



**Testimony in Support of Raised Bill No. 5247
AN ACT CONCERNING EXPLANATIONS OF BENEFITS**

By Jay E. Sicklick
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Senator Lesser, Representative Scanlon and the distinguished Members of the Insurance and Real Estate Committee: thank you for providing the **Center for Children's Advocacy** with an opportunity to submit testimony in support of Raised Bill No. 5247. I am the Deputy Director of the Center for Children's Advocacy ("CCA") and an attorney who has worked for 20 years on issues involving children and young adult's health and child welfare in Connecticut. CCA is the largest non-profit legal organization in New England devoted exclusively to protecting for and advocating on behalf of the civil rights of children. CCA is affiliated with the University of Connecticut School of Law and provides holistic legal services for vulnerable children in Connecticut communities through individual representation, education and training, and systemic advocacy. I also submit this testimony as Director of CCA's *Medical-Legal Partnership Project*, a unique collaboration between CCA and medical/clinical partners that seeks to improve children's health outcomes through interdisciplinary interventions in Connecticut.

We support the passage of Raised Bill No. 5247, An Act Concerning Explanations of Benefits.

This bill addresses a crucial barrier to accessing health care by ensuring that when multiple people are on the same insurance plan, confidential health care information is protected and not shared with anyone other than the patient. This requires that enrollees who are *otherwise legally authorized to consent to their own health care* be allowed to request suppression of the Explanation of Benefits ("EOB") and to choose an alternative method of receiving the EOB to ensure personal healthcare information is not disclosed. Our office represents and works with healthcare clinicians who are the most vulnerable youth in Connecticut – youth who are marginalized in school, in the community, at the doctor's office and who are victims of intimate partner violence. This bill would protect their ability to access healthcare in a confidential, private manner.

R.B. 5247 is consistent with Connecticut's existing statutes and federal constitutional rights pertaining to a young adult's ability to consent to vitally important healthcare services.

In Connecticut, young adults under the age of eighteen have the legal authority to consent to critical healthcare needs, specifically in the areas of reproductive health, mental health care and treatment, substance abuse care, the diagnosis and treatment of HIV and AIDS, and access to

HIV prophylaxis (PrEP).¹ The General Assembly thoughtfully promulgated these laws over the past *fifty years* because healthcare providers routinely relay that minors will not access these services if it means disclosing sensitive, personal and private information to their parent or guardian, typically in fear of rejection or worse, abuse and neglect.

Under the statutory and constitutional protections afforded individuals who seek sensitive healthcare, a young adult may engage in confidential care and treatment but the current statutory and constitutional protections do not allow for the suppression of an EOB to a beneficiary of that policy. Many adolescents are unwilling to seek critical healthcare if it is not confidential. We firmly believe it is time to update existing state statutes to allow young adults to access these protections in a confidential manner. Allowing a covered and authorized individual to decide where the EOB should go is completely consistent with the legislature’s pattern of providing confidential healthcare access to young adults.

Connecticut would join three other states that have already increased confidentiality protections for patients by enacting similar legislation.

Massachusetts and Washington (state) have implemented similar confidentiality provisions that allow for suppression of EOB’s to protect patient privacy and to enhance health care access.² In addition, New York has implemented a policy providing for the protection of confidential information for minors enrolled in its managed Medicaid program mandates the suppression of “any associated EOB notices” for otherwise confidential and protected services.³

Allowing for confidential treatment is in line with the spirit and purpose of HIPAA.

Under HIPAA, covered healthcare entities may not release private healthcare information without consent. Why would this principle not apply for individuals whose privacy might be compromised by the issuance of an EOB? Allowing patients the right to decide who receives their EOB is consistent with the state’s half-century long history of protecting healthcare information. Our goal should be to encourage Connecticut residents to seek healthcare knowing that their healthcare information is protected. H.B. 5247 gives young adults the opportunity to access vital healthcare in a confidential manner.

The state is facing an epidemic of substance abuse and opioid trauma that can be partially addressed by encouraging youth and young adults to access confidential care and treatment.

¹ See e.g. Conn. Gen. Stat §§19a-216 (Examination and Treatment of Minor for Venereal Disease), 19a-600-602 (Abortion), 19a-14(c) (Mental Health Treatment – Outpatient), 17a-75-81 (Mental Health Treatment – Inpatient), 19a-592 (HIV & AIDS), 19-592 (PrEP).

² See Massachusetts Act to Protect Access to Confidential Healthcare (“PATCH”), Mass. Gen. Laws Ch. 63, §27a; Wash. Rev. Code §§ 48.43.005, 505, 530 (Health carriers must adopt policies and procedures that limit disclosure of “sensitive health care services” directly to the protected individual, including minors).

³ See New York State Dept. of Health Policy for the Protection of Confidential Health Information for Minors Enrolled in NYS Medicaid Managed Care Plans (Effective July 1, 2016).

As of April 2019, Connecticut was one of the top ten states in the nation for drug overdoses.⁴ According to the state Department of Public Health, Connecticut residents are more likely to die from “unintentional drug overdose than a motor vehicle accident.”⁵ As of 2016, the “age-adjusted rate” for drug induced mortality was 25.1% per 100,000 in Connecticut, as compared to the national average of 17.1%.⁶ Raised Bill 5247 provides another method of healthcare access for those youth and young adults who are most at-risk, and who seek mental health treatment and/or substance abuse interventions in a legally supported and confidentially protection fashion. The removal of the “EOB obstacle” for this vulnerable population will encourage young patients to seek critically important, if not life-saving care without stigma or judgment. This reason alone should provide the impetus for the legislature to approve the raised bill.

For the forgoing reasons, we strongly urge you to support Raised Bill 5247.

Respectfully submitted,

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⁴ See [Drug Overdose Deaths in Connecticut – 2012 to June 2018](#). (Last accessed February 26, 2020).

⁵ See Connecticut State Department of Public Health, Opioids and Prescription Overdose Prevention at <https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/The-Office-of-Injury-Prevention/Opioids-and-Prescription-Drug-Overdose-Prevention-Program> (last accessed February 26, 2020).

⁶ See Id.