



**Testimony of Kevin Lembo, State Healthcare Advocate
Before the Select Committee on Children, Connecticut General Assembly
In Support of S.B. 193 and S.B. 331
February 6, 2007**

Good morning Senator Meyer, Representative McMahon, Senator Freedman, Representative Ruwet, and members of the Select Committee on Children. For the record, I am Kevin Lembo and I am the State Healthcare Advocate. Thank for the opportunity to appear before you today.

The Office of the Healthcare Advocate (OHA) **supports S.B. 193, *An Act Concerning Assistance Provided by the Office of the Healthcare Advocate to HUSKY Plan Part A and Part B recipients***. This act, sponsored by Senator Harp, makes clear that the Office of the Healthcare Advocate is available to provide assistance and advocacy services to residents of our state insured by the public programs. Historically, our office primarily assisted individuals with private insurance, but it is clear that issues of access in managed care impact the privately and publicly insured, alike. It is helpful and instructive to track these issues across payor source.

While HUSKY coordination of benefits, underinsurance, time-sensitive delivery of care, and complex medical cases arrive at our office regularly, we struggle to assist all callers. We assist individuals in extremely complex cases involving both HUSKY and private insurance on a regular basis; we handle those cases successfully because we have extensive experience in negotiating private and public insurance matters, and in matters involving multiple state agencies with varying responsibilities to pay, we can serve as a neutral mediator. OHA is the only independent state agency that addresses consumer managed care issues as our primary mission. With passage of this legislation, we can better assist individuals through direct advocacy, and bring recommendations to the legislature for: assessing the HUSKY program, identify gaps in HUSKY coverage (particularly for children with complex health care needs), and make suggestions to resolve other issues facing HUSKY recipients. In other words, under S.B. 193, we would do, with companion funding for this bill, exactly what we already do for the thousands of private plan consumers that call us every year for assistance. I greatly appreciate your support of this legislation.

OHA also **supports S.B. 331, *An Act Concerning Health Care Access for Children with Special Health Care Needs***. This bill is the result of a collaborative effort among several state agencies, including the Office of the Child Advocate, the Commission on Children, my office, state legislative leaders, including Senator Harp and Senator Prague, and the Family Support Council. The Partnership created under this bill will bring together the voices of families, advocates and the state agencies that address the complex needs of children in a way that will result in better coordinated action to address issues such as the disturbing number of underinsured children, many of whom, even with public coverage, are still lacking vital services like private duty nursing, and certain therapies.

Finally, OHA supports H.B. 6158 and H.B. 6722, which grow out of Speaker Amann's Healthy Kids Initiative. His efforts, over the last year, have helped to frame the discussion about children's health insurance coverage and access.

Thank you for our attention. I am happy to take your questions at this time.

The Office of the Healthcare Advocate (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 insurance plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

OHA Case Stories involving HUSKY recipients:

Chris is a young man with an enlarged heart who likely requires a transplant to survive. His placement on the transplant list is complicated by his mental health issues. He was admitted to a local hospital on an emergency basis. After his medical condition was stabilized, his mental health issue needed to be addressed so that he could prepare for a transplant. The local hospital was ready to transport Chris to a specialized, out-of-state treatment center but his private managed care plan and his HUSKY plan were not facilitating this medically necessary care. The insurance plans disagreed about who should cover the costs of Chris' continued stay at the local hospital, and whether either plan should cover the costs for the specialized treatment center including medical transportation to the facility. A case manager at the hospital, at Chris' mom's request, contacted OHA to assist in this case. OHA facilitated urgent meetings at the hospital with the medical team, representatives from the private managed care plan and state agency officials from DSS and DCF. OHA brokered an arrangement whereby Chris' HUSKY plan paid for his medical transportation, the Behavioral Health Partnership paid for his room and board, and the private plan paid for the majority of Chris' care at the hospital.

Danny is a young boy with spastic quadriplegic cerebral palsy. He cannot walk, crawl or stand without support. He is a member of a HUSKY MCO and, as a child less than twenty-one years old, he is entitled to Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) services under Medicaid. His grandmother is his guardian. Danny's provider requested that his MCO purchase an adaptive tricycle for him. The adaptive tricycle is *specifically designed* for children like Danny, who are severely disabled, and provides therapeutic, reciprocal exercise with physical benefits such as strengthening muscles, improving range of motion, and circulation, developing hand/eye coordination and head and trunk control. The MCO denied the request, making several legal errors on the way, claiming that the adaptive tricycle was not medically necessary. The MCO adhered to its position through the hearing process. Because of the delays in hearing the case, Danny's hospital provider bought the adaptive tricycle for him, using a fund that the hospital keeps for critically ill patients, so that Danny would not experience any delay in getting rehabilitation services. OHA wrote to the Commissioner of DSS, pointing out the multiple legal errors in the case made by the MCO and requesting that DSS instruct the MCO on the proper determination of medical necessity in the HUSKY program. DSS agreed to reimburse the hospital for the adaptive tricycle for Danny.