

March 18, 2021

Insurance and Real Estate Committee

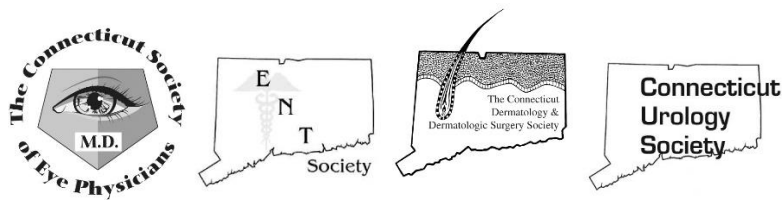
Written testimony in Support of

S.B. No. 1045 (RAISED) AN ACT CONCERNING STEP THERAPY, ADVERSE DETERMINATION AND UTILIZATION REVIEWS, AND HEALTH INSURANCE COVERAGE FOR CHILDREN, STEP-CHILDREN AND OTHER DEPENDENT CHILDREN.

On behalf of the above-mentioned medical societies, representing over 800 physicians and physicians in training, we strongly support S.B. No. 1045 (RAISED) AN ACT CONCERNING STEP THERAPY, ADVERSE DETERMINATION AND UTILIZATION REVIEWS, AND HEALTH INSURANCE COVERAGE FOR CHILDREN, STEPCHILDREN AND OTHER DEPENDENT CHILDREN. We appreciate the foresight and leadership shown by this committee in raising these important issues. We especially thank Senator Looney for his many years of support on this legislation before you.

There is so much to like in this bill with proposed changes to the Connecticut General Statutes that we have supported with testimony for many years, that it is hard to know where to begin. For decades, physicians have been deeply concerned over trends in medicine that prioritize cost containment over quality of care and outcomes. It is especially distressing that the decision-making power is so often in the hands of the insurers. Physicians spend years in training and work to build relationships with their patients, helping to guide them through the maze of medical care. Health Care decisions can be some of the most difficult decisions that patients and their family ever face. After arriving at a decision, with the guidance of a trusted provider, the patient and their family typically want to move forward with the plan. Unfortunately, anonymous reviewers, with algorithms and an eye on the bottom line, can overturn a carefully crafted plan. Decisions made by insurers which deny the medical necessity of certain medications, procedures and therapies are called “adverse determinations”. They can cause delays and doubts, as physicians are left to argue the medical necessity of the choice. The same holds true for required “step therapies” that require patient to first try other therapies, many of which were considered and rejected by the physician and the patient. This can result in delays in patient improvement and ineffective treatment, placing the patient at risk and in harm’s way.

We have testified dozens of times before this Committee, over the course of many years, on the draconian nature of adverse determinations, prior authorizations, medical necessity and extensive utilization reviews. We have provided testimony documenting how many providers are required to submit hundreds of charts for utilization reviews, even though they have not been labeled an “outlier” – someone whose practice patterns differ from the norm. This is a tremendous burden on the physician and their staff.



The truth is that when aggressively pursued by medical practices, these adverse determinations and denials are often decided in favor of the original choice made by the physician. But the process creates an administrative burden that grows more onerous year after year. Valuable resources and the precious time of physicians and staff are consumed with endless phone calls, forms, and appeals, taking valuable time away from providing patient care. It sometimes seems that the goal is simply to delay the desired treatment until there is no other reasonable choice; or to hope that some providers and patients will simply give up and accept the insurer's decision. These are simply cost saving measures.

It is telling that the amount of money spent on patient care, compared to the monies taken in by an insurer is called the "Medical Loss Ratio".

We are particularly pleased that this proposed legislation places "a rebuttable presumption (will be made) that each health care service under an adverse determination review is "medically necessary". This is a sea change in the current approach, where too often the burden of proof is placed on the physician to prove that the planned treatment is medically necessary, but this amendment places the burden on the insurer, who must then prove that the planned therapy is not necessary. It must be noted that in addition to the increased administrative burden, these challenges also strain the physician – patient relationship, certainly one of the most personal relationships that exists outside the family. There is no one more qualified than the patient's trusted physician to determine appropriate and necessary medical care. The physician is in the best position to plan, with the patient and their family, the way forward when a serious medical issue threatens their lives or well-being.

We have diligently notified members of this committee and leaders in the Connecticut General Assembly of the many injustices placed upon physicians by insurers over the years, but we often fail to get adequate legislation passed. We hope that 2021, with all the difficulties physicians have faced in caring for our patients during the COVID-19 Pandemic, will be different and we will begin to put medical decision making where it should be - in the hands of physicians and patients.

Please support SB1045 because it will improve access to prescription medications that are in the best interest of the patient. It will allow physicians to make medical decisions that improve the quality of life for these individuals and help achieve optimal outcomes.

Thank you for your consideration - together we can make a difference for the citizens of Connecticut.