



**Testimony of Ted Doolittle**  
**State of Connecticut Office of the Healthcare Advocate**  
**Before the Maryland General Assembly**  
**Re SB 460 & HB 517**  
**Support**  
**February 21, 2022**

Greetings to all honored members of the Maryland General Assembly. 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. My comments are addressed in support of SB 460 & HB 517 (“the bills”), which as I understand it, would expand Maryland’s activities in the health insurance consumer assistance program (“CAP”) space by adding for the first time mental and behavioral health to the free assistance already offered to Maryland residents with medical claim denials and other coverage issues.

First, I must commend your state on the outstanding CAP program that already exists, housed in the Health Education & Advocacy Unit within the Attorney General’s Office (“HEA”). Connecticut and Maryland are in the minority of states with active CAP programs, and I have become familiar with HEA since assuming my role as Healthcare Advocate for the State of Connecticut in 2017. I am delighted to report that your existing CAP program is regarded as a national leader by peers, and I commend this honorable Assembly for considering expanding the state’s existing stellar CAP activities into the behavioral health

realm. In Connecticut, our CAP has handled both medical and behavioral health matters since its initiation in 1999, and I strongly recommend that Maryland join Connecticut in adding behavioral health to the medical CAP services already offered by HEA.

I attach OHA's most recent Annual Report so you can get a feel for the scope of OHA's activities, but some highlights include:

- Over \$100 million saved for consumers since 2005;
- Staff of 18, primarily case managers (attorneys, paralegals, nurses and consumer information representatives);
- Annual budget around \$3 million

I have mentioned that your state is already considered a national leader among CAPs. However, in my opinion, even at the size explained above, OHA itself, while larger than HEA, does not have enough resources to meet the demand for our services from Connecticut's 3.6 million residents. Our office does not have a sufficiently large outreach budget to educate all our residents about the free services we make available to them, nor does OHA currently have enough staff to service the true demand for help with insurance claim denials and other issue that would exist if our services were generally known. (I suspect that Maryland's existing CAP activities are likewise not sufficiently well-known in the community. For instance, I was not aware of HEA when I lived in Maryland from 2011-2016, which happened to be a time when my own family experienced high medical claims and engaged in series of difficult, frustrating struggles with Maryland providers and carriers.) If awareness of OHA's free services were universal, I am absolutely confident that OHA would receive enough cases to keep at minimum 100 employees very busy. Your own state has a population of well over six million, so a fully-resourced and properly-publicized CAP activity in Maryland would be much bigger than that. I therefore submit to you that the CAP expansion proposal contained in the bills before you, as exciting as they are, is nothing more than a good start, and in the long term, this honorable Assembly should consider growing the CAP presence in your state substantially in coming years, on both the medical and behavioral health sides.

In terms of a few words of practical advice as you consider expanding Maryland's CAP activities, as I noted above, OHA represents consumers with both medical and behavioral health denials and other issues. Connecticut residents have benefited from being able to secure both types of services from the same office. For instance, covering

both behavioral health and medical can provide a more seamless customer service and client relationship experience, since it is common for behavioral health needs to arise from or otherwise be intertwined with medical conditions, and in Connecticut, families do not need to switch agencies or case workers if they have claim denials or other issues in both realms. Also, in terms of considerations such as job satisfaction, staff retention and burnout, it should be noted that behavioral health matters are often emotionally wrenching for the case workers, and having most case workers handle both types of matters can allow for a healthy rotation or more widespread distribution of emotionally difficult cases. And of course, while there are some considerations that may be specific to behavioral health denials and appeals, such as often voluminous case records, the similarities between the two case types exceeds their differences. For instance, the applicable appeals processes, rules, and deadlines are the same in both realms. In addition, the principles of advocacy and argument, and the skills needed to interpret insurance policies and other coverage documents and craft compelling oral and written advocacy, are the same regardless whether a case is a medical or a behavioral health matter.

Another important practical consideration: it should be kept in mind that while medical and clinical expertise is needed in CAP work, the work at bottom is legal, with the needed skills being contract, statutory and regulatory interpretation, legal and medical research and writing, and written and oral advocacy. Thus the expertise and training of the staff must include some clinical expertise, but should be predominantly legal.

One final word of advice is that because only a few states offer CAP services, American consumers and healthcare providers typically do not know about these wonderful free services that can relieve families of incredible administrative burdens that arise right at the moment that a loved one is sick, and thus when the family is least able to address the bureaucratic nonsense and burden that accompanies health coverage in the U.S. It makes no sense to build a new service without making sure that the patients who need it are aware of it. Therefore, in order to assure that consumers are aware of the additional free services you are considering establishing, you may wish to consider including specific requirements for carriers to include consumer notifications on how to contact your CAP, and a bit of information on what type of services are available. These notice requirements should specify the prominence of the notice on documents such as claim denials or prior authorization declinations, and should also require the inclusion of a

CAP-drafted brief explanation of the nature of the service that can be provided. For instance, in the current legislative session up in CT, OHA is advocating for a call-out box to be placed on the front page of claim denials, in no less than 12-point type, and including language such as: "Health insurance and billing is complicated. Don't worry alone! Free, expert help and representation is available if you don't understand these documents, need advice, or want to appeal. Call the State Office of the Healthcare Advocate at 866-466-4446, or email us at [Healthcare.Advocate@ct.gov](mailto:Healthcare.Advocate@ct.gov) ." ..

Thank you very much for your consideration of this testimony. If you have any questions concerning our position on this issue, please feel free to contact me at [Ted.Doolittle@ct.gov](mailto:Ted.Doolittle@ct.gov).