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Good morning. My name is Kevin Galvin. As a matter of full disclosure I am an active Health Care Advocate, Founding Chair of Small Business For A Healthy Connecticut, Member of the Board Directors of HealthyCT am a member of two advisory committees to the Connecticut State Health Care Exchange. But, today I am here to speak as a parent.

I am the parent of 23yr old twin daughters. One at the age of 15 was diagnosed with an eating disorder. The nearly 6 year saga began with the 2 and half years she was in and out of out of state treatment facilities. After that there was 2years of navigating a way for her to survive the transition to being home through the help of some wonderful and talented local clinicians. The following years were devoted to her testing her coping skills with daily life.

Although now a college graduate and on to a career her entire high school experience was in a hospital far from what we see as reality. She kept up with her high school work by mail and graduated with her class.

The multiple hospitalizations did serve a purpose in that before the hospitalizations while ill and at home on at least two occasions this child was near death. To see your child a 5ft 3in young woman with a weight of 70ibs and a heart rate of 40bpm shakes me to even talk about it now.

The good news is now at 23 the eating disorder is behind her but is left with a myriad of medical complications that challenge her to this day. But, she's handling it...

I firmly believe that if our insurer would have listened and responded to the upwards of a dozen ED experts and hospitalized my daughter for more than 28day normal cycle of Hospitalization ED sufferers get. I would have a far healthier child now.

My daughter came home with 16 cavities from her bout with bulimia. Her teeth are rotting and falling out. Her immune system is out of sync making her very susceptible to colds and infections. The worst outcome is she is fighting a yeast overgrowth condition that presents itself with finger and toe nails that grow so thick they dig into her sink causing nonstop pain. There is intense skin rashes, blurred vision and something she calls feeling spacey. She has done a great job managing the yeast piece by being on a very regimented diet. Just what you want a post ED patient on.

But the part I'm here to talk to you about today is that of the insurance process. There is overwhelming data that points to the fact that long, structured and comprehensive hospital stays yield healthier ED patients quicker, cheaper and with far better outcomes. But, as I see as a health care advocate when dealing with insurers they often are stuck in how they do things without much thought into a patients quality of life or changing policy around compelling medical data.

We were lucky I guess. We won all our appeals. I can't remember how many of them there were. We knew when to get ready for one. My daughter would be hospitalized nearing the insurers target weight knowing she would be jettisoned from whatever program she was in as soon as she hit that weight. The challenge was to get the next appeal going because upon her arrival home it was not uncommon for her my daughter to loss 10lbs in a week. She would usually be ready for hospitalization within 10days of returning home.

The insurers know this pattern. They know the data supports a different path. They know the denial/appeal process is designed for weakened folks to give up.

If you have not gone thru an appeal the best way to look at it is: you are trying to keep someone you care for alive. You enter a conference room. You try to discuss a subject that is wrapped with emotion. And the group you are presenting to could just as easily be at a corporate marketing team discussing next year's toaster oven.

How my daughter was treated is why I am a health care advocate today.

You might ask were we prepared for all this. Answer.. Yes.. Way more prepared than most. You might be interested to know that my wife is a board certified psychiatrist and pediatrician with a working knowledge of ED. We were lucky enough to be able to connect with specialists to go with us to the appeals. We also had the OHA. The most amazing thing about this story is we are covered by the State Employees Heath Plan which arguably offers some the best coverage options in the country.

So, we had inside clinical knowledge. We had a great network of professionals we had the best insurance you can get and my daughter almost died.

I speak to families going thru the ED experience who did not have all of the support I just mentioned going for them and their challenges with the insurance system are far worse than our experience if you can imagine that.

10% of our youth population has an ED. The number of lives negatively impacted by the way insurers do business around ED and the amount of money and services wasted or misused is incalculable.

The way insurers treat the ED community is an embarrassment from the human level and from a business prospective it does not make sense.

Insurers need to be held accountable. As we look to the implementation of the affordable health care act those of us working on the technical nuances to make it happen are hearing all too often "we do not want to push too much pressure on the insurers" they might to participate. That's just not true. Our insurers never miss an opportunity to take an insurance payment which is fine. What needs to happen in my business you have to be accountable to our clients. In the case in the insurance companies given that fact they are dealing in people's lives and because there are no alternatives as a consumer insurers need to be held to a higher standard. If they do not have the moral compass to do the right thing than their have to be guidance's in place to compel them to do so.

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