



**Supplemental Testimony of Ted Doolittle
Office of the Healthcare Advocate
Before the Public Health Committee
Re SB 1
March 17, 2021**

Good afternoon, Senator Abrams, Representative Steinberg, Senator Hwang, Senator Somers, Representative Petit, and members of the Public Health Committee. For the record, I am Ted Doolittle, Healthcare Advocate for the State of Connecticut. The Office of the Healthcare Advocate (“OHA”) is an independent state agency with a consumer-focused mission: assuring consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health plans; assisting consumers in disputes with their health insurance carriers; and informing legislators and regulators regarding problems that consumers are facing in accessing care and proposing solutions to those problems.

I write to supplement my earlier testimony in strong support of SB 1, An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to The Pandemic. In addition to my earlier comments, I write to support the inclusion of language calling on the Department of Public Health to issue guidance prohibiting discriminatory rationing of healthcare in times of crisis.

The use of metrics such as age, disability, and anticipated quality of life when allocating healthcare resources during periods of rationing should be prohibited. The use of such metrics facilitates discrimination against seniors and disabled people, and compounds existing health disparities experienced by BIPOC and other minority groups. Of course, such characteristics in appropriate circumstances can and should be considered in

providing scarce medical resources (such as when a disease or condition affects one group more severely), just never in *withholding* these resources. The costs and harms of COVID have fallen disproportionately on seniors, disabled people, and racial minorities, so this state must be better prepared for future pandemics or other crises. Issuing statewide guidance regarding the allocation of healthcare resources, instead of relying on provider-by-provider determinations, will assist providers to appropriately allocate healthcare resources without discriminating against those who have been most at risk.

Thank you very much for your consideration of this supplemental testimony in support of SB 1. If you have any questions concerning our position on this issue, please feel free to contact me at Ted.Doolittle@ct.gov.