



**Testimony of Ted Doolittle  
Office of the Healthcare Advocate  
Before the Insurance and Real Estate Committee  
Re HB 5247  
February 27, 2020**

Good afternoon, Senator Lesser, Representative Scanlon, Senator Kelly, Representative Pavalock-D'Amato, and members of the Insurance and Real Estate Committee. For the record, I am Ted Doolittle, Healthcare Advocate for the State of Connecticut. The Office of the Healthcare Advocate ("OHA") is an independent state agency with a consumer-focused mission: assuring consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health plans; assisting consumers in disputes with their health insurance carriers; and informing legislators and regulators regarding problems that consumers are facing in accessing care, and proposing solutions to those problems.

I appreciate the opportunity to submit comment in support of HB 5247, An Act Concerning Explanations of Benefits. This important bill corrects an unintended consequence of current law that exposes certain dependents to unnecessary, and sometimes embarrassing or even dangerous, disclosure of their private health information to other family members. A similar bill, SB 977, was broadly supported during the 2019 legislative session.

Under current law, when insurers process claims for healthcare insurance benefits, they issue explanations of benefits (EOB) statements, which provide details regarding the claim amounts, covered charges and any member responsibility remaining after the claim is adjusted. In providing this information on the EOB, insurers typically include certain details regarding the services that were provided, including the identity of the provider and

a procedure code or other abbreviated description of the specific services. In some cases, EOBs will include these details for multiple claims regarding services provided to multiple family members.

When an insurer issues an EOB, either through the mail or electronically, the EOB is routinely addressed or made available to the primary subscriber under the policy. Thus, in addition to receiving personal health information regarding their own healthcare, health plan subscribers are privy to the personal health information of all other family members who are covered as dependents under his or her health plan.<sup>1</sup> Under the most ordinary of circumstances, this would not be problematic, as most parents should be permitted to know what care their children are receiving, and most spouses are open with one another regarding their health and treatment needs.

In many situations, however, the exposure of a dependent's personal health information to a primary subscriber is far more harmful. A primary example involved the situation where an adult child, between the ages of 18 and 26, remains on his or her parent's healthcare plan as a dependent. Once that child reaches the age of adulthood, he or she should no longer bear the risk of having the insurer expose to the primary subscriber evidence of their treatment, particularly when that treatment involves highly sensitive matters such as mental health care, drug abuse treatment, pregnancy, etc.

In extreme circumstances, the consequences could grow dangerous. For example, if a child or spouse seeks therapy or medical treatment for physical and mental injuries at the hands of the primary subscriber, exposure of that information to the subscriber could lead to further physical and emotional harm. In the alternative, the potential for such exposure could deter the dependent from seeking treatment in the first instance. This extremely vulnerable population should not be required to make such a Hobson's choice due to the risk that their insurance company might disclose sensitive treatment information to their abusers.

HB 5247 addresses these unfortunate scenarios by putting the dependent in control of who can see and who cannot see the sensitive health information reported on an EOB.

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<sup>1</sup> In spite of what may be the common misperception, HIPAA rules do not automatically prohibit such disclosures.

Specifically, individual dependents who are covered members under another's healthcare insurance policy would have an opportunity to designate whether or not an EOB should be issued for a particular service, and if an EOB is issued, the insurer must deliver that EOB by the requested method, such as regular or electronic mail. With these additional safeguards in place, all individuals will be able to more freely obtain care for highly sensitive conditions without having to bear the unnecessary concern that their personal treatment information will be exposed to someone to whom they do not wish to disclose it.

Thank you very much for your consideration of this testimony on this very important topic. If you have any questions concerning our position on this issue, please feel free to contact me at [Ted.Doolittle@ct.gov](mailto:Ted.Doolittle@ct.gov).