

Legislative History for Connecticut Act

PA 16-162

SB160

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Insurance & 269-270, 386-402 19
Real Estate

House Transcripts have not been received. They are available **22**
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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2016**

**VOL. 59
PART 2
356 - 678**

je/mc
SENATE

29
April 13, 2016

On Calendar page 15, Calendar 246, Senate Bill 88,
I'd like to place that item on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR DUFF (25TH):

On Calendar page 37, Calendar 160, Senate Bill 311,
I'd like to place that item on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR DUFF (25TH):

On Calendar page 9, Calendar 163, Senate Bill 160,
I'd like to place that item on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR DUFF (25TH):

On Calendar page 13, Calendar 231, Senate Bill 251,
I'd like to place that item on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR DUFF (25TH):

On Calendar page 15, Calendar 248, Senate Bill 121,
I'd like to place that item on the Consent Calendar.

je/mc
SENATE

84
April 13, 2016

page 6, Calendar 114, Senate Bill 191. On page 7, Calendar 128, Senate Bill Number 201. On page 8, Calendar 141, Senate Bill Number 70. On page 9, Calendar 163, Senate Bill Number 160. On page 10, Calendar 177, Senate Bill Number 213. On page 13, Calendar 231, Senate Bill 251. On page 15, Calendar 246, Senate Bill 88. Also on page 15, Calendar 248, Senate Bill 121. On page 37, Calendar 160, Senate Bill 311.

THE CHAIR:

Mr. Clerk, will you call for -- hold on. Okay. We're going to stand at ease for one second.

(Senate at Ease.)

Mr. Clerk, will you call for a roll call vote on the Consent Calendar. The machine is open.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Immediate roll call on the first Consent Calendar for today.

THE CHAIR:

All members have voted? All members have voted?
The machine will be closed. Mr. Clerk, will you please call the tally.

THE CLERK:

On the first Consent Calendar for today,

Total Number Voting	36
Those voting Yea	36

je/mc
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April 13, 2016

Those voting Nay	0
Absent and not voting	0

THE CHAIR:

The Consent Calendar passes. Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. If I could change a marking please. On Calendar page 14, Calendar 237, Senate Bill 298, if we could mark that passed retaining please.

THE CHAIR:

So ordered, sir.

SENATOR DUFF (25TH):

Thank you, Madam President, and if we could not return to our list, and Calendar page 38, Calendar 173, Senate Bill 152, as the next item.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On page 38, Calendar 173, Substitute for Senate Bill Number 152, AN ACT CONCERNING THE DISCLOSURE OF HOUSING DISCRIMINATION AND FAIR HOUSING LAWS.

THE CHAIR:

Good afternoon, Senator Winfield.

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JOINT
STANDING
COMMITTEE
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**INSURANCE AND
REAL ESTATE
PART 1
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**2016
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dt/mc

INSURANCE COMMITTEE

March 1, 2016
1:00 P.M.

CHAIRPERSONS: Senator Crisco, Representative
Megna, Senator Hartley,
Representative Zoni,

SENATORS: Kelly

REPRESENTATIVES: Abercrombie, Cuevas,
Currey, Dargan, Floren,
Johnson, Kupchick,
MacLachlan, Noujaim,
Randall, Riley, Sampson,
Scott, Vail

REPRESENTATIVE MEGNA (97TH): The first hour or so will be
for legislators and agency heads and municipalities and
first one up is Senator Wittbest.

SENATOR WITTBEST: Thank you very much Chairman
Megna and Senator Crisco and ranking members and
members of the Insurance Committee. I'm standing
in for Senator Henry Martin to speak on Senate Bill
No. 160. He is unable to provide the testimony due
to family medical emergency so I'm reading his
testimony for him. I am testifying in favor of
Senate Bill 160. Just after the holidays I was
contacted by Ms. Jane Resnick-Lyon about a matter
that I believe deserves our utmost attention and
action. Ms. Lyon shared with me a story about a
little boy named William and it is in his memory
that I am here today. William was born on December
23rd to his parents, one of two twins, delivered 13
weeks early by C-section. William was born very
ill. As a result of his illness both babies were
transferred to a neonatal intensive care unit to
receive treatment. After the transfer occurred,
William's mother tried to contact her insurance
provider, Cigna, to obtain an insurance
authorization for transfer to be with her babies.
Unfortunately, she was unable to obtain a transfer
because her insurance provider does not maintain a

24 hour authorization phone number. When William took a turn for the worse and subsequently passed away his mother was not able to be with him. The fact that William's mother, who had given birth approximately 30 hours prior to William's passing was unable to hold her newborn during his short life is profoundly sad. It is the [unintelligible 01:53] that we as legislators have a profound responsibilities to fix. This legislation lets us honor William's memory by requiring health insurers that require prior authorization for the inner hospital transfer of a newborn infant or such newborn infant mother to establish and maintain a manned 24-hour telephone number for the issuance of decisions regarding such prior authorization request. Rarely in this building are there pieces of legislation that are as this impactful rooted in this much common sense and are this agreeable. I urge the Insurance and Real Estate Committee to move this piece of legislation forward so this type of tragedy does not happen again. Please support 160, sincerely Senator Henry Martin from the 31st district.

REPRESENTATIVE MEGNA (97TH): Thank you Senator. Are there any questions of the Representative? Thank you very much. Representative Lester, he's here? Jon Arsenault and Commissioner Wade.

HB 5232

COMMISSIONER WADE: There we go. Good afternoon Representative Megna, Senator Crisco, Ranking members and esteemed members of the Committee. Thank you for the opportunity to come before you today to discuss the insurance department's legislation that is essential to how we regulate the industry and protect consumers. We've submitted written testimony on two department bills, House Bill 5235, AN ACT CONCERNING SURETY BAIL BOND AGENTS and Senate Bill 159, AN ACT CONCERNING THE INSURANCE DEPARTMENT MARKET CONDUCT AUTHORITY AND DATA CALL AUTHORITY. We are happy to

SV
CV

Nicholas A. Parker
2300 Hickory Creek Drive, Apartment 1A
Henrico, VA 23294

Insurance and Real Estate Committee
Legislative Office Building, Room 2800
Hartford, CT 06106

Dear Insurance and Real Estate Committee,

I write this statement to you in support of Raised Bill Number 160, otherwise known as Baby William's Law.

The proposed bill is in memory of my son, William Daniel Parker, who was born at 2:26 PM on December 23, 2015. If this Bill had been active this past December my wife, Deborah Parker, would have been able to meet her son, as it happened the delay, caused by the inadequate staffing by our insurance company, took away the opportunity for my wife to meet our son.

William, and his sister Karigan, were prematurely born at 26 weeks at Windham Hospital in Willimantic, Connecticut, while we were visiting family for the holiday week. When William and Karigan came into the world it was a joyous surprise. They were not expected to arrive until Easter, but they chose to arrive in time for Christmas and surprise us all.

Windham Hospital was not equipped to handle the arrival of micro-premature babies and transport Teams arrived from UCONN Children's Hospital at Farmington to transport William and Karigan to UConn. Due to my wife's unstable condition she was unable to be immediately transported with her children to UCONN.

On Christmas Eve I was informed by the staff of Windham Hospital that Debbie was stable and ready to be transferred to UCONN; however our insurance had denied the transfer and the hospital staff had tried all available channels to appeal the denial yet no one was taking calls due to the holiday.

I personally called the Cigna Customer Support Line twice on Christmas Eve, December 24, 2015, and I was told by two representatives and a supervisor that "due to the holiday no one in that department was taking outside calls at this time and we would have to call back on Monday, December 28, 2015."

Early Christmas morning I woke up to the news that Debbie was being transferred to UCONN and we rejoiced. Five minutes later I received the phone call that my son had passed away, and my wife never got a chance to see him alive. She never held his hand. My son was never able to see his mother.

This should never happen to another family. The loss of my son is tragic, but for my wife to have never seen him alive due to bureaucratic red tape and no one answering a phone is unforgivable.

I ask that you back this bill so that no family will ever face this nightmare. Thank you for your time.

Nicholas A. Parker

Nicholas A. Parker
2300 Hickory Creek Drive, Apartment 1A
Henrico, VA 23294



BILL # 160

TSV

WILLIAM'S LAW

William Daniel Parker was born December 23, 2015, and died December 25, 2015, Christmas Day, having never felt the loving touch of his mother.

William was denied this most basic of human interaction, because he and his twin sister were born prematurely at one hospital by Caesarean section and immediately transferred 40 miles away to a hospital that had a NICU—a neonatal intensive care unit. His insurance company requires a pre-authorization for a maternal transfer but they had no one on duty over the holiday weekend that was capable of authorizing his mother's transfer. William's mother was left behind to worry and pray that they would hang on until she was able to join them. Sadly, for William and for his parents, that was not to be.

As a nurse for 37 years, I know that emergencies happen at all times with no regard for our arbitrary time schedule. A health insurance company should know this as well. If an insurance company is going to require preauthorization for a maternal transfer, then it needs to have staff on duty 24/7 to authorize such requests. Not just an operator to take the message and tell them to call back after the holiday as what happened in this case.

My preference would be for all insurance companies to allow maternal transfers without any preauthorization required. Time is often of the essence in such cases. It should be easy to pro-rate the coverage for each hospital based on days of stay. And for anyone who thinks this is asking too much, I would like to point out that if a mom is on Medicaid, then she is allowed to transfer to be with her baby--no questions asked and no preauthorization required.

Ironically, it is people like William's parents--taxpayers--who are paying for that Medicaid privilege--a privilege that they themselves were denied. I am urging you to pass this bill--a bill we call William's Law--and even expand it to require coverage similar to what Medicaid provides so that no other family goes through what the Parkers had to endure.

I would like to thank the nurses at Windham Hospital who advocated for their patient and wouldn't take no for an answer and to the nurses and staff of the Connecticut Children's Medical Center NICU at UConn Health who have wrapped the Parker family in loving care for over two months as their daughter continues to grow and thrive. You are the embodiment of nursing and I am honored to work with you.

I would also like to thank the following members of the State Legislature who answered my plea for help and were instrumental in getting William's Law to this point:

Senator Henri Martin
 Senator Joe Markley
 Senator Dante Bartolomeo
 Rep. Themis Klarides
 Rep. Prasad Srinivasan
 and House Clerk Martin Dunleavy

Thank you.

Lois Rosnick-Lyon

SV
CV

George H. Parker Jr.
76 Upper Turnpike Rd
Granville, NY 12832

March 2, 2016

The Insurance Real Estate Committee
Legislature Office Building
Rm 2800
Hartford, Connecticut 06106

Distinguished Representatives

RE: Bill No. 160

On behalf of William D. Parker, I take pen in hand. It is very hard for me to write this. Thirty-eight years ago I lost my first born son in a similar experience. I never got to see my son. To this very day I have not forgotten the anguish and pain. Now thanks to someone else's lack of common sense and the almighty dollar, my daughter in law will have to live with the same pain and guilt, (which she should not have had to bare) a feeling that will never go away. With your help we can change a piece of this world for the better. Maybe no one else will have to go through this again.

Thank you for your time and considering my request.

Respectfully,



George H. Parker Jr.

FTR

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C ✓

March 1, 2016

WRITTEN TESTIMONY ON RAISED BILL 160: AN ACT CONCERNING INSURED'S ACCESS TO HEALTH INSURERS FOR THE PROCESSING OF CERTAIN PRIOR AUTHORIZATION REQUESTS.

Esteemed Members of the Insurance and Real Estate Committee,

My name is Jordana Frost and I am a Connecticut voting resident and tax payer. A public health professional with expertise in maternal and child health and a practicing childbirth doula, I am also a member of the Connecticut Maternal and Child Health Coalition, the Connecticut Chapter of Postpartum Support International, the Connecticut Doula Collective and the Mansfield Advocates for Children.

I am proud of our state's legislators for considering **Raised Bill 160: "An Act concerning insureds' access to health insurers for the processing of certain prior authorization request."** I urge you to support this very important bill which proposes to "require health insurers that require prior authorization for the inter-hospital transfer of a newborn infant or such newborn infant's mother to establish and maintain a manned, twenty-four-hour telephone number for the issuance of decisions regarding such prior authorization requests."

As you well know, babies often surprise us with their unpredictable timing: there is no telling when labor may begin, and in fact it seems like most babies, when their labors are minimally intervened with, are born in the middle of the night or wee hours of the morning. **In order to adequately protect the needs of fragile infants and mothers who may be experiencing complications during childbirth, it is imperative that insurance companies are as adequately prepared as are our excellent health care providers to provide timely quality and safe care and services to its members and patients, especially those most vulnerable.**

When my first daughter was born, I was not able to see her or hold her for the first four hours of her life. Thank goodness, she was healthy, though experiencing some breathing difficulties and closely followed in the special care nursery. I was in a separate room, in the same hospital, recovering from an unplanned cesarean birth. The circumstances of my own daughter's birth and early postpartum period were such that I ended up suffering from Post-Traumatic Stress Disorder (PTSD). Research has documented that how birth unfolds can influence early attachment, breastfeeding initiation and duration, the mother's mental health and wellbeing, as well as her long-term physiological and reproductive health. Birth trauma is defined as "an event occurring during labor and delivery that involves real or threatened serious injury or death to the mother or her infant. The birthing woman experiences intense fear, helplessness, loss of control, or horror." In addition to a higher likelihood of developing post-traumatic stress symptoms such as reoccurring nightmares, intruding flashbacks, panic, anger, depression, and suicidal thoughts deeply affecting maternal mental health and wellbeing, research has shown traumatic childbirth to be associated with disrupted relationships with partners and infants, increased stress and pressure surrounding breastfeeding and milk supply, emotional struggles around the time of the baby's birthday (birth trauma) anniversary, as well as upon a subsequent pregnancy. An analysis conducted with a sample of over 1,500 U.S. mothers, revealed that as many as 9% of them met all the qualifying criteria for Post-Traumatic Stress Disorder (PTSD), while approximately a quarter experienced some, not all, related symptoms. Birth matters, and so do the very early hours postpartum, when the MotherBaby dyad should, ideally, be able to recover in close proximity to each other.

My story is nowhere close to the traumatic experiences that gave rise to this bill, also known as Baby William's bill, in memory of William Parker. **Baby William passed away from complications shortly after his premature birth and before being able to meet his own mother, Debbie, who was not able to be transferred in a timely manner because of the lack of a manned 24-hour telephone number at her insurance company that could be used to receive a timely inter-hospital transfer decision.** His father, Nick, spent the first and last hours of William's short life torn between one hospital where Debbie was receiving care, and another hospital where their prematurely born twins were fighting for their life, AND... the phone (!!!), trying to get through to someone at the insurance company, who could provide a timely and very important service to his family - the authorization to move Debbie to the same hospital as their fragile twins: **no one was there to answer the call.**

In a time when we increasingly speak of broad systems changes, patient-centered and trauma-informed care, the importance of mental health supports and care, and the reduction of preventable health care expenses, this proposed bill would serve a tremendous purpose in patching up a relatively small, yet very impactful gap in the system, and potentially preventing adverse health outcomes for both mothers and babies who may need timely authorizations and care delivery at all hours of the day and night.

Please support Raised Bill 160: "An Act concerning insureds' access to health insurers for the processing of certain prior authorization request" and help to continue moving the needle in our state when it comes to improving access to safe and quality care that is patient-centered and trauma-informed.

Thank you for considering my position.

Respectfully submitted,

Jordana Frost, MPH, CPH, CD(DONA)
Public Health Professional
Childbirth Doula

687 Browns Road
Mansfield, CT 06268
(860) 553-3292

Proposed Bill # 160

March 1, 2016

Dear Committee Members and General Public,

My name is Laura Lambert, and my great nephew, William is the namesake of this proposed bill before you. 30 years ago this month in 1986, I prematurely gave birth to our son at Manchester Hospital. He wasn't doing well and was transferred to a Neonatal Intensive Care Unit in Springfield, Mass. My doctor tried to get me transferred with him but it was denied by our insurance company. My doctor allowed me to leave a day earlier than scheduled because of my pleading with him that I needed to see our son. He made my husband promise to get me to an emergency room if certain symptoms took place. Fast forward 30 years to now, and our niece, Debbie Parker, prematurely gives birth to a set of twins and wasn't immediately transferred with them to a NICU, due to insurance issues. I can't believe that over these 30 years this issue with insurance companies hasn't been taken care of yet. I am outraged that our sweet niece and husband had to experience this tragedy due to insurance dragging their feet. Please pass this bill, Baby William's law, in honor of our great nephew, so that other young couples and their families don't have to experience this emotional upheaval. Thank you for allowing me to address the committee.

Sincerely,



Laura L. Lambert
195 Roanoak Avenue
Willimantic, CT 06226

P3
Line 1

Good Afternoon Ladies and Gentleman of the Committee,

My name is Deborah Parker and I come to you today in support of Bill 160, otherwise known as William's Law. On December 23, 2015, my world changed with the unexpected premature arrival of my twins William Daniel and Karigan Marie. On December 25, my world shattered when we lost William due to complications of him being born at 26 weeks. If the addition being proposed today was in place in December I would have had the opportunity to meet, see and touch my son before he passed away.

I delivered my children at Windham Hospital where they do not have the resources to handle micro-preemie twins. The team at Windham called for the transport teams from CT Children's Medical Center to transport my twins to UCONN Medical Center without any hesitation. Immediately after birth I was not medically stable to be transported with my twins to UCONN. I spent that first night at Windham while my twins were at UCONN. On December 24, I still required medical treatment for the many complications that had caused the twins' preterm delivery. The doctors and nurses at Windham knew that UCONN would be a better location from a medical standpoint for my continued recovery, and reached out to my insurance company to obtain the needed prior authorization for my transfer and was denied transfer. When this information relayed to me I was devastated. All I wanted to do was be with my sick babies. The doctors at Windham communicated this news to the doctors at UCONN and both facilities tried contacting the insurance company again. By this time it was late afternoon on Christmas Eve and everyone was told that any appeal request would have to wait until Monday morning. The doctors and nurses never gave up at either hospital trying getting me to see my babies. At 1:40 Christmas morning the doctor at Windham came to my beside and told me that was going to UCONN. I was going to see my son and daughter. Five minutes later at 1:45, my husband and I received the phone call that no parent should ever receive – my son William had passed. I had to say goodbye to my son without being able to say 'hi' or 'I love you'. It is hard enough to lose a child, but to lose a child you gave birth to, but never got to see in life, never got to touch, never to say 'I love you' to. It has left a hole in my heart that will never heal.

Although William would have still passed; if the insurance company had a manned 24 hour/365 line where prior authorization decisions could be made – I would have been able to meet my son. If a company chooses to be in the insurance industry, then they need to accept the responsibility of making people available who are given the authority to make these decisions. Life and death decisions are not made solely Monday to Friday, 9 to 5. They are made 24/7/365. With the passage of this bill it will prevent what happened to me and my family from ever happening to another family.

Thank you for your time and consideration of supporting and passing Bill 160, William's Law.

Deborah Parker
Mother
Richmond, Va.

FTR



Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

Testimony of the Office of the Healthcare Advocate
Before the Insurance and Real Estate Committee
Re SB 160
March 1, 2016

Good afternoon, Senator Crisco, Representative Megna, Senator Kelly, Representative Sampson, and members of the Insurance and Real Estate Committee. For the record, the Office Healthcare Advocate ("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.

Thank you for the opportunity to comment in support of SB 160, AAC Insureds' Access To Health Insurers for the Processing of Certain Prior Authorization Requests. This important measure addresses the uncommon, but critical, situation where a newborn or mother may need to be emergently transferred to a hospital other than the one where the child was delivered. During this critical time, when either the mother or the newborn may be very medically fragile or facing a dire prognosis, time is of the essence. While the medical provider's primary responsibility is, and should, be to treat the critical patient, the importance of facilitating the connection between a mother and her newborn cannot be understated.

SB 160 proposes a common sense solution to help minimize administrative barriers to keeping mother and child together by ensuring that, for those plans that require prior authorization for inter-hospital transfers, the insurer has staff available to receive, review and approve the transfer request at any time. This does not impose additional mandated coverage on plans - it merely requires that for those plans with this type of prior authorization requirement, unnecessary delays seeking and receiving approval of a transfer do not result in extended separation of the mother and her child in circumstances where one of them may be critically ill.

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

Yvonne M.E. Roy
76 Upper Turnpike Rd
Granville, NY 12832

March 2, 2016

The Insurance Real Estate Committee
Legislature Office Building
Rm. 2800
Hartford, Connecticut 06106

Distinguished Representatives

RE: Bill No. 160

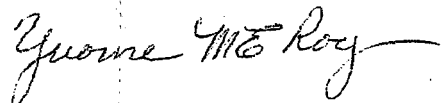
I am Yvonne Roy grandmother of William Daniel Parker who passed away December 25, 2015. This little boy never had the chance to meet his mother Debbie Parker before he left this world. I believe it is a right of Williams as well as Debbie's to have at least meet each other at this critical time. Yet again the insurance companies are not concerned with the lives of others but only how their bank accounts look. They are not concerned with how devastated she is and will be for the rest of her life. I always thought that nothing gets changed until it happens to one of their own. Maybe today with your help we can change that today.

They could have transferred mother and child at the same time for fractions of the cost that it took to take Debbie and Karigan by a private plane closer to home in Richmond, Virginia. The insurance companies are playing God again way too many times with way too many families this should never again be allowed to happen. It seems that the only time to have an emergency is on their time schedule. Not only that they must be made to be contacted with competent medical physician 24/7/365. In this day and age with the technology that we have there is no excuse for not having immediate contact anytime of the day or night. Decisions must in the hands of the physician and his patient not the insurance companies.

Though the years Debbie will have to live with the grief and loss of not meeting William because of a decision that a stranger made. Why don't we put the importance back in this world that people are more important than the almighty dollar?

Thank-you for your time and consideration.

Respectfully,



Yvonne M.E. Roy

Marisa Merlo, R.N
Baby William's Law Testimony 3/1/2016

SB160

Good afternoon. It is my honor and privilege to speak on behalf of the Parker family, and more importantly, Baby William today. My name is Marisa Merlo, and I am a registered nurse who has been working in the Neonatal Intensive Care Unit at the UConn Health Center for the past 13 years. Perhaps even more relevant, I am a mother of 3 healthy, beautiful children.

On the night of December 23, 2015, I was requested into work early due to the incoming transport of critically ill twins. Throughout the night, I cared for Karigan, in addition to assisting in the care of her brother William. During the course of my shift, I was able to provide their devastatingly distraught father with information regarding the care of the twins. I encouraged dad to take video and pictures of the babies, to take back to mom because Debbie remained a patient at Windham Hospital.

On Christmas Eve, William's health deteriorated considerably. UConn NICU staff communicated the urgency of the situation to the parents, as Nick was looking to be granted approval from the insurance company for Debbie to be transferred. Due to the lack of 24 hour availability of the Parker's insurance company, Debbie was unable to be transferred in a timely manner. She never saw her son alive. He died on Christmas morning.

Throughout this agonizing process for the Parkers, I have shared many tears with Debbie. Debbie will live without ever feeling the beating of William's heart against her skin, the touch of his tiny finger wrapped around hers, even if just for a moment before his death. Insurance companies need to be mandated to maintain a 24 hour manned phone number, 365 days a year, to accommodate families like the Parkers. With the passage of this bill, we can only hope there will not be any other parents living the Parker's tragic story. We owe it to Baby William to pass the law that bears his name, with the hopes that every family of critically ill newborns, can have the opportunity to, at the very least, say goodbye. Thank you.

Marisa Merlo R.N

FTR SV



Quality is Our Bottom Line

Insurance Committee Public Hearing

Tuesday, March 1, 2016

Connecticut Association of Health Plans

Testimony Submitted Regarding

SB 160 An Act Concerning Insureds' Access to Health Insurers for the Processing of Certain Prior Authorization Requests

The Connecticut Association of Health Plans appreciates the opportunity to comment on SB 160.

Given the scope and seriousness of this proposal, we conducted research among plans, and in our own files, to determine whether prior authorization for the inter-hospital transfer of mothers and newborns has been an issue, either in terms of plan administration or appeals. We found that it has not been an issue at all. Plans deal with these situations differently - most commonly, the transfer is made and authorization is granted retrospectively, as these situations tend to be emergent/urgent. Other plans use their telephonic authorizations systems, but regardless of system used, we have simply not found an issue which demands statutory intervention - if anything, a plan whose members are struggling to access care or dealing with challenges authorizing this sort of urgent or emergent service should be called to task by the Department of Insurance. In our experience, the Department is actively engaged in rectifying situations in which administrative process is somehow interfering with access to care.

We certainly understand the intent of the bill, but the notion that the statutes would be amended to significantly alter both the authorization process and to create Connecticut-specific membership identification cards is just not called for given the data. We respectfully urge rejection, and would certainly stand ready to work with the Committee, the Department, and any interested consumers or consumer organizations which concerns related to this narrow set of facts. If there is indeed a problem, it seems solvable administratively.

Thank you.



State of Connecticut
SENATE

SENATOR HENRI MARTIN
THIRTY-FIRST SENATE DISTRICT

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SENATE MINORITY WHIP

RANKING MEMBER
BANKS COMMITTEE
COMMITTEE ON CHILDREN
VETERANS' AFFAIRS COMMITTEE

MEMBER
TRANSPORTATION COMMITTEE

Sen. Martin Testimony In Support of S.B. 160
Insurance and Real Estate Committee
March 1st, 2016

Sen. Crisco, Rep. Megna, Ranking Members Kelly and Sampson, and members of the Insurance and Real Estate Committee:

I am Sen. Henri Martin, and I am testifying in favor of Proposed S.B. No. 160 (RAISED) AN ACT CONCERNING INSURED'S ACCESS TO HEALTH INSURERS FOR THE PROCESSING OF CERTAIN PRIOR AUTHORIZATION REQUESTS.

Just after the holiday season, I was contacted by Ms. Jane Presnick-Lyon, a resident of Cheshire, about a matter that I believe deserves our utmost attention and action.

Ms. Lyon shared with me a story about a little boy named William and it is in his memory that I am here today. William was born on December 23rd to his parents, one of two twins delivered 13 weeks early by C-Section. William was born very ill. As a result of his illness, both babies were transferred to a Neonatal Intensive Care Unit to receive treatment. After the transfer occurred, William's mother tried to contact her insurance provider, Cigna, to obtain an insurance authorization for transfer to be with her babies. Unfortunately, she was unable to obtain a transfer because her insurance provider does not maintain a twenty-four-hour authorization phone number. When William took a turn for the worse, and subsequently passed away, his mother was not able to be with him.

The fact that William's mother, who had given birth approximately thirty hours prior to William's passing, was unable to hold her newborn during his short life is profoundly sad. It is an ill that we as legislators have a profound responsibility to fix – this legislation lets us honor William's memory by requiring health insurers that require prior authorization for the inter-hospital transfer of a newborn infant or such newborn infant's mother to establish and maintain a manned, twenty-four-hour telephone number for the issuance of decisions regarding such prior authorization requests.

Rarely in this building are there pieces of legislation that are this impactful, rooted in this much common-sense and are this agreeable. I urge the Insurance and Real Estate Committee to move this piece of legislation forward so this type of tragedy doesn't happen again.

Please support S.B. 160. Thank you.

Best Regards,

Henri Martin

Senator Henri Martin
31st District

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Line 2

Pg 2
Liberty

Insurance and Real Estate Committee
Public Hearing
March 1, 2016

SB 160: An Act Concerning Insureds' Access to Health Insurers For the Processing of Certain
Prior Authorization Requests

Good Afternoon Chairmen Crisco and Megna, Ranking Members Kelly and Sampson, and Members of the Insurance and Real Estate Committee. For the record, my name is Dr. Tiffany Lingenfelter Pierce, and I am the Senior Medical Director for the Northeast Region for Cigna Corporation.

Thank you for the opportunity to comment in support of SB 160, AAC Insureds' Access to Health Insurers For The Processing of Certain Prior Authorization Requests.

My background is as an internal medicine physician. I have experience in taking care of critically ill patients in hospitals as well as being the mother of a premature infant, so I understand the goals of this legislation.

I would like to take a few minutes to explain how our current Utilization Management (UM) process works. Cigna was actually the first national company to implement 24/7 UM access. We currently have 24/7/365 coverage for UM requests that come in from providers and hospitals. As SB 160 envisions, Cigna UM protocols do treat hospital to hospital transfer requests as urgent unless otherwise specified by the requesting hospital or physician. In addition, a customer service contact number is included on all our insurance cards to members. That number provides access to a customer service representative, and any member, physician or hospital can be transferred at any time to our utilization management team, which includes a nurse and a physician who are available 24/7/365.

As it relates to utilization management requests, there are two ways to access our utilization management unit—either directly or through our customer service number. Our UM unit normal business hours are Monday through Friday from 8 a.m.-6 p.m. However, any physician, hospital, hospital administrator or Cigna member may call that number after normal business hours and get transferred to a “live” person in our Health Information Unit (HIL) at any time, 24/7/365. Our HIL is staffed by utilization nurses and physician medical directors to take in and review UM requests.

Thank you again for the opportunity to come before you. I am available to take any questions you may have.

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Session Year 2016

**AN ACT CONCERNING INSUREDS' ACCESS TO HEALTH INSURERS FOR THE
PROCESSING OF CERTAIN PRIOR AUTHORIZATION REQUESTS.**

To require health insurers that require prior authorization for the interhospital transfer of a newborn infant or such newborn infant's mother to establish and maintain a manned, twenty-four-hour telephone number for the issuance of decisions regarding such prior authorization requests.

Dear Committee Members,

March 1, 2016

My name is Bob Lambert, and I am Debbie Parker's uncle. I would like to share some concerns my girlfriend, Debbie Scott and I witnessed relating to the premature birth of our great nephew and niece William and Karigan Parker.

On December 22rd 2015 our niece Debbie Parker and her husband Nick were in CT to celebrate the Christmas holiday with family not seen in years. On the morning of the 23rd Debbie not at all feeling comfortable realized that she had better seek medical attention and was taken to Windham Hospital. She soon learned that she was in premature labor at only 26 weeks and needed to undergo an emergency C-section.

Debbie and Nick's twins William and Karigan required immediate critical care. UConn Medical was contacted and arrangements were made for the babies to be transported to Farmington. Nick and Debbie's parents traveled to Farmington while my girlfriend Debbie and I remained at Windham. The following day was Christmas Eve and we both stayed with our niece while Nick and Debbie's parents remained in Farmington.

Debbie who had been cleared for transport to Farmington to be reunited with her babies was unable to make contact with her Insurance administration to obtain a means for transfer. The Doctors, Nurses and Medical Staff at Windham and Farmington did all they could to make contact with the Insurance Co. but they were also unsuccessful. This was a most agonizing day of heartache and let

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downs as we witnessed the anguish and devastation of a new mother being separated from her children.

Imagine for a moment, you just had delivery of your premature babies, they've been transferred to another hospital, you have not seen them nor held them and they are in critical condition; one more so than the other. You long to be with them and what is keeping you apart is the non-personal *bureaucracy* of our insurance system.

The inability to make contact and secure authorization for transfer has robbed a young mother of precious moments. No mother or parent should have to endure the separation from their newborn at such a critical time because of inadequacies in our insurance system.

Please carefully consider the Bill that is before us. While it won't change what Debbie has endured, it will make all the difference for parents moving forward that are facing similar emergencies.

Thank You,

Bob Lambert (Uncle Bob)
Debbie Scott (Aunt Debbie)
Bob Lambert and Debbie Scott

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