**Testimony of Victoria Veltri**

**State Healthcare Advocate**

**Before the Insurance and Real Estate Committee**

**In support of SB 808**

**March 17, 2015**

Good afternoon, Representative Megna, Senator Crisco, Senator Kelly, Representative Sampson, and members of the Insurance and Real Estate Committee. For the record, I am Vicki Veltri, State Healthcare Advocate with the Office Healthcare Advocate ("OHA"). OHA is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

The concepts championed by SB 808 are simple in origin, but serve an invaluable role in the promotion of enhanced transparency for consumers' healthcare needs. As our healthcare system continues to evolve, with an increasing number of plan, benefit and provider network designs, consumers must be vigilant to comply with these coverage provisions. However, despite their best efforts, many people who make good faith efforts to conform with their plans and seek treatment from in-network providers at in-network facilities are finding themselves burdened with bills for services rendered by out-of-network providers. People who have surgery at in-network facilities, under the care of their in-network provider, are being surprised with bills from out-of-network

providers involved, without their notice or consent, in their treatment.

A reasonable person would expect that when they go to an in-network facility for treatment, that treatment would be delivered by in-network providers. With the significantly higher cost-sharing associated with out-of-network care, plus their liability to pay the out-of-network provider's full charge, when consumers proactively seek to avoid such financial burdens they ought not to be surprised by bills for such services.

SB 808 merely codifies the premise that, if an in-network provider or hospital promotes itself as delivering a given service, they should have the appropriate staff and resources necessary to deliver the service on an in-network basis. When a consumer proactively selects a network facility for treatment, they do not have any expectation that they will be treated by an out-of-network provider, nor is it reasonable to expect them to ask each provider who treats them if they accept their health plan.

This bill merely requires that providers or hospitals provide consumers with the in-network care that they would reasonably expect when going to an in-network provider or hospital. Failing that, consumers deserve to be notified prior to the delivery of a service of the non-network status of any treating provider, so that they may make an informed decision concerning their treatment. When consumers are billed for services rendered by an out-of-network provider, the independent entity SB 808 creates will have the authority to resolve disputes concerning certain medical charges that compliments the adverse determination processes already in place.

Thank you for providing me the opportunity to deliver OHA's testimony today. If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.