



**Testimony of Victoria Veltri  
General Counsel**

**Before the Insurance and Real Estate Committee  
In support of SB 50, SB 17 and HB 5004  
February 18, 2010**

Good afternoon, Representative Fontana, Senator Crisco, Senator Caligiuri, Representative D'Amelio, and members of the Insurance and Real Estate Committee. For the record, I am Vicki Veltri, 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.

I am here today to testify on behalf of OHA, in favor of SB 50, AN ACT CONCERNING ORAL CHEMOTHERAPY TREATMENTS. Consumers who can take their medically necessary chemotherapy by pill, in the convenience of their own home and without the challenges and cost of facility-based chemotherapy ought not be left without coverage. OHA has seen many cases in which this situation has left people without consistent chemotherapy treatment. In the best of circumstances, we assisted consumers to get help from the pharmaceutical company to provide their medication. Most of these consumers had otherwise excellent insurance that might have provided coverage for hospital based chemotherapy at four times the cost.

As good as S.B. 50 is, it could be made even better by including recognition of the many other chronic diseases for which pills have been developed as a substitute for infusion therapy. Cancer is no longer the only disease for which biologics have been developed. Many consumers with these other serious, degenerative or life-threatening illnesses face the same issue as that of cancer sufferers whose treatment might be found in pill form--unequal coverage.

As most policies do not treat oral chemotherapy or oral medication for other serious, degenerative or life-threatening illnesses as medical treatment, we recommend that the committee revise Section 1(d) of the bill to include coverage for these illnesses.

OHA also supports SB 17, AN ACT CONCERNING HEALTH CARE PROVIDER RENTAL NETWORK CONTRACT ARRANGEMENTS, which will correct one of the more insidious problems faced by consumers and providers. With the constant shuffling of the control of rental networks, it is nearly impossible to determine at any one point in time whether a provider is actually participating in a certain network. Our office assisted several providers and their patients in the last few years by sorting through contracts that contradict each other and essentially force providers to remain in rental networks that have changed hands, sometimes more than four or five times, with no control over their reimbursement rates. Often providers will have taken the steps necessary to end their relationships with a rental network, only to find out later that the same network is now owned by a rental network with which the providers have contracts. In other words, these arrangements can wreck havoc in their wakes. These situations hold patients captive because they typically take a long time to resolve, and more often than not, at least in our experience are adjudicated incorrectly. SB 17 will go a long way to resolve these issues by placing obligations on the networks and clarifying that any violation will be deemed an unfair or deceptive insurance practice under the general statutes.

Finally, OHA also supports HB 5004, AN ACT CONCERNING TRANSPARENCY IN HEALTH INSURANCE CLAIMS DATA. This is a common sense bill that gives some bargaining power back into the hands of employers when negotiating insurance coverage for their businesses. While this bill should not be necessary—carriers should provide this information upon the business’ request—the bill is narrowly tailored to provide employers with employer-specific confidential utilization and claims data, while not eroding the requirement of carriers to provide compiled utilization and claims data to the Insurance Department for us in the Managed Care Report Card, as required by P.A. 09-46. OHA supports amending the “claims paid definition” in SB 17 to that advanced by the medical providers here today. The amendment clarifies that any cost that is not strictly a claim, as in a claim by an enrolled provider for reimbursement of expenses, must not be counted as a paid claim for purposes of SB 17 and, by extension, P.A. 09-46.

Thank you for providing me the opportunity to deliver OHA’s testimony today.