

M.D. Makes a Difference

SUPPORT

Legislation that would increase provider participation with Medicaid.

- Increase reimbursement in parity to Medicare rate
- Eliminate the \$100 deductible on Medicaid/Medicare recipients
- Cover the 20% co-payment on the dually eligible Medicare/Medicaid recipients

Despite the vital role that Medicaid plays in providing access to healthcare for those who need it most, physician reimbursement rates under Medicaid have not increased since 2007, currently they are about 50% of Medicare rates which is woefully inadequate.

SUPPORT

TEAM APPROACH IN HEALTHCARE



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OPPOSE

GB 933 AN ACT LIMITING ANTICOMPETITIVE HEALTH CARE PRACTICES

This bill seeks to change current statutes that govern “Surprise Billing” as follows:

1) Total out-of-network costs assessed by any health care provider for an inpatient or outpatient hospital service furnished to a person covered by a health benefit plan with whom the health care provider does not participate shall not exceed one hundred per cent of the amount paid by Medicare for the same service in the same geographic area.

In 2015 CT Legislators passed current language to insure providers received “fair payment” for the services rendered to an out-of-network patient. This bill promotes unfairly low Medicare rates for out of network care and can undermine the entire system.

SUPPORT

SB6 AN ACT CONCERNING UTILIZATION REVIEW AND HEALTH CARE CONTRACTS, HEALTH INSURANCE COVERAGE FOR NEWBORNS AND STEP THERAPY.

SB6 will establish a utilization review exemption standard for certain participating providers; (2) require that each health carrier process utilization review requests more efficiently; (3) require that each health carrier develop an electronic prior authorization process.

It will also prohibit health carriers from requiring the use of step therapy for drugs prescribed to treat behavioral health conditions or chronic, disabling or life-threatening conditions or diseases; and (6) to prohibit health carriers from requiring utilization review of a health care service or prescription drug after it has been certified through utilization review.

OPPOSE

LEGISLATION THAT SEEKS TO DIMINISH THE MD-LEAD TEAM APPROACH TO MEDICINE

The solution to improving healthcare in Connecticut is NOT to allow lower level providers to practice independently. This only reduces the level of education, training and skill of the providers in our healthcare system. The answer is to improve the medical climate in Connecticut to attract the most qualified and best trained physicians. Physician assistants (PAs) are physician extenders who work best under the supervision of physicians and augment the healthcare team approach.

Allowing APRNs to collaborate less than 3 years with an MD for independent practice only dilutes the training and supervision; patients are at risk. Would we want medical doctors to cut their training by 3 years?



“MD Makes a Difference”

SUPPORT

BROADENING THE PHYSICIAN RETENTION/ RECRUITMENT BILL OF 2022

Specialty Physicians like Primary Care Physicians need inducements to practice in CT. Many states offer numerous incentives to attract young physicians into their state, while others provide protections to older physicians to encourage them to remain in practice. Some of these inducements include:

- Debt forgiveness to Specialty Physicians
- Tort Reform protections
- Medical record protection against venture capitalists who file for bankruptcy

