

Support Health Insurance Accountability

While the *cost* of obtaining medical insurance continues to rise, the actual *amount spent* on medical care by insurers as a percentage of premiums is declining: Health insurance expenses are the fastest growing business cost for employers, choking profits and innovation. As a result, there has been considerable cost shifting from employers to employees. The average employee contribution to company provided healthcare plans has increased 143% since 2000.

But there is more, the average out-of-pocket expenses for deductibles, co-insurance, co-pays for physicians and hospital visits, and co-pays for medications have increased 115% during that same time period. While CT businesses, including medical professionals, struggle to provide coverage for their employees, three of the top five insurers in Connecticut have received regulatory approval to raise their rates by double digit percentages for 2011, according to the [Hartford Courant](#) despite making huge profits in 2010.

In an effort to provide transparency to consumers and to those who are intimately involved with the delivery of healthcare, Connecticut needs to support legislation that will improve transparency and accountability by insurers.

Please **SUPPORT** the following:

- **SB 18 An Act Concerning Appeals of Health Insurance Benefits Denials.**
To specify a presumption of medical necessity for appeals reviewed by review entities on behalf of the Insurance Commissioner pursuant to section 38a-478n of the general statutes, to require managed care companies, health insurers and utilization review companies to provide to providers of record and enrollees after a final determination not to certify an admission, service, procedure or extension of stay, documents and information

considered in such final determination, and to require dispensation and coverage of a prescribed drug for the duration of any appeal of a determination not to certify such dispensation.

- **SB 11 An Act Concerning the Rate Approval Process for Health Insurance Policies.**
To establish procedures for a hearing for rate or amount filings made for certain insurance policies, agreements or contracts, to authorize the Healthcare Advocate or the Attorney General, or both, to be a party to any such hearing to specify the amount of time the Insurance Department is required to retain such records.
- **SB 318 An Act Concerning Health Insurance Rate Increase Requests.**
To expand the authority of the Insurance Department to approve, modify or disapprove health insurance rate increase requests.
- **SB 16 An Act Concerning Standards for Health Care Provider Contracts.**
To establish standards for contracts between health care providers and insurers, including preauthorization language.
- **HB 6471 An Act Prohibiting Most Favored Nation Clauses in Healthcare Provider Contracts.**
To prohibit managed care organizations and preferred provider networks from including anti-competitive most favored nation clauses in contracts with healthcare providers and hospitals.
- **HB 5045 An Act Requiring Health Care Providers to Display Photographic Identification Badges During Working Hours.**
To allow patients to quickly identify those health care providers who are involved in their direct care. Truth in Advertising.
- **SB 54 An Act Concerning Uniform Preauthorization Standards for Health Care Providers and Health Insurers.**
To establish uniform standards for health care providers and health insurers for the preauthorization, precertification and predetermination

of an admission, service, procedure or extension of stay.

- **HB 6343 An Act Concerning Cooperative Health Care Arrangements.**
To permit health care providers, after approval by the Attorney General, to enter into cooperative arrangements that would not be subject to certain antitrust laws and to require managed care organizations to negotiate in good faith with providers who participate in such arrangements.

Support Legislation for Consumer Safety

- **SB 972 An Act Protecting Minors from the Health Risks Associated with the Use of Tanning Devices.**
To require a parent or guardian of a minor to accompany the minor to a tanning facility and require such parent or guardian to provide written consent to the minor's use of the tanning device after reviewing written materials concerning the health risks associated with the use of tanning devices.

Support Legislation for Consumer Health Benefits

- **SB 879 An Act Concerning Prescription Eye Drops.**
To require insurance coverage for an additional bottle of prescription eye drops for use by the insured in a day care center or school.
- **SB 396 An Act Concerning Insurance Coverage for Certain Therapies and Prescription Drugs for the Treatment of Prostate Cancer.**
To require health insurance coverage for (1) external radiation beam therapy and brachytherapy for the treatment of prostate cancer, and (2) phosphodiesterase-5 inhibitor drugs for the treatment of erectile dysfunction resulting from radical prostatectomy.

Oppose the Following Legislation

➤ **HB 6310 An Act Concerning Certain Health Care Provider Network Arrangements.**

To require health care centers and preferred provider networks to contract with ophthalmologists and optometrists in substantially the same manner.

➤ **HB 6306 An Act Concerning the Listing of Advanced Practice Registered Nurses in Managed Care Organization Provider Listings and Primary Care Designators.***

➤ **HB 5759 An Act Designating Advanced Practice Registered Nurses as Primary Care Providers in Managed Care Organization Provider Listings.***

To enable advanced practice registered nurses to act as primary care providers and to require managed care organizations to list them as primary care providers.

*These two bills fail to contain the contact information of the physician with whom the APRN has collaborative agreement within the state of Connecticut.

➤ **HB 5289 An Act Prohibiting Procedures That May Potentially Block a Person's Air Passages.**

To prohibit a healthcare provider from administering a medical procedure that could potentially result in a person's air passages being blocked.

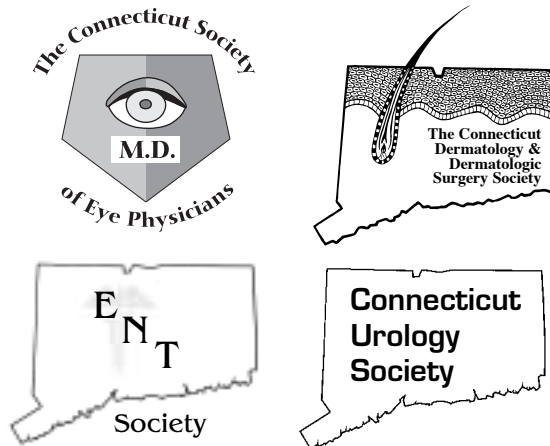
➤ **SB 1007 An Act Concerning the Governor's Recommendations on Revenue**
Oppose Section 24

New (OO) Services in connection with a cosmetic medical procedure. For purposes of this subparagraph, "cosmetic medical procedure" means any medical procedure performed on an individual that is directed at improving the individual's appearance and that does not meaningfully promote the proper function of the body or prevent or treat illness or disease. "Cosmetic medical procedure" includes, but is not limited, to cosmetic surgery, hair transplants, cosmetic injections, cosmetic soft tissue fillers, dermabrasion and chemical peel, laser hair removal,

laser skin resurfacing, laser treatment of leg veins, and sclerotherapy. "Cosmetic medical procedure" does not include reconstructive surgery. "Reconstructive surgery" includes any surgery performed on abnormal structures caused by or related to congenital defects, developmental abnormalities, trauma, infection, tumors or disease, including procedures to improve function or give a more normal appearance;

➤ **HB 1052 An Act Concerning the Practice of Acupuncture**

To redefine acupuncture as the practice of acupuncture and include all core competencies of the practice of revised definition.



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**LEGISLATIVE
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