**Testimony of Victoria Veltri**
**State Healthcare Advocate**
**Before the Program Review and Investigations Committee**
**In support of HB 6854**
**February 27, 2015**

Good afternoon, Senator Fonfara, Representative Carpino, Senator Kissel, Representative Mushinsky, and members of the Program Review and Investigation 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.

Thank you for the opportunity to comment in support of HB 6854, An Act Implementing the Recommendations of the Legislative Program Review and Investigations Committee Concerning the Reporting of Certain Data By Managed Care Companies and Health Insurance Companies to the Insurance Department.

As we continue the important work of assessing our state's behavioral health system, it is ever more important that we have clarity about the utilization of and availability of access to these services. Expanding the data that insurers report to the Insurance Department ("CID") concerning member utilization of services for the treatment of substance use, co-occurring and mental health disorders will provide this clarity to the issues concerning consumer access to treatment for these conditions.

Detail about the frequency, duration, and level of care of member treatment for these conditions enhances our understanding of consumer's needs, as well as gaps in the ability of Connecticut's mental health system to meet those needs. Seeking greater granularity in the utilization review and adverse determination process for these disorders, as well as the additional requirement that insurers report to CID the per member per month cost for treatment of substance use disorders, augments our ability to understand the true costs of mental health and substance use treatment, and better design cost effective, complimentary systemic reforms to address these needs.

For consumers seeking behavioral health services, identifying appropriate, in-network clinicians continues to be a challenge. Last year, the General Assembly enacted P.A. 14-115, which prompted the creation of a Behavioral Health Clearinghouse, which shall serve as an information and referral resource for consumers. A key component of this effort is the development of a comprehensive, accurate and searchable directory of behavioral health providers. HB 6854's inclusion of the geographic and clinical composition of each insurer's provider network bolsters this effort, enhancing our ability to identify and prioritize those areas of greatest need. In addition to providing invaluable insight into the nature of our behavioral health system, consumer access to treatment may also be enhanced by the information concerning each insurer's mental health and substance disorder facility and provider network, promoting greater transparency and aiding consumers in making an informed decision concerning plan selection and utilization.

HB 6854 champions the legislature's vision as demonstrated by P.A. 14-58, which required identical data reporting enhancements, and passed the General Assembly unanimously, but was ultimately vetoed by the Governor. However, in the spirit of P.A. 14-58, the Governor's office has agreed to work with stakeholders to ensure that effective, consumer-focused data reporting becomes a reality.

Thank you for providing me the opportunity to deliver OHA's testimony today. We look forward to continuing to collaborate and advocate for the consumers of Connecticut in this important matter.
If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.