic Violence Services**  
Meriden, CT

**New Horizons**  
Middletown, CT

**Prudence Crandall Center**  
New Britain, CT

**The Umbrella Center for Domestic Violence Services**  
New Haven, CT

**Safe Futures**  
New London, CT

**Domestic Violence Crisis Center**  
Norwalk, CT

**Women's Support Services**  
Sharon, CT

**Domestic Violence Crisis Center**  
Stamford, CT

**Susan B. Anthony Project**  
Torrington, CT

**Safe Haven**  
Waterbury, CT

**Domestic Violence Program United Services**  
Willimantic, CT

Testimony Supporting

HB 5247, AAC Explanation of Benefits

Insurance & Real Estate Committee  
February 27, 2020

Good afternoon Senator Lesser, Representative Scanlon and members of the committee. CT Coalition Against Domestic Violence (CCADV) is the state's leading voice for victims of domestic violence and those who serve them. Our 18 member organizations provide essential services to nearly 40,000 victims of domestic violence each year. Services provided include 24-hour crisis response, emergency shelter, safety planning, counseling, support groups and court advocacy.

**We urge your support of HB 5247.**

The proposed bill seeks to require health carriers to issue explanations of benefits (EOBs) to consumers in certain circumstances, disclose information concerning EOBs to consumers, and require that EOBs be maintained as confidential in certain circumstances. This bill addresses a crucial barrier to accessing healthcare by ensuring that when multiple people are on the same insurance plan, confidential healthcare information is protected and not shared with anyone other than the patient.

Currently, EOBs are automatically generated, from health insurance companies, and sent to policy holders, not to the patient. This means that, without the patient's consent, the policy holder will have access to information about the patient's legally consented care. Sensitive data may be shared on EOBs including the name or type of provider and the type of service delivered. This automated statement disproportionately impacts vulnerable patients who do not want to share personal health information, like victims and survivors of domestic violence.

One in four women and one in seven men have experienced severe physical violence by an intimate partner at some point in their lives. Intimate partner violence (IPV) is more common for women in the United States than breast cancer and diabetes combined. IPV takes an incredible toll on the physical and emotional health of victims. Some notable health consequences of IPV are broken bones, traumatic brain injury, depression, increased GI disorders, and pregnancy complications to name a few. All of these health consequences lead to an increased need for medical services.

Unfortunately, many victims of domestic violence share a health insurance policy with their abuser and currently Connecticut is doing a disservice to them by allowing EOB's to automatically be sent to the policy holder. If victims are unable to control where their sensitive information goes it can result in them choosing not to receive medical attention due to concerns that their abuser will be notified. I have heard this concern expressed over and over by victims and healthcare providers alike. If patients experiencing IPV are not allowed the ability to control where their EOB information goes, it can cause serious consequences.

Medical providers across our state would never send home patient notes from an appointment that outlined a disclosures of abuse as this would jeopardize the health and safety of that individual. So why is this ok when it comes to EOB's? The way that Connecticut is currently allowing EOB's to be automatically generated and sent directly to the policy holder, not the patient, can put victims of domestic violence in further danger. This is especially important to point out because the act of seeking support from a health professional is important to ending the cycle of abuse.

(OVER)

Passing HB 5247 would allow victims to choose a safe and appropriate method of receiving their EOB, without the fear that their abuser will get a copy. I strongly urge you to support victims and survivors of domestic violence by passing this measure.

Thank you for your consideration. Please feel free to reach out to me with any questions or concerns.

Ashley Starr Frechette, MPH  
Director of Health Professional Outreach  
[astarrfrechette@ctcadv.org](mailto:astarrfrechette@ctcadv.org)