**Testimony of Victoria Veltri**
**State Healthcare Advocate**
**Before the Insurance and Real Estate Committee**
**Re SB 11**
**February 18, 2014**

Good afternoon, Senator Crisco, Representative Megna, Senator Kelly, Representative Sampson, and members of the Insurance and Real Estate Committee. For the record, I am Victoria Veltri, State Healthcare Advocate with the Office Healthcare Advocate ("OHA"). OHA is an independent state agency with a three-fold mission: assuring 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.

SB 11 authorizes the Connecticut Health Insurance Exchange (HIX) d/b/a Access Health CT to negotiate premiums for qualified health plans offered through exchange in Connecticut. The Health Insurance Exchange's governing statute includes a mandate to reduce the number of Connecticut consumers without health insurance and assist consumers with the selection a Qualified Health Plan (QHP). Access Health CT is further empowered in C.G.S. 38a-1083(c)(20) to "do all acts and things necessary and convenient to carry out the purposes of the exchange." Access Health CT should be allowed to use its position as representative of hundreds of thousands of Connecticut consumers when it is appropriate to accomplish its goals.

Federal regulations extend the Exchange's authority to review of rates. One of the powers of the Connecticut Exchange is to "(24) Seek to include the most comprehensive health benefit plans that offer high quality benefits at the most affordable price in the exchange". Conn.Gen.Stat. § 38-1084(24). Implicit in this language is that the Exchange will do all it can to ensure that consumers get the biggest bang for their buck when purchasing an insurance product, including driving the best price through and the exploration of varying plan designs within its authority to do so. Consistent with this, the Exchange's authority under federal law extends to the question of whether to certify a plan or not after reviewing rates. (Under the current QHP criteria, the board does have the authority to reject plans for participation that are

price outliers.) Under our Exchange statutes and federal regulation, the Connecticut Insurance Department maintains final statutory rate review authority over QHPs to assure that rates are actuarially sound. CID exercised this authority in the first year of the operation of the Exchange to push back on rate requests and should continue to use this authority on an ongoing basis to conduct aggressive rate reviews.

It's also important to note that active purchasing techniques also include items as leveraging state purchasing initiatives, requiring interoperable provider IT systems so we can use technology appropriately, flexible plan designs, participation in innovation models, such as the State Innovation Model Initiative, and other alteration of qualified health plan criteria.

Last year, I stated that I was committed to the Exchange becoming an active purchaser. The Access Health Ct Board discussed selective contracting as a future option past year one. We need to continue to explore every option to make coverage affordable. There are over 50,000 reasons to do so.[1]

If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.

[1] There are over 50,000 individuals enrolled in Qualified Health Plans through the exchange.