

Physician Priority Issues

Recruitment and Retention:

Connecticut boasts some of the best medical education anywhere in the country, and yet we rank as one of the lowest in the nation in retention of medical students, coming in at #43 nationally. Over one third of Connecticut physicians are 60 or older. We are seeing record numbers of providers of all types planning to reduce care or leave practice entirely. Make no mistake, this issue will come to a head sooner rather than later, so we urge you to do anything and everything you can to make Connecticut a more attractive place for physicians to stay. In addition to supporting SB 449, there are a myriad of issues that make Connecticut undesirable for physicians to come or stay here. Below are some of the bills and topics that would go a long way to improving current conditions, and making Connecticut an attractive place for physicians. We must stave off this looming crisis.

[SUPPORT SB 449](#) An Act Concerning the Recruitment and Retention of Physicians in the State

High Deductible Health Plans:

One of the major issues facing physicians is the huge ***impact that*** high deductible health plans (HDHPs) have on the doctor/patient relationship. Under these plans, the deductible is so high that patients ***are often unable to*** pay, and insurance doesn't reimburse the provider, so physicians are placed in the position of bill collector. This creates an unnecessary adversarial relationship between the physician and patient, which often makes the patient apprehensive about seeking necessary follow-up care. Practices ***are forced*** to hire additional staff to attempt to collect from patients what they have contracted to receive from the insurance company. Patients spend additional time in the waiting room arguing with staff about payment of the deductible amounts. If the patient cannot or will not pay, the practice is forced to accept the financial loss.

[SUPPORT SB 357](#)- An Act Concerning Copay Accumulator Programs and High Deductible Health Plans, with amended language that would shift the burden of collection onto the insurance companies, which have the abilities and resources to collect these deductibles in a way that doesn't damage the physician/patient relationship.

Prior Authorization:

Prior Authorization is the process by which health insurers determine the medical necessity and/or medical appropriateness of otherwise covered health care services or **procedures** before **the service is** performed. Both physicians and patients rely upon prior authorization determinations and approvals to ensure that care and treatment which is provided by the physician will be covered by the patient's health insurance policy. Unfortunately, **physician's** offices and/or patients frequently spend hours on hold waiting to speak to someone from the insurance company to obtain prior authorization. The American Medical Association conducted a survey in 2021 which found that more than one-third (34%) of physicians reported that prior authorization led to a serious adverse event, such as hospitalization, disability, **or even death. Furthermore**, more than nine in 10 physicians (93%) reported care delays while waiting for health insurers to authorize necessary care, and more than four in five physicians (82%) said patients abandon treatment due to authorization struggles with health insurers.

[SUPPORT HB 5447](#) – An Act Concerning Prior Authorization for Health Care Provider Services—currently a study, we support the concept of making the prior authorization process more efficient and binding.

Reduce or Eliminate the Ambulatory Surgical Center (ASC) Tax

Connecticut is one of only three states in the country to impose this burden on our ASCs and we strongly advocate for the removal of any such tax. ASCs are cost-effective alternatives for surgical procedures and medical treatments that are **often** performed in hospital settings. As patients seek safe alternatives for surgical care it is important that we support **surgery** centers that provide excellent quality and safety away from the overloaded, and at times, more dangerous hospital settings - **especially during the pandemic. This bill will not encourage patients to seek out these safe, cost-effective settings as the tax on ASCs will likely force some physicians to return to the hospital setting.**

[Support SB 441](#), which would provide a tax credit against the net revenue tax for Medicaid services provided. This would allow ASCs to reduce their tax liability while expanding access to care by encouraging ASCs to increase services to Medicaid enrollees. Or, alternatively, eliminate the tax entirely.

Prejudgment Interest:

[OPPOSE HB 5235](#) – An Act Concerning the Calculation of Prejudgment Interest on a Plaintiff's Offer of Compromise—the bill would essentially allow interest to accrue for additional years when calculating a post-judgment award. While not specifically targeted at medical malpractice, med-mal cases typically take longer **to get to trial** and would be disproportionately affected. The net effect would likely cause med-mal rates to rise. **Reducing, not increasing, the cost of professional medical liability insurance**

would help make Connecticut a more desirable state in which to practice. Reducing medical liability premiums for physicians by instituting meaningful tort reform, including reasonable capitation of medical liability judgments, would allow physicians to successfully care for patients without the risks of extensive liability and higher medical malpractice insurance costs. We also support efforts to prevent the attachment of physician's personal assets in prejudgment medical liability cases as physicians already have adequate medical liability coverage, **as is legally required.**

Certificates of Need:

[OPPOSES HB 5449](#) An Act Concerning Certificates of Need

This bill requires certificate of need approval before breaking ground **and requires the** State of Connecticut Health and Educational Facilities Authority to review certain information before issuing **bonds.** The problem is that this bill increases the application fee for **Certificates of Need (CON)** and requires a study concerning certificates of need. **Increased costs and redundancies are the wrong way to go.** This bill prohibits healthcare providers from doing the following:

- **“Breaking ground” on a new facility or expanding an existing facility prior to obtaining a CON**
- Prohibits the Connecticut Health and Educational Facilities Authority (CHEFA) from issuing a bond to a healthcare provider to build a new facility, or to expand an existing facility, unless CHEFA has reviewed a capital budget with recommendations provided by the Office of Health Strategy (OHS)
- Increases the CON application fee from \$500 to \$25,000; and requires OHS to conduct a study on a variety of issues.

These changes to the CON process come in the midst of a historic public health crisis and when existing CON applications are facing staggering delays, affecting providers' ability to plan, innovate, and modernize their facilities and equipment. We object to the provision of the bill that would prohibit CHEFA from issuing a bond to a healthcare provider absent significant influence and instruction about the provider's capital budget as reviewed by OHS.