



**Testimony in Support of Raised Bill No. 6389
AN ACT CONCERNING EXPLANATION OF BENEFITS**

By Jay E. Sicklick
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February 9, 2021

Senator Lesser, Representative Wood and the distinguished Members of the Insurance and Real Estate Committee: thank you for providing the **Center for Children's Advocacy** with an opportunity to submit testimony in support of Raised Bill No. 6389. I am the Deputy Director of the Center for Children's Advocacy ("CCA") and an attorney who has worked for 21 years on issues involving children's health and child welfare in Connecticut. CCA is the largest non-profit legal organization in New England devoted exclusively to protecting and advocating on behalf of the legal rights of children. CCA is affiliated with the University of Connecticut School of Law and provides legal advocacy and services to children due to their income status or race/ethnicity in Connecticut communities through individual representation, education and training, and systemic advocacy. I also submit this testimony as Director of CCA's *Medical-Legal Partnership Project*, a unique collaboration between CCA and medical/clinical partners that seeks to improve children's health outcomes through interdisciplinary interventions in Connecticut.

We support the passage of Raised Bill No. 6389, An Act Concerning Explanation of Benefits.

This bill addresses a crucial barrier to accessing health care by ensuring that when multiple people are on the same insurance plan, confidential health care information is protected and not shared with anyone other than the patient. This requires that enrollees who are *otherwise legally authorized to consent to their own health care* be allowed to request suppression of the Explanation of Benefits (EOB) and to choose an alternative method of receiving the EOB to ensure personal healthcare information is not disclosed. Our office represents and works with healthcare clinicians who treat the most vulnerable youth in Connecticut – youth who are marginalized in school, in the community, at the doctor's office and who are victims of intimate partner violence. This bill would protect their ability to access healthcare in a confidential, private manner.

R.B. 6389 is in accord with Connecticut's existing statutes pertaining to a young adult's ability to consent to vitally important healthcare services.

In Connecticut, young adults under the age of eighteen have the legal authority to consent to critical healthcare needs, specifically in the areas of reproductive health, mental health care and treatment, substance abuse care, the diagnosis and treatment of HIV and AIDS, and access to

February 9, 2021

Page 2

HIV prophylaxis (PrEP).¹ The General Assembly thoughtfully promulgated these laws over the past *fifty years* because healthcare providers routinely relay that minors will not access these services if it means disclosing sensitive, personal and private information to their parent or guardian, typically in fear of rejection or worse, abuse and neglect.

Under the statutory and constitutional protections afforded individuals who seek sensitive healthcare, a young adult is permitted to engage in confidential care and treatment but the current statutory and constitutional protections do not allow for the suppression of an EOB to a beneficiary of that policy. Many adolescents will be unwilling to seek critical healthcare if it is not confidential. We firmly believe it is time to update existing state statutes to allow young adults to access these protections in a confidential manner. Allowing the minor to decide where the EOB should go is completely consistent with the legislature's pattern of providing healthcare access to young adults.

Connecticut would join four other states that have already increased confidentiality protections for patients by enacting similar legislation.

Massachusetts, New York, Wisconsin and Washington (state) have all enacted similar confidentiality statutes that allow for suppression of EOB's to protect patient privacy and to enhance healthcare access.²

Allowing for confidential treatment is in line with the spirit and purpose of HIPAA.

Under HIPAA, covered healthcare entities may not release private healthcare information without consent. Why would this principle not apply for individuals whose privacy might be compromised by the issuance of an EOB? Allowing patients the right to decide who receives their EOB is consistent with the state's half-century long history of protecting healthcare information. Our goal should be to encourage Connecticut residents to seek healthcare knowing that their healthcare information is protected. H.B. 6389 gives young adults the opportunity to access vital healthcare in a confidential manner.

We strongly urge you to support Raised Bill 6389.

¹ See e.g. Conn. Gen. Stat §§19a-216 (Examination and Treatment of Minor for Venereal Disease), 19a-600-602 (Abortion), 19a-14(c) (Mental Health Treatment – Outpatient), 17a-75-81 (Mental Health Treatment – Inpatient), 19a-592 (HIV & AIDS), 19-592 (PrEP).

² See e.g. Massachusetts Act to Protect Access to Confidential Healthcare (“PATCH”), Mass. Gen. Laws Ch. 63, §27a; Wash. Rev. Code §§48.43 *et seq.* For a detailed chart outlining the restrictions on providing explanation of coverage, or EOB's, see “Protecting Confidentiality for Individuals Insured as Dependents.” Guttmacher Institute at <https://www.guttmacher.org/state-policy/explore/protecting-confidentiality-individuals-insured-dependents#> last accessed February 8, 2021.



February 9, 2021
Page 2

Respectfully submitted,

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