



**Testimony of Victoria Veltri  
Acting Healthcare Advocate  
Before the Insurance and Real Estate Committee  
SB 11  
February 17, 2011**

Good afternoon Senator Crisco, Representative Megna, Senator Kelly, Representative Coutu and the members of the Insurance and Real Estate Committee. For the record, I am Victoria Veltri, the Acting Healthcare Advocate. The mission of the Office of the Healthcare Advocate is: 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.

Today I testify in support of the concept of SB 11, but with concern as to the sweeping nature of the bill. As you know, OHA brought a bill to you last year to bring some accountability to the rate review process. That bill underwent significant revisions and made it to the House floor as an amendment to HB 5090. OHA believes that last year's bill that passed the House should be the starting point for negotiations on a workable rate review bill.

SB 11 contains some good features of last year's amendment to HB 5090, including transparency requirements for the rate filings, notice to policyholders of a requested rate increase—although HB 5090's notice requirements were more complete, a public comment period, and factors that must be considered when evaluating whether a rate is excessive.

However SB 11 contains provisions that OHA believes would make a public-involved rate review process unworkable. First SB 11 applies to all rate filings, group and individual. We think this is excessive. When we first came to the legislature seeking some form of public participation in rate review, we requested that only individual policies be subject to our proposed bill. We think that is still the proper scope.

Second, OHA agreed last year that not all rate filings should be the subject of a public hearing. In fact, we worked with the committee to try to develop an appropriate rate request that once hit, would trigger a hearing. Further, we suggested that there not be a hearing unless OHA requested a hearing. SB 11 requires a hearing in all cases regardless of the level of rate increase sought and whether OHA requests a hearing. We think the failure to have a trigger and not to further require OHA to request a hearing would make

the hearing process overwhelming and unnecessarily complicated for the Insurance Department.

In sum, we suggest that the committee substitute the language from last year's bill, HB 5090, as amended, as the committee's bill. It contains the protections we sought to ensure a fair rate review process. While even this language will likely require further negotiation among all parties if it is to gain passage from both chambers, we believe it is the best place from which to start discussions on a workable and acceptable rate review bill that is based on actuarial soundness.

Thank you for your consideration of my testimony. If you have any concerns, please contact me at [Victoria.veltri@ct.gov](mailto:Victoria.veltri@ct.gov) or (860) 297-3982.