



CONNECTICUT
LEGAL
RIGHTS
PROJECT, INC.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.
INSURANCE AND REAL ESTATE COMMITTEE PUBLIC HEARING
MARCH 5, 2020

In support of the following bills:

SB 320, AN ACT PROHIBITING HEALTH CARRIERS FROM REQUIRING THE USE OF STEP THERAPY FOR DRUGS PRESCRIBED TO TREAT DISABLING, CHRONIC OR LIFE-THREATENING DISEASES OR CONDITIONS.

SB 324, AN ACT CONCERNING REQUIRED HEALTH INSURANCE COVERAGE FOR AMBULANCE SERVICES AND REQUIRING NOTIFICATION AND CONSENT REGARDING THE POTENTIAL COST OF SUCH SERVICES IN CERTAIN CIRCUMSTANCES

SB 346, AN ACT CONCERNING PUBLIC OPTIONS FOR HEALTH CARE IN CONNECTICUT.

Senator Lesser, Representative Scanlon, Senator Kelly, Representative Pavalock-D'Amato and distinguished members of the Insurance and Real Estate Committee:

Good afternoon. My name is Kathy Flaherty and I'm the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. CLRP was established in 1990 pursuant to a Consent Order which mandated that the state provide funding for CLRP to protect the civil rights of DMHAS clients who are hospitalized, as well as those clients who are living in the community. I'm also the Co-Chair of the Keep the Promise Coalition (KTP). KTP is a coalition of advocates (people living with mental health conditions, family members, mental health professionals and interested community members) with a vision of a state in which people with mental health conditions are able to live successfully in the

community because they have access to housing and other community-based supports and services that are recovery oriented, person-driven and holistic in their approach to wellness. Lastly, I'm a member of the steering committee of the Connecticut Cross Disability Lifespan Alliance, an alliance of people of all ages with all disabilities who pursue a unified agenda.

SB 320: The doctor-patient relationship should be one of mutual respect, in which the doctor makes recommendations regarding potential courses of treatment for disabling, chronic and/or life-threatening conditions, and provides sufficient information so that the patient can make an informed choice as to whether to proceed with treatment in accordance with the doctor's recommendation. No insurance company should be allowed to intrude on that relationship so as to require that the patient first fail on one (usually less expensive) medication before another can be prescribed and covered by insurance. The profit motive should not be part of that equation if a doctor recommends a particular medication because it is medically necessary and the patient chooses to follow those recommendations.

SB 324: Many people fear calling for ambulance transportation because of the cost. If ambulance transportation is medically necessary, it should be covered. If the provider believes that such ambulance transportation is being sought for a non-emergency reason, they should provide notice of the cost so that a person can make an informed choice as to whether to take the ride.

SB 346: I support this bill both in my capacity as Executive Director of a small nonprofit which is only able to afford to offer a high deductible health plan to its employees, and as a participant in that high deductible plan. We need a better option for healthcare coverage in this state. Permitting nonprofits to buy into the ConnectHealth plan would enable us to offer better benefits to our employees and allow them increased ability to get their health care needs met and continue to do their best job representing DMHAS-eligible clients. I urge you to support advancing a public option in Connecticut.