

August 3, 2016

Statement In Opposition to Anthem Request For Rate Hike

To Commissioner Wade and the Insurance Commission:

I address this body today to oppose the Anthem Blue Cross Blue Shield of Connecticut request for a 26.8% rate increase in premiums, set to begin January 1, 2017.

My opposition is founded on the following information which I have gleaned from SEC filings and other public records:

According to self reporting, Anthem's 2015 revenue increased by approximately 78 billion dollars, that is up 7.6% from the prior year. This includes an approximate stock value increase of 20%.

2016 first quarter earnings report a 2.6% increase in membership, resulting in \$703 million in net income, an operating cash flow of 1.3 billion dollars, a \$.65 per share dividend, and a total revenue increase of 7.7%, or \$20,304.4 million.

Self-reported outlook for the full year 2016, projects a greater than \$3 billion cash flow, an approximate revenue of \$82 billion, and an approximate \$10.80 per share stock price increase. This represents a premium income increase of \$18,988.9 million, a 7.8% increase over 2015. In addition, they estimate tax expenses to be down approximately 13.5%.

Disbursement of these funds include salary packages for **6** people in top management totaling \$35.6 million, and stock options equaling a further \$23.5 million, for a total compensation package of \$59.1 million – for **six** individuals. In contrast, the average on the ground worker at Anthem earns less than \$20 per hour, or less than approximately \$40,000 per year.

With regard to the proposed 26.8% premium increase, I ask you to note that this does not take into account increases in co-pays and ever increasing deductibles, as well as the fact that many legitimate medical expenses are not taken into account in reaching the deductible amount, and medications are frequently rearranged in co-payment tiers. This places me and many others in an untenable position.

It has been brought to my attention recently, that this Commission interprets its mandate to specifically exclude any consideration of the economic welfare of the Patients, aka the policy subscribers of the State of Connecticut, in determining the outcome of insurance company rate hike requests. I question the ethics of such an interpretation. As a public body, it is surely your responsibility to the people of this state, to put the public trust first.

Commissioner Wade, we, the vulnerable People of the State of Connecticut, ask you and this Commission, in what way does entertaining this egregious request, protect the best interests of the public? Commissioner Wade and members of the Connecticut Insurance Commission, Connecticut holds you to your public responsibilities.

Gaye Hyre
Connecticut citizen and Anthem policy subscriber



UNIVERSAL HEALTH CARE
FOUNDATION OF CONNECTICUT

2016 Rate Review Hearings

Public Comment

August 3 & 4, 2016

Universal Health Care Foundation of Connecticut

Lynne Ide, Director of Program & Policy

Universal Health Care Foundation of Connecticut is submitting public comment on the proposed rate increases for Anthem, ConnectiCare and Aetna for both on and off-marketplace individual and small employer plans.

We understand that the Connecticut Insurance Department focuses on actuarial analysis and questioning of insurer assumptions when reviewing proposed rates. We understand that the Department is required to ensure the fiscal solvency of insurers via their rates. We also understand that that rate increases, especially double-digit increases, makes purchasing a health insurance plan for consumers a financial struggle, and threatens the fiscal solvency of many households. But while insurers have other products, investments, and streams of revenue to turn to, the consumer must rely on state regulators to protect them.

The Department has shown, in the past, a willingness to reduce rate requests if the insurer cannot justify the assumptions used in actuarial analysis. We are grateful that the Department does its due diligence and ensures that rates are not any higher than required.

What concerns us most, though, is that despite factual support for rate increases, those analyses are done in a vacuum that does not consider the impact of rates on consumers. If a plan is unaffordable, a consumer simply will either not purchase or choose a low-cost, high deductible plan. A small employer may shift higher premium costs to employees.

Unaffordable health insurance is a more expensive version of being uninsured. Having a health plan satisfies the individual mandate – but utilization of that health plan may be limited by higher cost-sharing, choosing a high deductible health plan, or how increased premiums eat into dollars that could have been spent on co-pays and other co-insurance.

The bottom line is that health insurance costs are unsustainable for consumers and something has got to change. Our hope is that the Department will work with us to be part of the solution

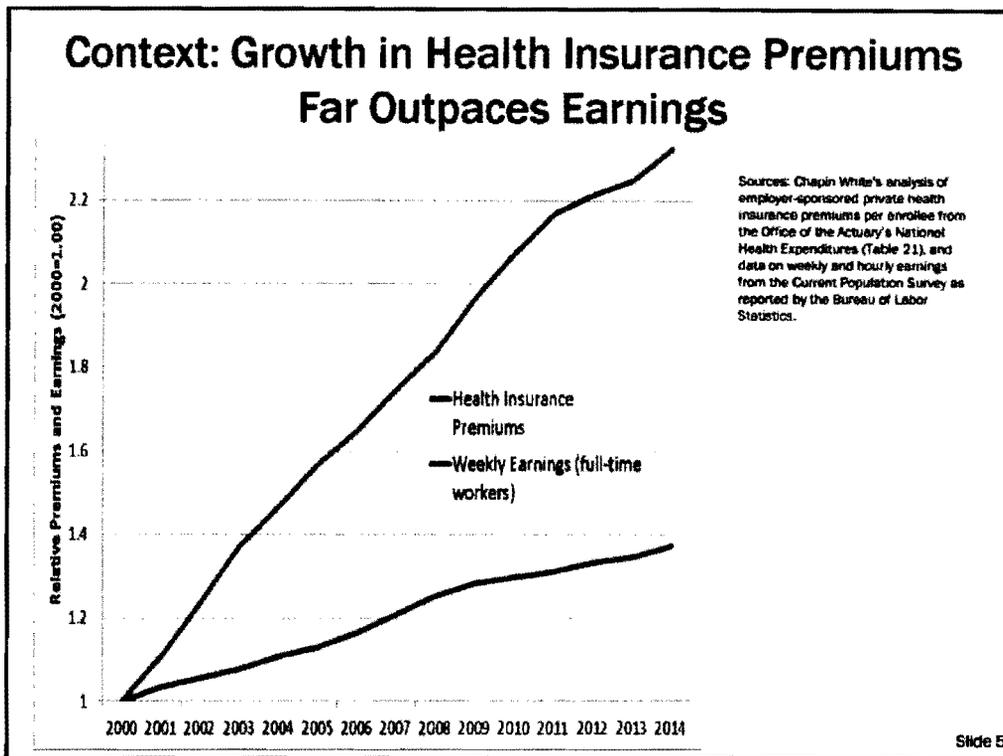
Here are a few points to consider

1. **Health care costs keep rising.** The growth in the cost of premiums dwarfs the growth of earnings since 2000 (see diagram below¹). Despite a slowdown in health care cost increases, costs are still rising, and are 17% of gross domestic product (GDP)². In the July 2016 edition of

¹ Slide 5 from "Provider Consolidation" presentation by Chapin White of the RAND Corporation, hosted by the Consumers Union Health Care Value Hub, January 2016 (URL: <http://kff.org/health-costs/poll-finding/kaiser-health-tracking-poll-july-2016/>)

² From "High Deductible Health Plans" Health Policy Brief from Health Affairs and the Robert Wood Johnson Foundation, February 4, 2016 (URL: http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=152)

the Kaiser Health Tracking Poll, 38% of registered voters said that health care costs are a top health issue for them³.



- The trends in high-deductible plans and increased cost-sharing are causing deferral of care, which contributes to higher health care costs down the road, and closing the door to needed care for too many.** In an effort to curb health care spending, insurers opt to offer high-deductible health plans. While these do show a reduction in cost, by lowering use of care⁴, the net effect is that members are also using less health care than they need. In a Families USA Special Report, data showed that “one quarter of health care consumers with non-group insurance still have problems affording care.”⁵
- Dwindling choice in the marketplace puts people in an even harder position.** With less choice and competition, insurers have less incentive to design and price plans that are centered on high-value care and affordability to the consumer.

For example, the exit of Healthy CT from the market, the individual exchange leaves consumers with only two choices: ConnectiCare and Anthem. On the SHOP exchange, there is no choice –

³ See Figure 7 in “Kaiser Health Tracking Poll: July 2016” by Ashley Kirzinger, Elise Sugarman & Mollyann Brodie from Kaiser Family Foundation, July 15, 2016 (URL: <http://kff.org/health-costs/poll-finding/kaiser-health-tracking-poll-july-2016/>)

⁴ From “High Deductible Health Plans” Health Policy Brief from Health Affairs and the Robert Wood Johnson Foundation, February 4, 2016 (URL: http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=152)

⁵ See Page 5 in “Non-Group Health Insurance: Many Insured Americans with High Out-of-Pocket Costs Forgo Needed Health Care” from Families USA, May 2015 (URL: http://familiesusa.org/sites/default/files/product_documents/ACA_HRMSurvey%20Urban-Report_final_web.pdf)

Anthem is the only insurer. **This limit in choice in the exchange markets makes the rate increase requests even more critical for consumers.**

Despite Department of Justice action to block the Anthem-Cigna merger⁶, we are also deeply concerned that this merger will only exacerbate the problem of choice and competition, pushing quality, affordable health insurance out of reach for more and more residents of the state.

4. **We come to the conclusion that affordability must become part of the Department's charge.** We need affordability standards against which rate hikes are evaluated. The Department must be charged with looking out for us all, not only the viability of the insurers.

We need only look to nearby Rhode Island, for a prime example of a state where affordability standards are a formal element of rate review. In Rhode Island, the legislature created a standalone Office of the Health Insurance Commissioner in 2004, which was essentially a legislative mandate to address affordability. In 2010, the Commissioner, through a public process, generated the first version of affordability standards, which were later refined in 2015 after assessment and evaluation of the first set of standards⁷.

We have hundreds of petition signatures to submit into the hearing record today. These consumers represent the tip of the iceberg of everyday people who need and want our state's regulators to look out for them, too.

We are in full support of the testimony provided by the Office of the Healthcare Advocate by Demian Fontanella. We exhort you to consider the questions Mr. Fontanella raises about the three insurers that are the focus of rate hike hearings today and tomorrow (Anthem, ConnectiCare, and Aetna).

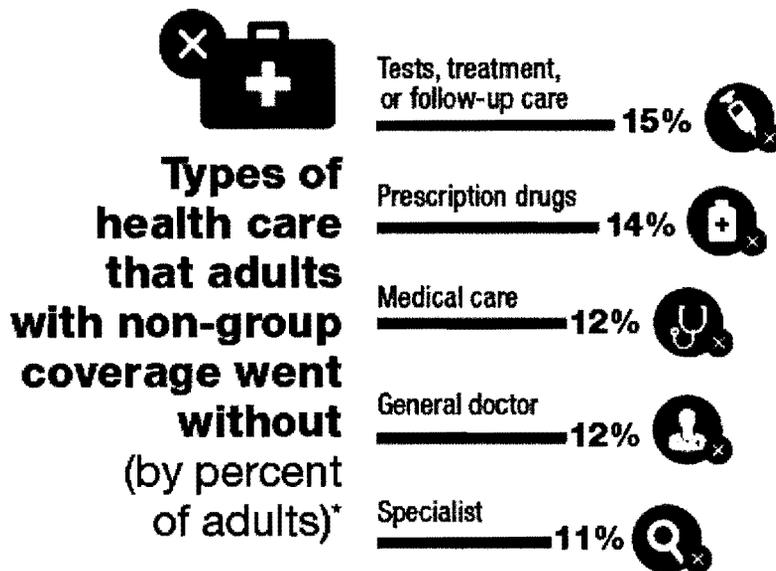
The key points raised in his comment—that rising premium costs and out-of-pocket expenses for consumers makes health insurance plans both financially challenging to purchase, and then use—are critical factors to consider for the consumer. We echo and support Mr. Fontanella's request that the Connecticut Insurance Department "exercise your authority to make a meaningful impact on Connecticut's healthcare system."⁸

⁶ See "U.S. Suing to Block Aetna-Humana and Anthem-Cigna Mergers" from the Hartford Courant by Mara Lee & Stephen Singer, July 21, 2016 (URL: <http://www.courant.com/business/hc-anthem-cigna-20160721-story.html>)

⁷ See Slides 9-30 in "Study of Cost Containment Models and Recommendations for Connecticut: Review of Rhode Island and Massachusetts" compiled by Bailit Health for the Connecticut State Health Care Cabinet Cost Containment Study, March 8, 2016 (URL: http://portal.ct.gov/Departments_and_Agencies/Office_of_the_Lieutenant_Governor/HCC/PDF_Files/HC_C_030816_Presentation/)

⁸ From the Connecticut State Office of the Healthcare Advocate Comments for 2016 Rate Review (URL: <http://www.ct.gov/cid/lib/cid/OHA-2016RateReviewTestimony.pdf>)

1 in 4 adults with non-group coverage went without some needed health care because they could not afford the cost.*



www.FamiliesUSA.org

*Adults who were insured for the past 12 months and had to forgo care in the past 12 months.

Source: Families USA analysis of Urban Institute HRMS, September and December 2014

To: Commissioner Katharine Wade

I am writing to ask the Insurance Department to consider the impact of the proposed rate increases on everyday people like me. It is outrageous that some insurers are asking for double-digit increases! How can working families and small businesses afford that? It's time our state steps in and protects the people struggling to pay for their health care. With fewer choices in the health insurance marketplace, we think you should use everything in your power to make sure affordability to the consumer is the focus of rate review.

<u>First name</u>	<u>Last name</u>	<u>State</u>	<u>Zip code</u>	<u>Comments</u>	<u>Timestamp (EST)</u>
Chris	Wrinne	CT	06460-6539	Single Payer Health Care.	2016-07-26 13:49:25 EST
Francine	Ungaro	CT	06489		2016-07-26 13:51:02 EST
Ellen	Rosenfeldt	TN	38571	I am on a cobra plan and presently paying 764.00 a month for just my self! I say no to this plan	2016-07-26 14:12:24 EST
William	Collins	CT	06851		2016-07-26 14:13:08 EST
Enevia	Baidoo	CT	06226		2016-07-26 14:17:15 EST
Jane	Bouvier	CT	06518	If insurance companies continue to make insurance unaffordable for more and more people, the only option would be to eliminate the middlemen and move to universal health care.	2016-07-26 14:26:46 EST
Mark	Deming	CT	06450		2016-07-26 14:30:42 EST
Anne	Camp	CT	06416	My family is currently spending 30% of our after tax income on health insurance and out of pocket health expenses. This is bankrupting us.	2016-07-26 14:31:43 EST
Arnold L	Martin Jr	CT	06109-2500	I could not afford another raise in my Insurance Benefits.	2016-07-26 14:34:52 EST
carol	Mancini	CT	06795	The premiums are increasing as are the deductibles making it impossible to keep up.	2016-07-26 14:37:21 EST
John	Calatayud	CT	06450	Enough is enough. Why do I have to keep paying higher premiums for services I don't even need. I'm required to have obstetrics coverage and I'm a single 54 year old male with a vasectomy.. I don't understand.	2016-07-26 14:37:55 EST
Mike	Dumond	CT	06795		2016-07-26 14:37:55 EST
Elsa	Obuchowski	CT	06851	Insurers should increase their own efficiency (i.e., run a lean operation) instead of groping for more profits out of consumers' wallets.	2016-07-26 14:38:43 EST

<u>First name</u>	<u>Last name</u>	<u>State</u>	<u>Zip code</u>	<u>Comments</u>	<u>Timestamp (EST)</u>
		CT	06117	I'm more concerned about how double digit premium hikes affect individual policy holders like myself (Medicare next year for me!) . I'm not a subsidized policy holder, and the insurance companies can bitch all they want about profits, but maybe the executives don't exactly need raises and extras at the drop of a hat, or every time they whimper at their boards. Neither do their friends on the boards need ridiculous pay as a "thank you" when they collect plenty doing the same for numerous companies. I also think that Commissioner Wade needs to leave her position in the state as she is clearly in a conflict of interest with her husband at the head of one of the companies under merger consideration. It looks and smells like rotten fish.	2016-07-26 14:39:43 EST
Wendy	Larson	CT	06413		2016-07-26 14:41:49 EST
Linda	Ross	CT	06854	Commissioner Wade, please consider those Connecticut citizens that would not be able to afford health insurance if another rate hike was enacted.	2016-07-26 14:41:55 EST
Lori	Pasqualini	CT	06853		2016-07-26 14:44:55 EST
		CT	06405-3982		2016-07-26 14:46:27 EST
Hannah	Roditi	CT	06002		2016-07-26 14:46:54 EST
G.	White	CT	06110		2016-07-26 14:47:48 EST
Hugh	Griffin	CT	06412		2016-07-26 14:54:03 EST
john	cristofaro	CT	06320		2016-07-26 14:56:08 EST
Donald	Dolce	CT	06880	Insurance must be more accessible not made more difficult by economic constraints	2016-07-26 15:06:49 EST
Julie	Lewin	CT	06437		2016-07-26 15:12:05 EST
Betty	Szubinski	CT	06114		2016-07-26 15:12:29 EST
Dale	Dubina	CT	06254	A rate increase of 6 to 28% is outrageous!	2016-07-26 15:15:44 EST
Linda	Cohn	CT	06117-1628		2016-07-26 15:16:50 EST

<u>First name</u>	<u>Last name</u>	<u>State</u>	<u>Zip code</u>	<u>Comments</u>	<u>Timestamp (EST)</u>
Angela	deMello	CT	06614	it is unconscionable and totally in opposition to the word "affordable" in ACA	2016-07-26 15:17:56 EST
Maria	Cuerda	CT	06106		2016-07-26 15:19:22 EST
Gail	Martin	CT	CT		2016-07-26 15:20:23 EST
Paul	Ford	CT	06082		2016-07-26 15:22:53 EST
Sara	Grant	CT	06095		2016-07-26 15:26:44 EST
stephen tobin		CT	06450		2016-07-26 15:28:40 EST
Linda	Dreher	CT	06708	Trying to have insurance is hard as it is right now. The fact is we don't get what we pay for! And now the insurance comp. want more for nothing. People will be willing to pay a fair price for a fair product.	2016-07-26 15:34:51 EST
Keith	Roberts	CT	06488		2016-07-26 15:37:57 EST
Patricia	Harrity	CT	06470		2016-07-26 15:38:20 EST
pamela	joseph	CT	06880		2016-07-26 15:40:57 EST
Joshua	Angelus	CT	06710		2016-07-26 15:42:42 EST
Mary	Leslie		06042-3347		2016-07-26 15:47:33 EST
Robert	Rout	CT	06831	What are insurers doing to help control costs other than squeezing service providers? Why do we need them? Wouldn't adopting a single payer system eliminate a significant chunk of healthcare costs by virtue of its running as a non-profit entity?	2016-07-26 15:56:02 EST
Marita	Masuch	CT	06810	I already pay high premiums in an attempt to make deductibles less and I still barely manage. If the price goes even higher, well, what the hell is the point of having insurance when I can't afford the premium? I might as well go without insurance as I did for five years, I seemed to pay less for health care in general back in then.	2016-07-26 15:59:39 EST
Ashwinee	Sadanand	CT	06053		2016-07-26 16:03:13 EST

<u>First name</u>	<u>Last name</u>	<u>State</u>	<u>Zip code</u>	<u>Comments</u>	<u>Timestamp (EST)</u>
Jim	Horan	CT	06119	As an employer, I cannot afford these rates! Our employees get worse coverage each year.	2016-07-26 16:04:57 EST
Mary Moran	Boudreau	CT	06106		2016-07-26 16:18:13 EST
Linda	Brewster	CT	06460		2016-07-26 16:22:11 EST
Diane	DeJoannis	CT	06042-2427		2016-07-26 16:26:18 EST
Nancy	Parker	CT	06042	I have an excellent plan through the state - I was Tier One which is long gone. I just don't believe anyone should be getting rich over people's health problems. I believe it should all be non-profit - wish me good luck with that!	2016-07-26 16:26:40 EST
Matt	Ashby	CT	06512		2016-07-26 16:28:19 EST
Stephen V	Kobasa	CT	06511		2016-07-26 16:39:08 EST
Mary	Cookson	CT	06903		2016-07-26 16:39:35 EST
William	Cookson	CT	06903		2016-07-26 16:41:06 EST
Nicole	Eschelbacher	CT	06811		2016-07-26 16:46:18 EST
Christopher	Cookson	CT	06903		2016-07-26 16:46:45 EST
Ramona	Garcia	CT	06824		2016-07-26 16:46:52 EST
Jaime	Myers-McPhail	CT	06511		2016-07-26 16:55:24 EST
Sandra	Pease	CT	06067		2016-07-26 17:14:42 EST
Timothy	Smith	CT	06360		2016-07-26 17:22:29 EST
Leticia	Colon	CT	06610		2016-07-26 17:28:01 EST
Yamilette	Fall	CT	06605		2016-07-26 17:29:22 EST
ED	Kramer	CT	06905		2016-07-26 17:30:49 EST
Louise	Tonning	CT	06870-1205	The insurance companies have such high deductibles (for example \$8,000 .00) that it is pointless to even have insurance. They are happy to take payments but do not pay our medical bills.	2016-07-26 17:43:58 EST
Velandy	Manohar	CT	06438		2016-07-26 18:09:15 EST
LOIS	JASON	CT	06514	I am in my 80's and cannot afford RATE HIKES...it is bad enough, now!	2016-07-26 18:15:45 EST

<u>First name</u>	<u>Last name</u>	<u>State</u>	<u>Zip code</u>	<u>Comments</u>	<u>Timestamp (EST)</u>
				Our small non-profit cannot absorb these proposed hikes. Because we only have 4 people on an Exchange plan, our rates are higher than larger employers. Our state funds are being cut, and with these increases we will have to cut positions. We cannot afford these increases.	
Meredith	Ferraro	CT	06824		2016-07-26 18:32:53 EST
Joann	Koch	CT	06249		2016-07-26 19:15:27 EST
				I'm fed up with increases in the health care industry.	
Toby	Gillman	CT	06514		2016-07-26 19:21:52 EST
Robert	Pearston	CT	06416		2016-07-26 19:24:24 EST
Rosalba	Lopez	CT	06451		2016-07-26 19:35:52 EST
Nancy	McMillan	CT	06751		2016-07-26 19:52:09 EST
Laurie	Marcho	CT	06484		2016-07-26 19:59:05 EST
Claire	Heroux	CT	06114		2016-07-26 20:12:23 EST
				Please put a halt to these unbearable yearly rate hikes.	
Thomas	Burns	CT	06498		2016-07-26 20:17:31 EST
Gerry	Maine	CT	06118		2016-07-26 20:37:48 EST
Judy	Holder	CT	06320		2016-07-26 20:54:06 EST
Jane	White-Hassler	CT	06437		2016-07-26 20:54:49 EST
Margaret and Patricia	Sellers/Deviine	CT	06255		2016-07-26 21:27:28 EST
Anne	Nelson	CT	06359		2016-07-26 21:49:06 EST
Kathleen	Repole	CT	06896		2016-07-26 22:06:50 EST
Nestor	Mejias	CT	06776		2016-07-26 22:07:19 EST
Robert	Boudreau	CT	06095		2016-07-26 22:13:48 EST
Elaine	Sansonetti	CT	06614		2016-07-26 22:17:18 EST
				As a physical therapist, I am working harder for less pay. We actually need quality affordable healthcare -- at the individual, familial and societal levels. I need to be cared for so I can care for my family and my patients!	
Maia	Freedman	CT	06905		2016-07-26 23:11:14 EST
Antonia	Cordero	CT	06095		2016-07-27 01:41:58 EST
Diane	Pospisil	CT	06468		2016-07-27 02:22:25 EST

<u>First name</u>	<u>Last name</u>	<u>State</u>	<u>Zip code</u>	<u>Comments</u>	<u>Timestamp (EST)</u>
Daniel	Heuer	CT	06095		2016-07-27 02:26:23 EST
Irena	Kandybowicz	CT	06614		2016-07-27 05:01:48 EST
Nancy	Donne	CT	06825		2016-07-27 05:32:05 EST
Roland	Robillard	CT	06037	Stop excessive profits.	2016-07-27 05:50:04 EST
Jocelyn	Miller-Hayes	CT	06604	Just stop it! Enough is enough!! We are over taxed and underpaid!! Not fair!!	2016-07-27 06:05:34 EST
Ronald	Hills	CT	06790		2016-07-27 06:33:54 EST
David	Addams	NY	06473		2016-07-27 06:33:45 EST
Richard	Strunk	CT	06492		2016-07-27 06:41:13 EST
Leslie	Greene	CT	06880	My rates are too high already! I am a teacher with no health insurance provided through my school. I earn \$25,000 per year and I pay \$600 per month for my insurance through Anthem. That is \$7200 per year! I am a 55 year old woman and simply CANNOT AFFORD a rate hike! Please listen to us!	2016-07-27 07:30:43 EST
Dave	Krobot	CT	06605		2016-07-27 07:36:39 EST
Deborah	Moscufo Barner	CT	06333		2016-07-27 07:56:38 EST
Sarah	Winter	CT	06226	Insurance rates need to be affordable. If not, why do we even have health insurance? Direct pay can cut out the middle man entirely. The big insurers do a lousy job now.	2016-07-27 08:28:38 EST
Erika	Parent	CT	06790	I can no longer afford high health insurance rates for me and my family when I am the only one working!	2016-07-27 08:54:51 EST
Francis	Henry	CT	06605-2917		2016-07-27 09:12:41 EST
Eileen	Daniels	CT	06457	Insurance rates are unaffordable as it is. How can we allow this to happen?	2016-07-27 09:19:25 EST
Stephen	Karp	CT	06416		2016-07-27 09:44:09 EST
Michael	Marshall	CT	06335	Consumers can not afford these increases!	2016-07-27 09:48:27 EST
wm	shaheen	CT	06810		2016-07-27 09:50:30 EST
pam	mcguire	CT	06107		2016-07-27 09:52:23 EST
Kathleen	Gilbert	CT	06820		2016-07-27 09:57:03 EST

<u>First name</u>	<u>Last name</u>	<u>State</u>	<u>Zip code</u>	<u>Comments</u>	<u>Timestamp (EST)</u>
Katy	MacRae	CT	06511	My rates are already insane. Don't do this.	2016-07-27 10:03:38 EST
David	Giulietti	CT	06447	We are currently struggling to pay our monthly bills. A increase may mean going without.	2016-07-27 10:05:20 EST
Michael and Miriam	Kurland	CT	06250		2016-07-27 10:05:50 EST
Paul	Donovan	CT	06518	You are going to further exacerbate a social worker's ability to help clients in need. I don't suggest you do this in the middle of a public health crisis that has only begun to reveal how terrible it truly is.	2016-07-27 10:07:43 EST
Catherine	Hogan	CT	06510		2016-07-27 10:09:46 EST
Naikyia	Manick	CT	06519		2016-07-27 10:12:03 EST
Elizabeth	Roberts	CT	06067		2016-07-27 10:16:40 EST
Michelle	Pandolfi	CT	06111		2016-07-27 10:19:20 EST
Mary Pat	Healy	CT	06605		2016-07-27 10:53:15 EST
Patricia	Pulisciano	CT	06514	As an agent and consumer I feel that something has to give. We can't just blame insurance companies for increases we all need to come together (consumers, government, providers special interest groups etc..) to control costs. Not one person or entity is to blame but we all contribute in the increasing costs. This has been an ongoing problem with all the intelligence and resources in our Country it's a disgrace that we are still in this predicament. Costs need to go down sooner rather than later!! Everybody talks, talks, talks we need to see results now consumers are bleeding and not accessing the proper care because of high deductibles, premiums etc... I could go on and on... its a disgrace period!	2016-07-27 11:00:50 EST
Anne-Marie	Foster	CT	06355		2016-07-27 11:23:14 EST
Cynthia	Lawless	CT	06460		2016-07-27 11:53:20 EST
Nancy	Carrington	CT	06517		2016-07-27 11:54:03 EST

<u>First name</u>	<u>Last name</u>	<u>State</u>	<u>Zip code</u>	<u>Comments</u>	<u>Timestamp (EST)</u>
Suzan	Mejias	CT	06776	No to insurance rate hikes!	2016-07-27 11:58:37 EST
Randy	Savicky	CT	06901		2016-07-27 12:16:46 EST
Kurt	Fuchs	CT	06013		2016-07-27 12:29:29 EST
Anne	Rodems	CT	06511	I purchase my insurance through the health exchange--which I am overjoyed exists--and had to deal with a 12% increase. That was over \$75 per month with fewer actual benefits as coverage was tightened. As a single mother of two teenagers I cannot afford any further increases!	2016-07-27 12:33:55 EST
Michelle	Traub	CT	06798		2016-07-27 12:37:23 EST
Susan	cobleigh	CT	06110		2016-07-27 12:54:10 EST
Velma	Williams-Estes	CT	06450		2016-07-27 13:14:53 EST
Lisa	Lettieri	CT	06708	Healthcare is almost impossible to afford now! Make insurance companies more efficient by telling them no increased premiums until their controllable costs stop going up double digits every year.	2016-07-27 13:21:01 EST
Jennifer	Bennett	CT	06035		2016-07-27 13:35:21 EST
Duste	Dunn	CT	06798		2016-07-27 13:53:29 EST
Grace	Adams	CT	06226-2006	I am lucky that I have Medicaid as Medi-gap insurance with My Medicare.	2016-07-27 14:07:59 EST
Jennifer	Glick	CT	06109	Raising health insurance premium rates is absolutely outrageous!	2016-07-27 14:12:02 EST
jeanne	eckrich	CT	06840	No rate hike in medical insurance	2016-07-27 14:15:01 EST
susan	peck	CT	06790	Health insurance companies are making far more profits than ordinary citizen.	2016-07-27 15:17:57 EST
Mark	Kosnoff	CT	06492		2016-07-27 16:46:46 EST
Soraya	Potter	CT	06705		2016-07-27 18:05:07 EST
Marjorie	Jones	CT	06460		2016-07-27 19:37:03 EST
joanne	richards	CT	06382		2016-07-28 04:03:09 EST
Nicholas	Cangianni	CT	06776	do not raise my health insurance costs . I will loose my home!	2016-07-28 05:17:59 EST

<u>First name</u>	<u>Last name</u>	<u>State</u>	<u>Zip code</u>	<u>Comments</u>	<u>Timestamp (EST)</u>
Deborah	Heminway	CT	06371		2016-07-28 08:26:30 EST
Sonya	Huber	CT	06614	This is outrageous.	2016-07-28 09:31:18 EST
Laura	Michael	CT	06082	These rate increases are too high. We are already paying too much for our health insurance. CT health insurance is much more costly than other states.	2016-07-28 09:33:59 EST
Kris	Robles	CT	06062	I work two jobs and still living pay check to pay check. If there was a rate increase I am not sure if I can continue to support my family. It continues to be difficult right now as it is.	2016-07-28 09:54:18 EST
Karen	Perrone	CT	06777		2016-07-28 10:15:38 EST
Blair	Bertaccini	NY	10009		2016-07-28 10:16:29 EST
Rita	Kirsch	CT	06010	Health Insurance is sky high as it is - we cannot afford to pay higher rates. NO Increase.	2016-07-28 12:30:42 EST
Greater	Mutsikwi Houle	MA	01060		2016-07-28 13:59:35 EST
Ellen	HARZEWSKI	CT	06450		2016-07-28 14:22:09 EST
Maegaret	Smith	CT	06063-5004		2016-07-28 17:29:59 EST
Alberto	Cifuentes, Jr.	CT	06051		2016-07-28 17:36:56 EST
Kathleen	Brown	CT	06460		2016-07-28 18:06:27 EST
Arthur	Gonzalez	CT	06106	With a hike like that it would be harder for people to get health insurance	2016-07-28 18:12:37 EST
Susan	Peterson	CT	06615	Outrageous! Please put an end to this greed.	2016-07-28 18:36:35 EST
J	Spatta	CT	06716		2016-07-28 23:40:25 EST
JENNIFER	AMENDOLA	CT	06418		2016-07-29 01:31:41 EST
Susan	Raimondo	CT	06111		2016-07-29 11:14:26 EST
Peter	McKnight	CT	06824	I can barely afford the current rates - how will I afford the increase?	2016-07-29 11:33:03 EST
ruth	hopkinson	CT	06110		2016-07-29 11:39:14 EST
Michelle	Kenefick	CT	06371		2016-07-29 14:02:05 EST
Steven	Greenberg	CT	06477		2016-07-29 15:24:31 EST

<u>First name</u>	<u>Last name</u>	<u>State</u>	<u>Zip code</u>	<u>Comments</u>	<u>Timestamp (EST)</u>
David	Lazerow	CT	06053	Only the wealthy can afford these premium increases and they don't want to pay nary a penny to help with the average family's vital need for coverage. The wealthy can and must pay their fair share. How would they like it if they had to go without medical care!	2016-07-29 15:25:46 EST
Peter	Sumpf	CT	06770		2016-07-29 15:26:09 EST
Luis	Caban	CT	06106		2016-07-29 15:27:33 EST
Sandra	Silvay	CT	06226		2016-07-29 15:28:12 EST
Albert	Ginouves	CT	06039		2016-07-29 15:32:45 EST
Monica	Maye	CT	06905	The proposed rate increase is outrageous, unaffordable, and insupportable. Let's get real!	2016-07-29 15:45:00 EST
Rev. J. Richard	Fowler	CT	06791-1210	How can this be? In what parallel universe is this proposal thought of as being beneficial to ANYONE except the CEOs and major stockholders of the insurance industry?	2016-07-29 15:55:29 EST
Joseph	McDonagh	CT	06518		2016-07-29 16:06:31 EST
Noris	Christensen	CT	06092		2016-07-29 16:10:25 EST
George	Corneliusson	CT	06067		2016-07-29 16:14:40 EST
NANCY	ORTIZ	CT	06114		2016-07-29 17:05:14 EST
Deborah	Evans	CT	06515	This merger should be challenged by the federal government. I will not buy supplemental Medical insurance from these providers.	2016-07-29 18:00:56 EST
Sarah	Forman	CT	06515		2016-07-29 18:18:40 EST
William	Hoffman	CT	06515		2016-07-29 18:18:28 EST
Lydia	Vasquez - Heredia	CT	06450	Prices are high enough for the working class	2016-07-29 18:34:20 EST
Susan	Clark	CT	06512		2016-07-29 18:37:22 EST
Jane	Benigno	CT	06511	Please spare the hardship!! No increase	2016-07-29 18:57:43 EST
Richard	Bell	CT	06010	Healthcare is already very costly... I vote NO hikes!!!	2016-07-29 19:07:10 EST

<u>First name</u>	<u>Last name</u>	<u>State</u>	<u>Zip code</u>	<u>Comments</u>	<u>Timestamp (EST)</u>
Emelia	Byron	CT	06010	I vote NO hikes! Health insurance is already very expensive. I know many people who unfortunately have to scrape pennies or go without because they can't afford it. I don't believe this is how someone should have to live, empty pockets or little to no healthcare.	2016-07-29 19:12:51 EST
William	Fredrickson	CT	06498		2016-07-29 20:56:52 EST
Matt	Metell	CT	06256		2016-07-29 22:21:14 EST
Carol	Montesi	CT	06085		2016-07-29 22:22:57 EST
Deborah	Elkin	CT	06515		2016-07-29 23:22:50 EST
Gail E	Janensch	CT	06604	No to mergers. No to excessive premium hikes.	2016-07-29 23:26:10 EST
Patricia	Nielsen	CT	06516		2016-07-30 01:39:24 EST
Alexandra	Ackles	CT	06516		2016-07-30 05:47:06 EST
Jennifer	Bass	CT	06280		2016-07-30 07:33:30 EST
LUCILLE	PORTNER	CT	06111		2016-07-30 08:51:13 EST
Thomas	Hayes	CT	06790	No to rate hikes. Insurance companies are making too much now and the cost of health care is way to high!	2016-07-30 10:59:20 EST
jose	carranquinha	CT	06108	Commissioner Wade, could you and the Insurance Department please consider supporting this request of the Citizens of our State? Thanks.	2016-07-30 11:14:18 EST
Cathy	Ryan Sherman	CT	06880	This is particularly outrageous for people like me who are independent contractors and have to pay out of pocket for coverage.	2016-07-30 12:09:15 EST
Deborah	Mierzwa	CT	06066	Please, we cannot afford any rate hikes, it is hard enough to live with the rates we are already paying!!	2016-07-30 13:04:33 EST
Margaret	Goodwin	CT	06516	Cant afford particularly since state kicked so many working parents off Medicaid. Need a single payer system inCT	2016-07-30 18:45:18 EST

<u>First name</u>	<u>Last name</u>	<u>State</u>	<u>Zip code</u>	<u>Comments</u>	<u>Timestamp (EST)</u>
Carol	Silva	CT	06226	Americans are cats strapped as it is. Don't make us choose between healthcare and food.	2016-07-30 19:11:55 EST
Kenneth	Green	CT	06112	No to rate increases. If done no more than 5%	2016-07-30 20:43:05 EST
Kenneth	Green	CT	06112		2016-07-30 20:44:11 EST
Kenneth	Green	CT	06112		2016-07-30 20:45:06 EST
Janis	Underwood	CT	06515		2016-07-31 07:08:39 EST
Lee	Troy	CT	06450		2016-07-31 07:15:07 EST
Francine	Ungaro	CT	06489		2016-07-31 10:03:31 EST
Mary	Levine	CT	06812		2016-07-31 16:57:46 EST
Mary	Levine	CT	06812		2016-07-31 17:09:18 EST
Kim	Johnson	CT	06110	NO to rate hike	2016-07-31 19:58:33 EST
Evelyn	Green	CT	06112		2016-07-31 20:09:26 EST
Gaye	Hyre	CT	06516	Refusing to take the PATIENT into account in this equation is unconscionable.	2016-08-01 08:31:51 EST
Leslee	Lavigne	CT	06492	The small business people are charged outrageous amounts for insurance. Any wonder small businesses are closing. Between health insurance and taxes ...who can survive. You can't afford to get sick because if you do then you can't pay your health insurance. It is a no win situation. Rates can not be increased!!!!	2016-08-01 08:33:57 EST
Samuel	Rodriguez	CT	06114		2016-08-01 09:01:26 EST
Lucinda	Hall	CT	06880		2016-08-01 09:49:08 EST
William	Collins	CT	06851		2016-08-01 09:53:05 EST
Rep. Linda	Orange	CT	06106		2016-08-01 10:14:22 EST
Duste	Dunn	CT	06798		2016-08-01 12:42:24 EST
Katherine	Kneeland	CT	06016		2016-08-01 14:41:20 EST
Janette	Isaac	CT	06082	I strongly agree that the rate hikes should not be granted...	2016-08-01 15:19:48 EST
Sonia	Gutierrez	CT	06120	When is this going to end? we can hardly afford now! Are you kidding me!?	2016-08-01 15:50:53 EST
john	dankanyin	CT	06082		2016-08-01 18:54:08 EST
PASCUALA	RODRIGUEZ SANTIAGO	CT	06114		2016-08-01 20:20:29 EST

<u>First name</u>	<u>Last name</u>	<u>State</u>	<u>Zip code</u>	<u>Comments</u>	<u>Timestamp (EST)</u>
JUAN W	ORTIZ	CT	06114		2016-08-01 20:22:15 EST
Anne	Streckfus	CT	06606		2016-08-01 23:19:26 EST
Duste	Dunn	CT	06798		2016-08-02 09:16:11 EST
Paul	Sutherland	CT	06877		2016-08-02 09:16:20 EST
Naomi & Stanley	Bleifeld	CT	06883		2016-08-02 09:17:46 EST
Thomas	Moycik	CT	06614		2016-08-02 09:18:29 EST
Sloan	Gorman	CT	06460		2016-08-02 09:19:10 EST
Jennifer	Hochberg	CT	06825		2016-08-02 09:19:16 EST
Steven	Brill	CT	06801		2016-08-02 09:20:54 EST
Debra	Barczak	CT	06470		2016-08-02 09:23:51 EST
Donna	Lydem	CT	06716	Donna LYDEM	2016-08-02 09:23:56 EST
Joann	Merollamartin	CT	06360		2016-08-02 09:31:10 EST
Michael	Krauss	CT	06460		2016-08-02 09:32:26 EST
Dorothy	Mrowka	CT	06415		2016-08-02 09:34:30 EST
Richard	Kosinski	CT	06478		2016-08-02 09:35:18 EST
Robert	Heimer	CT	06511		2016-08-02 09:36:07 EST
Loretta	Wrobel	CT	06278		2016-08-02 09:51:28 EST
Diane	Braunschweiger	CT	06107		2016-08-02 09:52:27 EST
Kenneth	Gucker	CT	06811		2016-08-02 09:53:20 EST
Cynthia	Melmer	CT	06066		2016-08-02 09:54:04 EST
J	Bass	CT	06280		2016-08-02 09:57:36 EST
Friend	OBrien	CT	06109		2016-08-02 09:59:14 EST
Bernard	O'Donnell	CT	06010	Please stop ripping us off. My premiums continue to rise and the quality of service is getting worse.	2016-08-02 10:02:59 EST
Perry	Liu	CT	06824		2016-08-02 10:04:10 EST
Holly	Rozanski	CT	06074		2016-08-02 10:05:30 EST
Jan	Cunningham	CT	06511		2016-08-02 10:06:19 EST
Thomas	Thomas	CT	06032		2016-08-02 10:07:08 EST
Christine	Fluet	CT	06237		2016-08-02 10:07:30 EST
	Canzano	CT	06107		2016-08-02 10:12:01 EST
Paul & Judith	Bryant	CT	06070	Seniors cannot afford increased health insurance plan rate increases.	2016-08-02 10:14:50 EST

<u>First name</u>	<u>Last name</u>	<u>State</u>	<u>Zip code</u>	<u>Comments</u>	<u>Timestamp (EST)</u>
Candiann	Timnev	CT	06776		2016-08-02 10:18:12 EST
Indiana	Jones	CT	06070		2016-08-02 10:18:58 EST
Thomas	Grill	CT	06478		2016-08-02 10:20:32 EST
Norma	Salter	CT	06250		2016-08-02 10:27:32 EST
Joelle	Fishman	CT	06511		2016-08-02 10:28:18 EST
Diane	Bania	CT	06611		2016-08-02 10:30:59 EST
Carolyn	Gabel-Brett	CT	06107		2016-08-02 10:43:08 EST
Tom	Welch	CT	06413	20% increase is ridiculous!	2016-08-02 10:43:57 EST
Bob	Hurvitz	CT	06117	Bob Hurvitz	2016-08-02 10:44:55 EST
jahmal	Henderson	CT	06511		2016-08-02 10:45:10 EST
Diane	Dejoannis	CT	06042		2016-08-02 10:46:15 EST
Phyllis	Alcorn	CT	06085		2016-08-02 10:47:46 EST
Ashwinee	Sadanand	CT	06053		2016-08-02 10:56:40 EST
Maximino	Medina	CT	06610		2016-08-02 10:57:59 EST
Eda	Dibiccari	CT	06092		2016-08-02 10:58:43 EST
Roger	Ives	CT	06078		2016-08-02 11:05:09 EST
Mitchell	Fuchs	CT	06824		2016-08-02 11:06:34 EST
Francine	Ungaro	CT	06489		2016-08-02 11:12:32 EST
Sarah	Croucher	CT	06415		2016-08-02 11:17:32 EST
Jacqueline	Johnson	CT	06060-1405		2016-08-02 11:18:07 EST
William	Buhler	CT	06416	How can these rate hikes be justified when inflation is only 1%!	2016-08-02 11:18:11 EST
Denise	Weeks	CT	06033		2016-08-02 11:27:11 EST
Elizabeth	Newberg	CT	06001		2016-08-02 11:27:21 EST
Joshua	Angelus	CT	06710		2016-08-02 11:30:13 EST
Kenneth	Gucker	CT	06811		2016-08-02 11:46:47 EST
Molly	Dean	CT	06385	This issue is very important to retired individuals and families that can't afford the rate hikes in 2017.	2016-08-02 11:48:01 EST
Bilal	Sekou	CT	06066		2016-08-02 11:59:48 EST
Maureen	Stabile	CT	06611		2016-08-02 12:06:27 EST
Thomas	Sanders	CT	06441		2016-08-02 12:19:35 EST
Timothy	Otte	CT	06119		2016-08-02 12:20:35 EST

<u>First name</u>	<u>Last name</u>	<u>State</u>	<u>Zip code</u>	<u>Comments</u>	<u>Timestamp (EST)</u>
Cecilia	Berner	CT	06515		2016-08-02 12:38:55 EST
Rose-Ann	Wanczyk	CT	06416		2016-08-02 12:47:55 EST
pamela	joseph	CT	06880		2016-08-02 13:10:00 EST
Maria	Sandoval-Schaefer	CT	06517		2016-08-02 13:16:34 EST
Regina	Ippolito	CT	06801		2016-08-02 13:28:17 EST
test	testtest	CT	06511		2016-08-02 13:30:59 EST
Pamela	Driscoll	CT	06516		2016-08-02 13:32:35 EST
Helene	Figuroa	CT	06106		2016-08-02 13:43:12 EST
Helene	Figuroa	CT	06106		2016-08-02 13:53:52 EST
Tami	Simonds	CT	06226		2016-08-02 13:54:37 EST
Geryl lynn	Kopcsso	CT	06614		2016-08-02 13:56:55 EST
Mary	Consoli	CT	06810	We cannot afford the have insurance rates increased.	2016-08-02 13:57:37 EST
Helene	Figuroa	CT	06106		2016-08-02 14:01:09 EST
Jeannine	Lewis	CT	06511	Please. ..we can't afford what we are paying now this affects our whole family! !	2016-08-02 14:01:43 EST
Elaine	Molito	CT	06784		2016-08-02 14:03:30 EST
William	Collins	CT	06851		2016-08-02 14:03:39 EST
Teresa	Burns	CT	06776		2016-08-02 14:08:16 EST
Helene	Figuroa	CT	06106		2016-08-02 14:08:34 EST
Helene	Figuroa	CT	06106	Melissa Rivera	2016-08-02 14:10:13 EST
Helene	Figuroa	CT	06106		2016-08-02 14:10:18 EST
Anne	Riddle	CT	06810		2016-08-02 14:12:40 EST
Anthony	Adamczyk	CT	06040	I have always believed that Obama Care had nothing to do with making health care affordable or available to all people. Obama care was actually the selling of Americans to the Health care ind. which were the second largest donors to his campaigns, right behind Wall Street.	2016-08-02 14:14:58 EST
Helene	Andrews	CT	06470		2016-08-02 14:15:39 EST
Chip	Caton	CT	06002		2016-08-02 14:17:41 EST
Jeanette	Lyles	CT	06517		2016-08-02 14:23:30 EST

<u>First name</u>	<u>Last name</u>	<u>State</u>	<u>Zip code</u>	<u>Comments</u>	<u>Timestamp (EST)</u>
Nancy	Torres	CT	06776		2016-08-02 14:27:30 EST
Kennrth	Fisher	CT	06010	We can't afford Insurance rate hikes.	2016-08-02 14:28:42 EST
Elizabeth	Kearney	CT	06783		2016-08-02 14:28:32 EST
Donna	Shanks	CT	06470		2016-08-02 14:32:54 EST
Helene	Figuroa	CT	06106	We can't afford health insurance rate hikes	2016-08-02 14:35:47 EST
Kurt	Zimmerman	CT	06033		2016-08-02 14:38:11 EST
milagros	rivera	CT	06604		2016-08-02 14:38:29 EST
Xavier	Crespo	CT	06483		2016-08-02 14:41:34 EST
Catherine	Bernardez	CT	06804		2016-08-02 14:43:09 EST
Catherine	Bernardez	CT	06804		2016-08-02 14:43:36 EST
Helene	Figuroa	CT	06106		2016-08-02 14:45:32 EST
kemisha	Maxwell	CT	06606		2016-08-02 14:46:38 EST
				Insurance companies have too much control over what the doctor is prescribing for treatment and care as it is. People are being hurt by the Insurance company trying to save money. They do not know the patient, therefor should not dictate care!! Overall it ends up costing more money! To raise high insurance rates to make then even higher is just wrong!! As it is many people struggle with high co-pays, having to decide between getting the needed medications/ treatments or eating. This greediness needs to stop.	
Carol	Grant	CT	06776		2016-08-02 15:03:49 EST
Kenneth	Foscue	CT	06473		2016-08-02 15:06:58 EST
Suzanne	Wigglesworth	CT	06804		2016-08-02 15:10:55 EST
Alysa	Irizarry	CT	06810		2016-08-02 15:11:29 EST
		CT	06801		2016-08-02 15:13:14 EST
Ann	Steele	CT	06107		2016-08-02 15:14:55 EST
Dale	Morris	CT	06605		2016-08-02 15:24:17 EST
maureen	mcallister	CT	06488		2016-08-02 15:28:01 EST
Barbara	Pouliot	CT	06042	Barbara Pouliot	2016-08-02 15:41:50 EST

<u>First name</u>	<u>Last name</u>	<u>State</u>	<u>Zip code</u>	<u>Comments</u>	<u>Timestamp (EST)</u>
Marie	Athans	CT	06482		2016-08-02 15:48:22 EST
Jody	Kusheba	CT	06468		2016-08-02 16:01:24 EST

Hwang Web Site Contact

Laurie OBrien <lobrien@windsorct.org>

Tue, Aug 2, 2016 at 12:47 PM

To: tony.hwang@cga.ct.gov

First Name

Laurie

Last Name

OBrien

Email Address

lobrien@windsorct.org

Phone Number

(860) 598-9639

Mailing Address

37 Oakridge Drive

City

Old Lyme

State

Connecticut

Zip Code

06371

Issue

Other

Message

Hello,
I heard you discussing Anthem proposing a 28% increase in Anthem insurance. I cannot afford this increase. That & the possibility I will have to pay taxes on my mileage is outrageous. Perhaps it's time to get out of CT.
Laurie O'Brien

Healthcare costs in CT

Richard Zanetti <richard.zanetti@gmail.com>

Wed, Aug 3, 2016 at 11:56 AM

To: Tony.Hwang@cga.ct.gov

Hi Tony:

I met you a few years ago when you were campaigning in our neighborhood. I support your efforts on making CT an affordable state where people like me are not considering leaving for lower tax states.

Many of my elderly friends have abandoned CT for Florida and Texas, so they can live without worrying about having enough money to live out their lives comfortably.

Regarding healthcare costs:

Our son, Michael has been chronically ill since high school.

He is 38 years old and has been living at home.

He can't work or take care of himself.

My wife cares for him.

We have been paying for his health insurance since he was no longer covered by my health insurance plan. The cost of his health insurance, as you know, will skyrocket next year.

We now have an Anthem policy that costs about \$250 per month, with a \$5,000 deductible.

Very expensive. And not forgiving for minor problems.

Having this rate go up any more will be a big burden on our family.

I beg the CT legislature to see what they can do to reduce this exorbitant increase in health insurance costs.

I work for a small business and have seen my company-paid policy deteriorate over the years as the owners struggle to pay for it and often opt for lesser coverage.

I'm not happy that the governor vetoed a bill to make these rate decisions more transparent. He should fight these increases, which negatively affect so many of his residents and small businesses.

I will not vote for him again.

Thanks, Tony for your concern and help with this issue.

THE STRATEGIES GROUP, LLC

BUSINESS AND FINANCIAL SOLUTIONS

84 WARD STREET • STRATFORD, CT • 06614 USA

PHONE: 203-386-0375 • FAX: 203-386-0365

EMAIL: ANGIE@THESTRATEGIESGROUP.NET

TESTIMONY OF ANGELA DEMELLO

RE: RATE INCREASE HEARING FOR ANTHEM IN CT – Aug 3rd 2016

In addition to being a co-chair for CONECT's Health Care team, I am also a small business owner in Stratford, CT. Our Agency, The Strategies Group, handles health insurance for individuals, small and large employers as well as Medicare recipients. We have been in the industry for 25+ years and have experienced many changes and challenges to our healthcare landscape in CT.

Affordable Care Act – ACA, has definitely brought many positive changes, the biggest of which, in my opinion, has been the elimination of pre-existing conditions. It has also been heartwarming that so many of my clients and their families have been able to see doctors for the first time in many years, or ever. Subsidies or Advanced Premium Tax Credits have made that possible. However, the majority of my clients have not experienced this opportunity. They, supposedly, make too much money! And most of them are now paying much higher premiums than they were before. Affordable Care Act, while making insurance more accessible, is now definitely NOT affordable to the consumer. I understand that the definition of "affordable" is based in actuarial projections of the solvency of the insurance carriers, rather than the affordability to the consumer. While that may be the letter of the law, I am appealing to you, the Insurance Department, to take into consideration, the spirit and intent of the law. Many of our individual and small business clients are paying the penalty rather than pay insurance premiums. Their rationale is simple – do we pay insurance premiums or put food on our tables, or pay the mortgage, or? For many small businesses, it is a choice between paying insurance premium or paying payroll. A Hobson's choice???

The plan to pay the penalty may be a challenge, however, I do not perceive that to be the main challenge; The bigger, more insidious challenge is that, without insurance, hospitals and providers are, by law, able to collect the full cost for services provided. There is no insurance company that can negotiate claims...

*I have always understood it to be the Insurance Department's job to encourage, manage, and regulate a competitive insurance **market** in the state. That is where the actuarial metrics of excessive, inadequate, and discriminatory come from - which is intended to keep insurance companies solvent, reasonably profitable, and to not overcharge certain segments of the state's population unfairly while undercharging others. When rates go so high that customers simply decide they can no longer afford the product and leave the market altogether, then it is a market failure -- one that government intervention and regulation is meant to prevent. Sadly, this is what we are seeing on the horizon for 2017, with these enormous rate increases, and with the shutting down of Healthy CT, making the market less competitive and the costs prohibitive for many people to participate at all. As such, CID does need to take affordability into account as it looks forward, lest it have an even broader market failure to try to correct in a year from now.*

I make no apology for preaching to the choir - I realize that you as the Insurance Department, probably field the same challenges. However, laws were made by people like you and I, sitting across a table from one another, and making decisions that would improve the lives of our communities and fellow beings...

Thank you for your time and consideration.

CTChiro

Connecticut Chiropractic Association

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First Vice President

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Commissioner Katharine L. Wade
Connecticut Department of Insurance
153 Market Street
Hartford, CT 06103

August 3, 2016

Re: Health Insurance Rate Increase

Commissioner Wade,

My name is Dr. Richard Duenas and I am the president of the Connecticut Chiropractic Association. I am here to address proposed insurance rate increases for Anthem Health Plans, Aetna Life Insurance Company and ConnectiCare Insurance Company, and to share our concerns about policies established by these companies that reduce the full scope of chiropractic practice as allowed by law thus compromising patient rights to select their chiropractic physician for their general, primary and specialty health care needs.

The Connecticut chiropractic scope of practice authorizes chiropractic physicians to provide comprehensive whole person diagnosis and management of the individual's state of health without the use of drugs or surgery. Since the inception of the profession in 1895 and licensure in Connecticut in 1917, patients have utilized their chiropractic physician for their primary health care and specialty health care needs. The profession espouses natural methods of health care and has demonstrated exceptional, safe and effective results for primary and specialty care services usually at costs less than medically provided care and often with better clinical outcomes. Patient satisfaction for chiropractic care is usually superior to other methods of care. Chiropractic physicians are qualified by training, state and federal law to provide physician level services including physical examinations, consultations, diagnostics, physical medicine, diet and nutrient services and products, preventive and wellness health care and the prescription and provision of durable medical goods. Unfortunately, as insurance companies are consolidating and establishing more managed care in order to control their expenses, we have witnessed the liberties of patients to choose their provider and utilize a chiropractor instead of a medical doctor, and the ability of chiropractic physicians to provide the full scope of chiropractic services to these patients more restrained. To make matters worse, we recognize the insurance laws that require coverage of chiropractic services to the same extent as coverage is provided by medical doctors and prohibit discrimination against all providers are often ignored by the insurance companies.

We have heard these insurance companies represent that they are in compliance with the Patient Protection and Affordable Care Act (PPACA) for Exchange and Non-Exchange Plans in their Executive Summaries. We disagree. Federal law, Patient Protection and Affordable Care Act - section 2706, specifically prohibits health care provider discrimination. Connecticut statute section 38a-591 specifically requires all plans sold on the Exchange follow PPACA - section 2706 and also the state's mandates. In the state's mandates for individual and group health plans, Section 38-504 and section 38-534 specifically require insurers to cover chiropractic services to the same extent as coverage is provided for medical services.

In our experiences and upon review of insurance plan policies sold on and off the

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Exchange, we find health insurance plans, including Anthem Blue Cross Blue Shield, Aetna and ConnectiCare, to be in violation of Section 2706 of the PPACA and in violation with Sections 38-504 and 38-534 of Connecticut statutes in the following ways:

- No company presents chiropractic physicians to subscribers and potential patients to the same extent as medical doctors are presented. This steers patients into medical practices and improperly restrains the fair trade of the healing arts.
- All plans impose limits to chiropractic physical treatments when no such limits are imposed upon medical physical treatments. This increases the costs burden of patients.
- Most plans ascribe chiropractic physicians as specialists which causes higher co-payments imposed upon patients. A more reasonable, realistic and traditional role to ascribe the chiropractic physician is as a primary care physician or generalist. This categorization is associated with a much lower co-payment for examination and consultation services.
- One company offers a reimbursement policy to chiropractic physician's that is non-congruent with reimbursement policy offered to medical doctors. The policy offered to chiropractic physicians limits payment of services to a per diem rate. Thus, a time limit is imposed upon the chiropractic physician. The reimbursement policy offered to a medical doctor is based upon each service provided. There is no time limit imposed upon medical doctors. Thus, the MD is reimbursed for each service provided. Each service is coded to account for the service level of skill and time to deliver the service. Thus, the coverage for chiropractic services cannot be covered to the same extent as coverage is provided for medical services. Patients are harmed by this policy.

There is ample data to demonstrate chiropractic services do not increase costs to consumers, insurers and the health care system in general. In fact a study where the full scope of chiropractic care was utilized in Blue Cross Blue Shield of Illinois policies where patients utilized their chiropractors as their Primary Care Physician demonstrated the following results:

- 60% decrease in in-hospital admissions
- 59% decrease in hospital days
- 62% decrease in outpatient surgeries and procedures
- 85% decrease in pharmaceutical costs

With results like these you would expect all insurance companies, especially Anthem Blue Cross Blue Shield, to proactively recruit more chiropractic physicians into their plans with policies and a reimbursement schedule that allows the doctor to provide their full scope of practice and also promote the full scope of chiropractic services to their subscribers and hospitals. This is not so. It is just the opposite where their policies limit exposure to chiropractic care and they offer reimbursement schedules that prohibit the delivery of the full scope of chiropractic practice thus forcing patients into pharmaceutical approach of health care and higher costs. One has to wonder insurance company motives for raising premiums if they ignore proven methods of delivering health care more cost-effectively.

It is therefore our position that no insurance rates be raised until the insurance companies change their policies to be in compliance with federal and state laws. Such legal compliance is within the purview of the Department of Insurance. We believe other government regulators should be involved including the Attorney General's office, Office of Health Care Access, Comptroller's office, Department of Public Health and Access

Health Connecticut. We believe the Department of Insurance must rely upon the opinions and approval from organizations representing the medical, chiropractic, naturopathic, podiatric, optometry, behavioral health and advanced practice registered nursing professions to authorize compliance of state and federal laws.

We have attached documents supporting our statements. We are always available to discuss these issues further and look forward to working the Department of Insurance, insurance companies, government regulators, legislators and patient advocacy organizations to assure patient liberties in the health care system are protected and all providers can practice to the full extent of their license.

Thank you,

A handwritten signature in black ink, appearing to read "Richard Duenas", is written over a large, light-colored scribble or stamp.

Richard Duenas, D.C.
President
Connecticut Chiropractic Association

Attachments

Copy: file

Federal and Connecticut Insurance Laws for Chiropractic Coverage

1. Federal laws regulating chiropractic health care in CT

PPACA, Section 2706

Provider Non-Discrimination

PHS Act section 2706(a),⁽³⁾ as added by the Affordable Care Act, states that a "group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law." PHS Act section 2706(a) does not require "that a group health plan or health insurance issuer contract with any health care provider willing to abide by the terms and conditions for participation established by the plan or issuer," and nothing in PHS Act section 2706(a) prevents "a group health plan, a health insurance issuer, or the Secretary from establishing varying reimbursement rates based on quality or performance measures." Similar language is included in section 1852(b)(2) of the Social Security Act⁽⁴⁾ and implementing HHS regulations.⁽⁵⁾

The statutory language of PHS Act section 2706(a) is self-implementing and the Departments do not expect to issue regulations in the near future. PHS Act section 2706(a) is applicable to non-grandfathered group health plans and health insurance issuers offering group or individual health insurance coverage for plan years (in the individual market, policy years) beginning on or after January 1, 2014.

Until any further guidance is issued, group health plans and health insurance issuers offering group or individual coverage are expected to implement the requirements of PHS Act section 2706(a) using a good faith, reasonable interpretation of the law. For this purpose, to the extent an item or service is a covered benefit under the plan or coverage, and consistent with reasonable medical management techniques specified under the plan with respect to the frequency, method, treatment or setting for an item or service, a plan or issuer shall not discriminate based on a provider's license or certification, to the extent the provider is acting within the scope of the provider's license or certification under applicable state law. This provision does not require plans or issuers to accept all types of providers into a network. This provision also does not govern provider reimbursement rates, which may be subject to quality, performance, or market standards and considerations.

The Departments will work together with employers, plans, issuers, states, providers, and other stakeholders to help them come into compliance with the provider nondiscrimination provision and will work with families and individuals to help them understand the law and benefit from it as intended.

For questions about the provider nondiscrimination provision, including complaints regarding compliance with the statutory provision by health insurance issuers, contact your state department of insurance (contact information is available by visiting www.healthcare.gov/using-insurance/managing/consumer-help/index.html) or the Centers for Medicare & Medicaid Services, Center for Consumer Information and Insurance Oversight at 1-888-393-2789. For employment-based group health plan coverage, you also may contact the Department of Labor at www.askebsa.dol.gov or 1-866-444-3272.

2. State laws regulating chiropractic health care in CT

Sec. 38a-479. Definitions. Contracting health organizations to establish procedure allowing physicians to view fee schedules. Fee information to be confidential. (a) As used in this section: (1) "Contracting health organization" means (A) a managed care organization, as defined in section 38a-478, or (B) a preferred provider network, as defined in section 38a-479aa; and (2) "physician" means a physician or surgeon, chiropractor, podiatrist, psychologist or optometrist.

Sec. 38a-479a. Physicians and managed care organizations to discuss issues relative to contracting between such parties. The chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to insurance shall convene, at least two times each year, a group of physicians and managed care organizations, to discuss issues relative to contracting between physicians and managed care organizations, including issues relative to any national settlement agreements, to the extent permitted under such settlement agreements.

Sec. 38a-507. Coverage for services performed by chiropractors. Each individual health insurance policy delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for services rendered by a chiropractor licensed under chapter 372 to the same extent coverage is provided for services rendered by a physician, if such chiropractic services (1) treat a condition covered under such policy, and (2) are within those services a chiropractor is licensed to perform.

Sec. 38a-534. Coverage for services performed by chiropractors. Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (6) and (11) of section 38a-469, delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for services rendered by a chiropractor licensed under chapter 372 to the same extent coverage is provided for services rendered by a physician, if such chiropractic services (1) treat a condition covered under such policy, and (2) are within those services a chiropractor is licensed to perform.

Sec. 38a-548. Penalty. Any insurer, hospital or medical service corporation, health care center or fraternal benefit society, or any officer or agent thereof, delivering or issuing for delivery to any person in this state any policy in violation of any of the provisions of sections 38a-512 to 38a-533, inclusive, 38a-537 to 38a-542, inclusive, and 38a-545, shall be fined not more than one thousand dollars for each offense, and the commissioner may revoke the license of any foreign or alien insurer, or any agent thereof, violating any of those provisions.

Sec. 38a-550a. Copayments re in-network physical therapy services and in-network occupational therapy services. No group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall impose copayments that exceed a maximum of thirty dollars per visit for in-network (1) physical therapy services rendered by a physical therapist licensed under section 20-73, or (2) occupational therapy services rendered by an occupational therapist licensed under section 20-74b or 20-74c.

Sec. 38a-551. (Formerly Sec. 38-371). Definitions. For the purposes of this section and sections 38a-552 to 38a-559, inclusive, the following terms shall have the following meanings:

(a) "Health insurance" means hospital and medical expenses incurred policies written on a direct basis, nonprofit service plan contracts, health care center contracts and self-insured or self-funded employee health benefit plans. For purposes of sections 38a-505, 38a-546 and 38a-551 to 38a-559, inclusive, "health insurance" does not include (1) accident only, credit, dental, vision, Medicare supplement, long-term care or disability insurance, hospital indemnity coverage, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical-payments insurance, or insurance under which beneficiaries are payable without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance, or (2) policies of specified disease or limited benefit health insurance, provided: (A) The carrier offering such policies files on or before March first of each year a certification with the commissioner that contains the following: (i) A statement from the carrier certifying that such policies are being offered and marketed as supplemental health insurance and not as a substitute for hospital or medical expense insurance; and (ii) a summary description of each such policy including the average annual premium rates, or range of premium rates in cases where premiums vary by age, gender or other factors, charged for such policy in the state; and (B) for each such policy that is offered for the first time in this state on or after July 1, 2005, the carrier files with the commissioner the information and statement required in subparagraph (A) of this subdivision at least thirty days prior to the date such policy is issued or delivered in this state.

(b) "Carrier" means an insurer, health care center, hospital service corporation or medical service corporation or fraternal benefit society.

(c) "Insurer" means an insurance company licensed to transact accident and health insurance business in this state.

(d) "Health care center" means a health care center, as defined in section 38a-175.

(e) "Self-insurer" means an employer or an employee welfare benefit fund or plan which provides payment for or reimbursement of the whole or any part of the cost of covered hospital or medical expenses for covered individuals. For purposes of sections 38a-505, 38a-546 and 38a-551 to 38a-559, inclusive, "self-insurer" shall not include any such employee welfare benefit fund or plan established prior to April 1, 1976, by any organization which is exempt from federal income taxes under the provisions of Section 501 of the United States Internal Revenue Code and amendments thereto and legal interpretations thereof, except any such organization described in Subsection (c)(15) of said Section 501.

(f) "Commissioner" means the Insurance Commissioner of the state of Connecticut.

(g) "Physician" means a doctor of medicine, chiropractic, naturopathy, podiatry, a qualified psychologist and, for purposes of oral surgery only, a doctor of dental surgery or a doctor of medical dentistry and, subject to the provisions of section 20-138d, optometrists duly licensed under the provisions of chapter 380.

Sec. 38a-553. (Formerly Sec. 38-373). Minimum standard benefits of comprehensive health care plans. Optional and excludable benefits. Preexisting conditions. Use of managed care plans. All individual and all group comprehensive health care plans shall include minimum standard benefits as described in this section.

Compliance of state mandates in the Affordable Care Act:

Sec. 8. Section 38a-591 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2016*):

(a) For purposes of this section, "Affordable Care Act" means the Patient Protection and Affordable Care Act, P. L. 111-148, as amended from time to time, and regulations adopted thereunder.

(b) Each insurance company, fraternal benefit society, hospital service corporation, medical service corporation and health care center licensed to do business in the state shall comply with Sections 1251, 1252 and 1304 of the Affordable Care Act and the following Sections of the Public Health Service Act, as amended by the Affordable Care Act: (1) 2701 to 2709, inclusive, 42 USC 300gg et seq. ; (2) 2711 to 2719A, inclusive, 42 USC 300gg-11 et seq. ; and (3) 2794, 42 USC 300gg-94.

(c) This section shall apply, on and after the effective dates specified in the Affordable Care Act, to insurance companies, fraternal benefit societies, hospital service corporations, medical service corporations and health care centers licensed to do business in the state.

(d) No provision of the general statutes concerning a requirement of the Affordable Care Act shall be construed to supersede a provision of the general statutes that provides greater protection to an insured, except to the extent the latter prevents the application of a requirement of the Affordable Care Act.

(e) (1) The Insurance Commissioner shall, within available appropriations, evaluate whether insurance companies, fraternal benefit societies, hospital service corporations, medical service corporations and health care centers subject to the Affordable Care Act are in compliance with the requirements under said act, including, but not limited to, the prohibition against discriminatory benefit designs.

Any such company, society, corporation or center shall submit to the commissioner, upon request, the following information for a specific health insurance policy or plan: (A) The benefits covered under each of the categories of the essential health benefits package, as defined by the Secretary of Health and Human Services; (B) any coverage exclusions or restrictions on covered benefits, including under the prescription drug benefit; (C) any drug formulary used, the tier structure of such formulary and a list of each prescription drug on such formulary and its tier placement; (D) any applicable coinsurance, copayment, deductible or other out-of-pocket expenses for each covered benefit; and (E) any other information the commissioner deems necessary to evaluate such company, society, corporation or center.

(2) The commissioner shall report annually, within available appropriations, to the joint standing committee of the General Assembly having cognizance of matters relating to insurance on any insurance company, fraternal benefit society, hospital service corporation, medical service corporation or health care center evaluated pursuant to subdivision (1) of this section in the preceding year and the findings of such evaluation.

Sec. 38a-1086. Certification of health benefit plans. (a) The exchange may certify a health benefit plan as a qualified health plan if:

(1) (1) The plan includes, at a minimum, essential benefits as determined under the Affordable Care Act and the coverage requirements under chapter 700c, except that the plan shall not be required to provide essential benefits that duplicate the minimum benefits of qualified dental plans, as set forth in subsection (e) of this section, if:

(A) The exchange has determined that at least one qualified dental plan is available to supplement the plan's coverage; and

(B) The health carrier makes prominent disclosure at the time it offers the plan, in a form approved by the exchange, that such plan does not provide the full range of essential pediatric benefits, and that qualified dental plans providing those benefits and other dental benefits not covered by such plan are offered through the exchange;

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Research Regarding the Cost-Effectiveness and Clinical Outcomes of Chiropractic Care



Summary of Findings

- A patient receiving regular chiropractic care experiences reduced hospital admissions, surgeries, and pharmaceutical costs.
- Studies indicate that greater chiropractic coverage, despite increased visits to a DC, results in significant net savings in both indirect and direct costs.
- Chiropractic care could reduce Medicare costs—both payment for all services and average per claim payment.
- Chiropractic students are better prepared to address musculoskeletal issues than medical students and most doctors.
- Chiropractic patients typically pay less and are more satisfied with their treatment than MD patients.
- Chiropractic care can be used to control health care costs.
- Chiropractic patients reach maximum medical improvement sooner than when treated by a medical doctor.

"My research, conducted over a ten-year period utilizing clinical and cost outcomes data from one of the nations largest insurance underwriters, suggests that the regular utilization of chiropractic could reduce the need for hospitalization, pharmaceutical usage and overall global health care costs by almost 50 percent."

- Richard I. Samat, M.D., President of Alternative Medicine Integration (AMI)

Examine the Research for Yourself

1. **The Alternative Medicine Integration Study.** Journal of Manipulative and Physiological Therapeutics, May 2007. Study results available at: [www.jmptonline.org/article/S0161-4754\(07\)00076-0/abstract](http://www.jmptonline.org/article/S0161-4754(07)00076-0/abstract).

- The Alternative Medicine Integration Study was updated in 2007, covering the years of 2003-05. Results of the original study were confirmed.
 - Chiropractic care patients demonstrated:
 - 60% decrease in in-hospital admissions
 - 59% decrease in hospital days
 - 62% decrease in outpatient surgeries and procedures
 - **85% decrease in pharmaceutical costs**
-

2. **Clinical and Cost Outcomes of an Integrative Medicine IPA.** Sarnat, Richard; Winterstein, James. Journal of Manipulative and Physiological Therapeutics 2004; 27: 336-347.

- In 1999, a large Chicago HMO began to utilize doctors of chiropractic (DCs) in a primary care provider role.
 - During the 4-year study, this integrative medical approach, emphasizing a variety of complimentary and alternative medical (CAM) therapies, resulted in lower patient costs and improved clinical outcomes for patients.
 - The patients who went to DCs as their primary care providers had:
 - 43% decrease in hospital admissions
 - 52% reductions in pharmaceutical costs
 - **43% fewer outpatient surgeries and procedures**
-

3. **Enhanced Chiropractic Coverage Under OHIP (Ontario Health Insurance Plan) as a Means for Reducing Health Care Costs, Attaining Better Health Outcomes, and Achieving Equitable Access To Health Services.** Manga, Pran. Report to the Ontario Ministry of Health, 1998.

- Demonstrates deterrence of the use of chiropractic care because it is not covered under OHIP.
 - Authors indicate that greater chiropractic coverage under OHIP would result in a greater number of individuals visiting chiropractors and more frequent visits.
 - Study shows that, despite increased visits to DCs, a net savings in both direct and indirect costs would be experienced.
Direct savings for Ontario's health care system would range between \$380-770 million.
-

4. **Utilization, Cost, and Effects Of Chiropractic Care On Medicare Program Costs.** Muse and Associates. American Chiropractic Association 2001.

- Examines cost, utilization, and effects of chiropractic services on Medicare costs.
 - Compares program payments and service utilization for Medicare beneficiaries who visited DCs and those who visited other types of physicians.
 - Results indicate that chiropractic care could reduce Medicare costs.
 - **Average Medicare payment (all services) for beneficiaries who had chiropractic care: \$4,426.**
Average Medicare payment (all services) for beneficiaries who had other types of care: \$8,102.
 - The per claim average payment was also lower: \$133 vs. \$210.
-

5. **Cost of Care for Common Back Pain Conditions Initiated with Chiropractic Doctor vs. Medical Doctor/Doctor of Osteopathy as First Physician: Experience of One Tennessee-Based General Health Insurer.** Richard L. Liliendahl, M.D.; Michael D. Finch,



Ph.D.; David Axnene, FSA; Christine M. Goertz, EC, Ph.D. Journal of Manipulative and Physiological Therapeutics. Vol. 33, Issue 9.

- **Paid cost for episodes of care initiated with a DC were almost 40% less** than episodes initiated with an MD.
 - Even after risk adjusting each patient's cost, episodes of care initiated with a DC were 20% less expensive than those initiated with an MD.
-

6. An Examination of Musculoskeletal Cognitive Competency in Chiropractic Interns. Humphreys, B.K.; Sulkowski, A.; McIntyre, K.; Kasiban, M.; Patrick, A.N. Journal of Manipulative Physiological Therapeutics 2007 Jan; 30(1):44-9.

- Prior studies have concluded that musculoskeletal medical education is inadequate; yet, musculoskeletal complaints are one of the most common reasons for seeking physician care.
 - This study compared the results of 154 fourth-year chiropractic interns that completed the Basic Competency Examination in musculoskeletal medicine.
 - Most interns passed the test with results that were considerably better than those of recent medical graduates and physical therapy doctorate students. The chiropractic intern scores were also higher than those of orthopedic staff physicians.
 - **The 51%-64% success rate of chiropractors was almost double the 20%-30% rate of medical students and doctors.**
-

7. Costs and Recurrences of Chiropractic and Medical Episodes of Low Back Care. Smith, M.; Stano, M. Journal of Manipulative and Physiological Therapeutics 1997; 20(1): 5-12.

- Compares the health insurance payments and patient utilization patterns of individuals suffering from recurring low back pain who visited DCs or MDs.
 - Insurance payments were higher for medically initiated episodes.
 - **Those who visited chiropractors paid less and were more satisfied with the care given.**
 - The study suggests that chiropractic care should be given careful attention by employers when using gate-keeper strategies.
-

8. Chiropractic and Medical Costs of Low Back Care. Stano, M., Smith, M. Medical Care 1996; 34(3): 191-204.

- Compares health insurance payments and patient utilization patterns for episodes of care for common lumbar and low back conditions treated by chiropractic and medical providers (uses 2 years of insurance claims data and examines more than 6,000 patients who had episodes with medical or chiropractic first-contact providers).
 - Total insurance payments were substantially greater for episodes with a medical first-contact provider. **(Mean total payment was \$1,020 with an MD vs. \$518 with a DC.)**
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9. Stano, Miron. The Economic Role of Chiropractic Further Analysis of Relative Insurance Costs for Low Back Care. Journal of the Neuromusculoskeletal System 1995; 3(3): 139-144.

- This retrospective study of 7,000+ patients compared costs of care for common low back conditions when a DC was used versus an MD as the first provider.
- Payments for inpatient procedures were higher for MD-initiated treatment, especially for episodes that lasted longer than one day.
- Outpatient payments were nearly 50% higher for MD-initiated treatments as well.
- **The author concluded that chiropractic care could help to control health care spending.**

10. Lost Productive Time and Cost Due to Common Pain Conditions in the U.S. Workforce. Stewart, W.F.; Ricci, J.A.; Chee, E.; Morganstein, D.; Lipton, R. Journal of the American Medical Association 2003. Nov 12; 290(18): 2443-54.

- Researchers questioned 29,000 respondents regarding the cost implications of reduced performance due to headaches, arthritis, back pain, and other musculoskeletal pain.
 - Participants also responded as to whether common pain conditions had caused them to lose concentration, repeat jobs, do nothing, or feel fatigued at work.
 - **The cost of lost productive time in the U.S. workforce was found to be \$61 billion, and 76% of that cost was attributed to health-related reduced performance.**
 - Data revealed that 1.1% of the workforce were absent one or more days per week because of common pain conditions.
-

11. Comparative Analysis of Individuals With and Without Chiropractic Coverage. Legorreta, A.; Metz, D.; Nelson, C.; Ray, S.; Chernicoff, H.; DiNubile, N. Archives of Internal Medicine 2004; 164: 1985-1992.

- A 4-year retrospective review of claims from 1.7 million health plan members were analyzed to determine the cost effects of the inclusion of a chiropractic benefit in an HMO insurance plan.
 - Members with a chiropractic benefit had lower overall total annual health care costs.
 - Back pain patients with chiropractic coverage also realized lower utilization of plain radiographs, low back surgery, hospitalizations and MRIs.
 - **Back pain episode-related costs were 25% lower for those with chiropractic coverage (\$289 vs. \$399).**
-

12. Cost Comparisons of Chiropractic Care Versus Other Health Care Provider. Texas Workers' Compensation Report.¹

"The average cost of [low back injury] claims is \$15,884. When a worker with a lower back injury receives at least 75% of his/her care from a chiropractor, that cost decreases to \$12,202 and when he/she receives at least 90% of their care from a chiropractor the average cost declines even further to \$7,632."

¹ MGT of America, Inc. Chiropractic Treatment of Workers' Compensation Claimants in the State of Texas (Austin, Texas: 2003).

13. Chiropractic Care of Florida Workers' Compensation Claimants: Access, Costs, and Administrative Outcome Trends from 1994 to 1999. Folsom, B.L.; Holloway, R.W. Topics in Clinical Chiropractic 2002; 9(4): 33-53.

- Study revealed that average total cost for low-back cases treated medically was \$16,998, while chiropractic care was only \$7,309.
 - Patients treated primarily by chiropractors were found to **reach maximum medical improvement almost 28 days sooner** than if treated by a medical doctor.
 - Considerable cost savings and more efficient claims resolution may be possible with greater involvement of chiropractic treatment in specific low back cases and other specific musculoskeletal cases.
-

14. FYI-IPA. Gemmell, H.A., Hayes, B.M. Patient Satisfaction with Chiropractic Physicians in an Independent Physicians Association. Journal of Manipulative and Physiological Therapeutics 2001; 24(9): 556-559.

- In this study, 150 chiropractic patients were surveyed.
- Chiropractic care received excellent remarks by percentage, in the following categories:
 - Time to get an appointment - 85%
 - Convenience of office - 58%
 - Access to office by phone - 77%
 - Length of wait - 76%
 - Time spent with provider - 74%
 - Explanation of treatment - 73%
 - Skill of provider - 83%
 - Personal manner of the chiropractor - 92%
 - Overall visit - 83%

CTChiro

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Research Regarding the Cost-Effectiveness and Clinical Outcomes of Chiropractic Care

Summary of Findings

Tracking low back problems ...

The chiropractic group had:

- lowest prescription medication rates
- least costs per episode of low back pain
- least guideline-incongruent use of medications and imaging
- least likelihood to receive complex medical procedures like surgeries

\$6,983.82

Chiropractic Management

vs.

\$28,231.50

Complex Medical
Management

- Patients receiving chiropractic care have the lowest prescription medication rates, least costs per episode of low back pain, and least guideline-incongruent use of medications and imaging
- Chiropractic care provides greater reductions in self-reported disability and pain compared with usual medical care for acute and subacute low back pain
- Overall satisfaction among persons using chiropractic is very high
- Studies find that chiropractic is effective in the management of neck and back pain
- Spinal manipulation is a cost-effective treatment to manage spinal pain
- Including chiropractic care with standard obstetric care benefits patients
- Seniors have lowered risk of injury following chiropractic visit than medical visit
- Injured workers whose first visit was to a chiropractor had significantly lower odds of surgery

Chiropractic Efficacy Literature Review, Don't just take our word for it! Examine the Research for Yourself ...

1 Spinal manipulation epidemiology: systematic review of cost effectiveness studies.

Michaleff ZA, Lin CW, Maher CG, van Tulder MW. *J Electromyogr Kinesiol.* 2012;22(5):655-62.

Summary: Spinal manipulation is a cost-effective treatment to manage spinal pain

- Spinal manipulation is a **cost-effective treatment to manage neck and back pain** when used alone or in combination with other techniques compared to GP (general practitioner) care, exercise and physiotherapy

2 Comparison of spinal manipulation methods and usual medical care for acute and subacute low back pain: a randomized clinical trial.

Schneider M, Haas M, Glick R, Stevans J, Landsittel D. *Spine (Phila Pa 1976)*. 2015;40(4):209-17.

Summary: Chiropractic manipulation effective in short term treatment of acute and subacute low back pain

- Chiropractic manual manipulation can **provide greater reductions in self-reported disability and pain compared with usual medical care** for acute and subacute low back pain
- Manual manipulation by a chiropractor should be considered as an effective short term treatment option for patients with acute and subacute low back pain
- Significantly more patients in the manual manipulation group achieved moderate or substantial reductions in disability and pain scores compared to usual medical care

3 Changes in H-reflex and V-waves following spinal manipulation.

Niazi IK, Turker KS, Flavel S, Kinget M, Duehr J, Haavik H. *Exp Brain Res*. 2015;233(4):1165-73.

Summary: Chiropractic prevents fatigue and increases muscle strength

- Chiropractic adjustments **prevent fatigue and increase muscle strength**
- These results suggest that chiropractic adjustments may be indicated as part of the treatment for the patients who have lost tone of their muscle and/or are recovering from muscle dysfunction such as stroke or orthopedic operations
- These findings will also be of interest to athletes and perhaps the general public

Risk of traumatic injury associated with chiropractic spinal manipulation in Medicare Part B beneficiaries aged 66 to 99 years.

Injury in the chiropractic group was **40** injury incidents per 100,000 subjects

VS.

153 incidents per 100,000 subjects in the primary care group

12

4 Tracking low back problems in a major self-insured workforce: toward improvement in the patient's journey.

Allen H, Wright M, Craig T, Mardekian J, Cheung R, Sanchez R, et al. *J Occup Environ Med*. 2014;56(6):604-20.

Summary: Lower costs and less drug use in the workplace with chiropractic

The goal of this study was to assess the cost outcomes of treatment approaches to care for back problems in a major self-insured workforce, using published guidelines to focus on low back pain. Three types of care were followed (complex medical management, chiropractic care, physical therapist care).

- The chiropractic group had **the lowest prescription medication rates, least costs per episode of low back pain, and least guideline-incongruent use of medications and imaging**
- The chiropractic group also was the least likely to receive complex medical procedures like surgeries
- **Complex medical management costs were greater than 4 times more expensive** for an episode of low back pain (over 3 years) with neurological findings than chiropractic care (\$6,983.82 vs \$28,231.5)
- Physical therapy **costs were more than double** per episode of low back pain (over 3 years) with neurological findings compared with chiropractic care (\$6,983.82 vs \$17,193.92)
- Similar cost savings in favor of chiropractic were found for an episode of low back pain (over 3 years) without neurological findings (chiropractic care = \$6,768.43, complex medical management = \$29,344.25, physical therapy = \$13,448.82)

5 Evidence-based guidelines for the chiropractic treatment of adults with neck pain.

Bryans R, Decina P, Descarreaux M, Duranleau M, Marcoux H, Potter B, Ruegg RP, Shaw L, Watkin R, White E. *J Manipulative Physiol Ther*. 2014 Jan;37(1):42-63.

Summary: Neck manipulation is recommended in the chiropractic treatment of neck pain

- Studies indicate that **neck manipulation (adjustment), mobilization, manual therapy, exercise, and massage can be recommended** for the chiropractic treatment of nonspecific, mechanical neck pain
- The strongest recommendations are usually made for neck manipulation in combination with another intervention (usually exercise and/or patient education)

6 Patient education with or without manual therapy compared to a control group in patients with osteoarthritis of the hip.

Poulsen E, Hartvigsen J, Christensen HW, Roos EM, Vach W, Overgaard S. *A proof-of-principle three-arm parallel group randomized clinical trial. Osteoarthritis Cartilage*. 2013 Oct;21(10):1494-503.

Summary: Chiropractic can aid patients with hip osteoarthritis

- For primary care patients with osteoarthritis of the hip, combined treatment of manual therapy provided by a chiropractor and patient education was **more effective than a minimal control intervention**
- Clinical improvements were noted in pain, symptoms and disability for the chiropractic group compared to the group that did home exercises

7 Adding chiropractic manipulative therapy to standard medical care for patients with acute low back pain: results of a pragmatic randomized comparative effectiveness study.

Goertz CM, Long CR, Hondras MA, Petri R, Delgado R, Lawrence DJ, Owens EF, Meeker WC. *Spine (Phila Pa 1976)*. 2013 Apr 15;38(8):627-34.

Summary: Adding chiropractic to standard medical care for back pain offers significant advantages

This study looked at health outcomes of active duty military personnel between the ages of 18 and 35 years of age with acute low back pain of less than 4 weeks duration. Treatments included chiropractic manipulative therapy plus standard medical care or standard medical care alone.

- Results found chiropractic plus standard medical care offers a **significant advantage for decreasing pain intensity, and improving physical function, satisfaction and perceived improvement** in military personnel compared to standard medical care alone
- 73% of participants in the standard medical care and chiropractic group rated their global improvement as pain completely gone, much better, or moderately better, compared with 17% in the standard medical group
- The average satisfaction with care score on a 0 to 10 scale was compared for the chiropractic care and the standard medical care (SMC) groups. The mean score for the chiropractic care group was 8.9 at both weeks 2 and 4; the mean score for the SMC group was 4.5 at week 2 and 5.4 at week 4

8 A randomized controlled trial comparing a multimodal intervention and standard obstetrics care for low back and pelvic pain in pregnancy.

George JW, Skaggs CD, Thompson PA, Nelson DM, Gavard JA, Gross GA. *Am J Obstet Gynecol*. 2012 Oct 23

Summary: Including chiropractic care with standard obstetric care benefits patients

- Including chiropractic interventions with standard obstetric care for low back and pelvic pain in mid pregnancy **benefits patients more than standard obstetric care alone**
- The benefits of adding chiropractic to standard obstetric care are both subjective and objective
- Chiropractic patients perceived less pain and disability and an overall global improvement in daily activities and their physical examinations revealed improved range of motion, stability, and less irritation at the lumbar and pelvic joints

9 Early predictors of lumbar spine surgery after occupational back injury: results from a prospective study of workers in Washington State.

Keeney BJ, Fulton-Kehoe D, Turner JA, Wickizer TM, Chan KC, Franklin GM. *Spine (Phila Pa 1976)*. 2013;38(11):953-64.

Summary: After back injury workers whose first visit was to a chiropractor had significantly lower odds of surgery

- Workers with an initial visit for the injury to a surgeon had almost nine times the odds of receiving lumbar spine surgery compared to those seeing primary care providers, whereas **workers whose first visit was to a chiropractor had significantly lower odds of surgery**
- About 43% of workers who first saw a surgeon had surgery within 3 years, in contrast to only 1.5% of those who first saw a chiropractor

10 Spinal manipulation, medication, or home exercise with advice for acute and subacute neck pain: a randomized trial.

Bronfort G, Evans R, Anderson AV, Svendsen KH, Bracha Y, Grimm RH. *Ann Intern Med*. 2012 Jan 3;156(1 Pt 1):1-10.

Summary: Chiropractic more effective than medication for adults with acute and subacute neck pain

Adults with current neck pain of 2 to 12 weeks' duration were randomized into 12 weeks of either chiropractic spinal adjustments, medication, or home exercise with advice.

- Chiropractic spinal adjustments and home exercise were **more effective than management with medication in both the short term and long term**
- Patients receiving chiropractic adjustments were **more satisfied with their care than either the home exercise group or the medication group**
- Participants in the medication group reported higher levels of medication use after the intervention

Adding chiropractic manipulative therapy to standard medical care

Pain Improvement:
73%
in the standard medical care and chiropractic group
vs.
17%
in the standard medical care

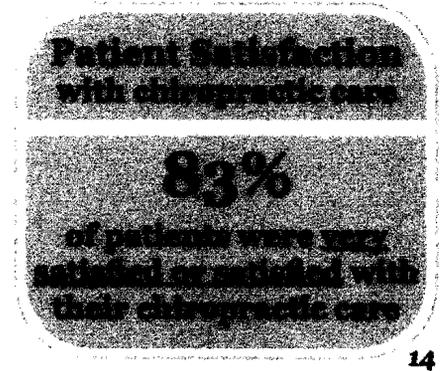
Patient Satisfaction:
8.9
at both 2 and 4 weeks
vs.
4.5 & 5.4
at week 2 and 4 respectively

11 Consensus process to develop a best-practice document on the role of chiropractic care in health promotion, disease prevention, and wellness.

Hawk C, Schneider M, Evans MW, Jr., Redwood D. *J Manipulative Physiol Ther.* 2012;35(7):556-67.

Summary: Approach to wellness care and disease prevention in chiropractic practice

- A best-practice model for chiropractic wellness care emphasizes the following 3 components:
 - a) **Manual procedures to promote optimal function and the ability to engage in an active lifestyle**
 - b) Screening for risk factors for disease, such as tobacco use, lack of physical activity, and obesity
 - c) Evidence-based health behavior counseling to promote health and prevent disease and injury, placing an emphasis on activities and dietary and lifestyle factors that promote optimal function



12 Risk of traumatic injury associated with chiropractic spinal manipulation in Medicare Part B beneficiaries aged 66 to 99 years.

Whedon JM, Mackenzie TA, Phillips RB, Lurie JD. *Spine (Phila Pa 1976).* 2015;40(4):264-70.

Summary: Seniors have lowered risk of injury following chiropractic visit than medical visit

- Among Medicare beneficiaries aged 66 to 99 years with an office visit for a neuromusculoskeletal problem, risk of injury to the head, neck, or trunk within 7 days was **76% lower** among subjects with a chiropractic office visit than among those who saw a primary care physician
- The cumulative probability of injury in the chiropractic group was 40 injury incidents per 100,000 subjects compared with 153 incidents per 100,000 subjects in the primary care group

Early predictors of lumbar spine surgery

1.5% just saw a chiropractor had surgery within 3 years

vs.

43% just saw a surgeon had surgery within 3 years

13 Value of chiropractic services at an on-site health center.

Krause CA, Kaspin L, Gorman KM, Miller RM. *J Occup Environ Med.* 2012;54(8):917-21.

Summary: Lower health care use and improved functional status with on-site chiropractic care

- **On-site chiropractic services are associated with lower health care utilization and improved functional status of musculoskeletal conditions**
- Improved functional status indicates potential for reduced indirect costs, including absenteeism, presenteeism and productivity losses, with on-site chiropractic services
- The results of this study support the value of chiropractic services offered at on-site health centers

14 Factors associated with patient satisfaction with chiropractic care: survey and review of the literature.

Gaumer G. *J Manipulative Physiol Ther.* 2006;29(6):455-62.

Summary: Overall satisfaction among persons ever using chiropractic is very high

- Approximately **83% of patients were very satisfied or satisfied with their chiropractic care**
- Patients find that chiropractic appointments are prompt, waits are not too long, phone access is good and that chiropractors communicate well

15 Immediate effects of spinal manipulative therapy on regional antinociceptive effects in myofascial tissues in healthy young adults.

Srbely JZ, Vernon H, Lee D, Polgar M. *J Manipulative Physiol Ther.* 2013;36(6):333-41.

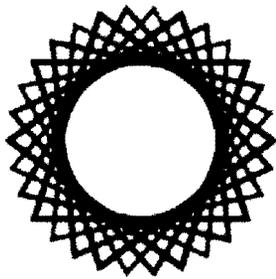
Summary: Chiropractic and immediate pain relief

- Spinal manipulation by a chiropractor provided **significant short-term improvements in pressure pain thresholds in young adults**
- The evidence supports further research into the potential benefit and role of chiropractic care in the management of chronic widespread pain syndromes including myofascial pain, and fibromyalgia

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CONECT

*Congregations Organized for a New Connecticut
Congregaciones Organizadas para un Nuevo Connecticut*

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TESTIMONY OF CONECT RE: ANTHEM HEALTH PLANS RATE INCREASE REQUEST FOR 2017

Matthew McDermott chief organizer

Good morning. My name is ~~Angela DeMello~~ and I am ~~co-chair of the Healthcare Team~~ for CONECT, (Congregations Organized for a New Connecticut), a multi-faith, multi-issue, non-partisan organization representing 15,000 people from 28 religious congregations and civic organizations in Fairfield and New Haven counties.

I am here to comment on what we consider to be Anthem Health Plans' outrageous request for an average 26.8 percent increase on its individual plans marketed on and off the state's health insurance exchange.

These plans cover a total of 56,700 lives. Not affected will be persons with Medicare supplemental and Medicare Advantage plans or persons covered through their employers' plans, although it is likely all of these will be impacted by yet-to-be-announced increases in their rates for 2017.

We know that by state statute, that the Connecticut Insurance Department is required to evaluate any proposed rate increase based on whether, from an actuarial perspective, it is "excessive, inadequate or unfairly discriminatory." Our understanding is that state statute is mute on the issue of affordability.

In our minds, that means the Department is free to take into account whether any proposed rate increase can be justified in terms of its impact on affordability. We urge you to do so, since we consider promoting affordability by maintaining a competitive marketplace to be at the heart of the Department's mission.

To us, affordability can be defined as any increase that is equal to or less than the projected increases in health care costs for the year in question, as determined by the Office of the Actuary, Center for Medicare and Medicaid Services.

We note that Anthem, in its filing, claims that a significant factor affecting its 2017 rate request was the discontinuation of the federal government's transition reinsurance program for the individual market. Under this program, started with the inception of the Affordable Care Act or ACA in 2014, insurers were provided with funds to offset what was expected to be higher claims costs from newly insured persons, that is, persons who prior to the introduction of the ACA, had no health insurance and who now were expected to need more medical services.

This program was always meant to be a temporary measure, and was never meant to be a permanent feature of the ACA. Insurers knew this from the beginning, and for them now to raise the ending of this program as justification in part for their rate requests increases for 2017 is nothing more than opportunism at its worst. We urge the Department to reject this argument.

We also note that while insurers in other states have also announced proposed rate increases for 2017, most of these have averaged in the low-to-middle teens. Only a few have announced increases of the size requested by Anthem.

Burdensome as any increase will be on the individuals affected, clearly Anthem's request for a 26.8 percent increase will be much more difficult for consumers in Connecticut to deal with than those faced by residents in other states where the increases being sought are much lower.

There is also a great deal of incomplete, missing or inconsistent actuarial data in the Anthem application, data that are essential if the Department is to conduct a thorough analysis of the request.

Much of these missing data have been cited by the Department in its 14 follow-up questions to the insurer. They include information on why the proposed rate increases vary by plan from a low of 16.5 percent to a high of 39.8 percent and why Anthem thinks emerging experience will be different from projected.

The Department has also asked Anthem to show why it used small group experience to develop its pricing trend of 9.6 percent, rather than the much more relevant individual experience.

There are also assumptions and questions related to area factor changes, morbidity, normalization, medical management, grace period payments, risk adjustment and per-member per-month costs that require further elaboration.

Such incomplete documentation lessens, in our opinion, the credibility of many of Anthem's underlying assumptions as to why it needs the rate increase. It makes it extremely difficult to assess the reasonability of the insurer's request.

We know Anthem filed its request prior to the announcement by a competitor – Healthy CT – that it was withdrawing from the market. Given this development, however, we believe Anthem now should be required, before its rates are approved, to provide data and analysis on what the likely impact of this action will be on its proposed rates.

It should be noted that Healthy CT's demise was because of a \$13 million ACA risk pool payment (owed because their insureds were deemed to be healthier and less costly than those of other carriers). Now, as these people become the customers of Anthem, ConnectiCare, and other insurers in 2017 (40,000 of them!), it would seem logical to conclude their experience would help bring rates down.

In conclusion, let me just say that Anthem should be required to submit a revised filing prior to any approval. This revised filing should not only address the data gaps found in the original filing, but also explain why the proposed rates should be considered in any way affordable.

Thank you for your time and consideration.