



**Testimony of Victoria Veltri
Acting Healthcare Advocate & General Counsel**

**Before the Insurance and Real Estate Committee
In support of SB 922
February 17, 2011**

Good afternoon, Representative Megna, Senator Crisco, Senator Kelly, Representative Coutu, and members of the Insurance and Real Estate Committee. For the record, I am Vicki Veltri, Acting Healthcare Advocate and General Counsel 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 insurance plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

OHA supports Raised Bill 922, AN ACT CONCERNING NOTIFICATION OF THE SERVICES OF THE OFFICE OF THE HEALTHCARE ADVOCATE. Simply stated, this is a common sense proposal that ensures that consumers who have been denied a request for services, can get access to the expert assistance of the Office of the Healthcare Advocate in filing a grievance or appeal. The bill is consistent with the mission of OHA. Last year, OHA handled 2,300 consumer cases and recovered nearly \$5.7 million for consumers. As an independent state agency, OHA provides pure consumer advocacy.

This bill also ensures the compliance of utilization review companies and insurers with Section 2793 of Public Health Service Act, 42 USC 300gg-93, enacted under the Affordable Care Act, which requires health insurers to include the contact information for the healthcare consumer assistance program for the state in their denial notices. Group or individual insurers are required to “provide notice to enrollees, in a culturally and linguistically appropriate manner, of available internal and external appeals processes, and the availability of any applicable office of health insurance consumer assistance or ombudsman established under section 2793 to assist such enrollees with the appeals processes.” Section 1001 of the Affordable Care Act, establishing Section 2719 of the Public Health Services Act. Pursuant to a federal grant OHA is Connecticut’s consumer assistance program under the Affordable Care Act.

The requirement that all employers who offer health insurance benefits post a notice on the services that OHA provides is consistent with the requirement that all healthcare consumers have access to OHA's services. Under the Affordable Care Act and under state law, OHA is required to assist with the filing of complaints and appeals, including filing appeals with the internal appeal or grievance process of the group health plan or health insurance issuer involved and providing information about the external appeal process; educate consumers on their rights and responsibilities with respect to group health plans and health insurance coverage; and assist consumers with enrollment in a group health plan or health insurance coverage by providing information, referral, and assistance. Raised bill 922 merely extends the requirement for posting notices to those employers who are self-insured. The notice, or poster, is free and is available for printing on the OHA website.

I respectfully request that the committee slightly revise the bill by requiring companies to include not only OHA's phone number, but also its e-mail address or website address in the denial letters.

Thank you for your time today. I urge passage of Raised Bill 522. If you have any concerns about our testimony, you may also contact me at victoria.veltri@ct.gov or (860) 297-3982.