



Legislative Wrap-Up

OHA Health Policy Action

Your guide to proposed health legislation, what we think about it, and what we're doing about it.

April 10, 2012

Snapshot of 2012 Legislative Session Activities

Health-related bills that OHA supported during this legislative session:

House Bills: 5013, 5038, 5228, 5450, 5487, 5535

Senate Bills: 13, 97, 98, 410, 425

Healthcare Issues: state implementation of Affordable Care Act measures, healthcare system innovation, health insurance regulation, small employer healthcare purchasing, continuation of coverage, and expansion of coverage for telemedicine, colonoscopies, and breast cancer screening.

Health-related bills that OHA opposed during this legislative session:

House Bills: 5479, 5485

Health-related bills that OHA did not take a public position on during this session:

House Bills: 5009, 5012, 5033, 5037, 5056, 5137, 5178, 5216, 5228, 5229, 5242, 5282, 5285, 5301, 5322, 5387, 5434, 5479, 5486, 5541

Senate Bills: 11, 12, 14, 18, 19, 20, 30, 44, 49, 50, 51, 74, 135, 182, 186, 202, 204, 205, 206, 208, 230, 231, 236, 284, 368, 371, 381, 392, 394, 397, 408, 436

Policy Scorecard:

Number of health-related bills OHA analyzed during this legislative session: 65

Number of bills supported by OHA: 11

Number of bills opposed by OHA: 2

Key Points

- 1** OHA's legislative advocacy priorities during the 2012 session were (1) OHA's operating budget, (2) health care reform, and (3) expansion of OHA's role to serve other agencies in recovery of insurance industry cost shifts to the public economy.
- 2** OHA analyzed 65, supported 11, and opposed 2 health-related bills in the 2012 session. OHA did not introduce policy during this session.
- 3** OHA references to principles for policy action: Access to quality healthcare – 16; Innovation – 3; Industry Watchdog – 3; Social Justice - 1



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H.B. No. 5013; *An Act Concerning the Board Members of the Connecticut Health Insurance Exchange*

What is this bill about?

Connecticut's Health Insurance Exchange (CTHIE) is a quasi-public agency created in response to the federal Affordable Care Act (ACA) to give consumers and small businesses access to affordable health insurance coverage. H.B. No. 5013 proposes adding two new board seats to the existing fourteen-member CTHIE board. One new member would be a consumer and the other would be a small employer. Additionally, the Healthcare Advocate, who is currently a non-voting board member, would become a voting board member.

What are the implications of this bill for healthcare consumer advocacy?

HHS guidelines for establishing the governance structure of a health insurance exchange state, "To ensure it represents consumer interests, the voting majority cannot be made up of representatives of health insurance issuers, agents, or brokers, or any other individual licensed to sell health insurance." If passed, H.B. No. 5013 will increase consumer and small employer stakeholder representation in key decisions that will shape how the health insurance exchange works in our state.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation will give the Healthcare Advocate voting power as a CTHIE board member.
- 3** OHA supports this legislation based on the principles of influencing healthcare system reforms to expand access and protecting the rights of patients marginalized by the complexity, inaccessibility, and cost of our healthcare system.



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H.B. No. 5038; *An Act Implementing the Governor's Budget Recommendations Concerning an All-Payer Claims Database Program (APCD)*

What is this bill about?

HB 5038 will require all health insurers report claims data to a single integrated database, providing unprecedented access to identify trends in healthcare utilization, delivery, and quality. This access makes possible vigorous data synthesis and analytics to facilitate research and health policy decision-making across insurance plans, demographics, diagnosis, and cost basis with a degree of transparency and precision previously not available. For example, if emergency room utilization is higher for Medicaid enrollees than commercial enrollees, what are the drivers? Are there geographic barriers for certain health services and if so, why?

Other states have already implemented all-payer claims databases. States have been able to identify key differences in health insurance premiums, costs per diagnosis, reimbursement rates, and geographic and demographic prevalence of specific diagnoses.

We highlighted concerns for patient privacy and data security, and urged compliance with national data security protocols for the encryption and suppression of patient identifiers.

What are the implications of this bill for healthcare consumer advocacy?

OHA will participate in a working group to ensure the APCD is implemented with safeguards to guarantee the protection of patient data privacy.

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Talking Points

- 1** OHA is aware of this proposed legislation and provided public testimony **in support** of this bill.
- 2** This legislation establishes a database of health information vital to conducting research and making informed decisions to improve healthcare access, affordability, and quality.
- 3** OHA supports this legislation based on principles of access to quality healthcare and innovation to maximize healthcare system value.



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March 1, 2012

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H.B. No. 5228; An Act Requiring Disclosure to Insureds of the Preventive Services Not Subject to Cost-Sharing Requirements Pursuant to the Patient Protection and Affordable Care Act.

What is this bill about?

HB 5228 will require providers notify patients at the time of appointment of preventive services that the Affordable Care Act has mandated be covered without the financial burden of cost-sharing.

We recommended the language of the bill be amended in consideration of grandfathered plans that continue to impose patient cost-sharing for preventive services, and the necessity for providers to accurately code preventive services for patient billing purposes for proper claim adjudication.

We took this opportunity to suggest an alternative approach to educating patients about their rights, and that is to require providers prominently display OHA posters in waiting rooms so that patients can call our office for help and guidance with their health insurance.

What are the implications of this bill for healthcare consumer advocacy?

Our office has received numerous consumer complaints regarding confusing insurance language, denied coverage, and unexpected out-of-pocket expenses for preventive services. Additionally, we want to expand our reach so that more consumers know about OHA and the help we provide.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation recognizes the provider's role in educating patients about their rights to preventive services.
- 3** OHA supports this legislation based on the principles of access to quality healthcare and consumer maximization of value for their health insurance premiums.



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H.B. No. 5450; *An Act Establishing a Basic Health Program (BHP)*

What is this bill about?

HB 5450 establishes a program to provide healthcare coverage for people under sixty-five with family income between 133% and 200% of federal poverty level (FPL). Under the Affordable Care Act, states have the opportunity to provide health insurance coverage to people that exceed Medicaid program income limit levels but will not be able to afford health insurance coverage offered in the state's Health Insurance Exchange (CTHIE).

The BHP will be administered by DSS, similar to the Medicaid program. This bill will shift parents enrolled in the HUSKY program to the BHP, with a 40% cost savings to the state.

The BHP program is funded almost entirely with federal dollars, and the bill makes it mandatory that the program be cost-neutral to the state.

What are the implications of this bill for healthcare consumer advocacy?

This bill will provide healthcare coverage for an estimated 77,000 people in CT who will otherwise remain uninsured or underinsured.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and provided public testimony **in support** of this bill.
- 2** This legislation establishes a program to provide healthcare coverage for people that don't qualify for Medicaid but can't afford coverage through the CTHIE.
- 3** OHA supports this legislation based on the principle of access to quality healthcare.



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Your guide to proposed health legislation, what we think about it, and what we're doing about it.

H.B. No. 5479; An Act Concerning Accountability of Insurers to Consumers

What is this bill about?

HB 5479 seeks to expand existing regulation CGS §38a-481 which allows health insurers to circumvent the Connecticut Insurance Department's annual rate review process by estimating a medical loss ratio and then refunding excess premiums collected from consumers should the estimate not be met. This bill would allow health insurers participating in this process to withhold consumer refunds for several months following the calculation of actual medical loss ratio.

OHA has long opposed existing statute and has proposed legislation in each of the last two years to strengthen the rate review process for premiums charged to individuals.

'Medical Loss Ratio' (MLR) is the ratio of incurred claims (the amount insurers spend on medical care) to earned premiums (the amount insurers receive from consumers). It is an indicator of the level of profit health insurers build into their premium rates. The Affordable Care Act mandates MLRs of at least 85% for large employer group policies and at least 80% for small employer groups and individuals.

What are the implications of this bill for healthcare consumer advocacy?

Only one health insurer in the State of Connecticut utilizes the provisions of current state statute to estimate a MLR and refund excessive premiums to consumers.

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Talking Points

- 1** OHA is aware of this proposed legislation and submitted public testimony **in opposition** to this bill.
- 2** This legislation allows health insurers to overcharge consumers throughout the year by promising to refund excessive premiums the following year after accounting for actual versus estimated medical loss ratio.
- 3** OHA opposes this legislation based on its healthcare industry watchdog role and the principle of identifying unfair practices.





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H.B. No. 5485; An Act Concerning The Connecticut Health Insurance Exchange (CTHIE)

What is this bill about?

HB 5485 eviscerates current statutory authority CGS §38a-1083 for the CTHIE Board to make fundamental decisions guiding the development of the CTHIE, by transferring decision-making authority for the Exchange's 'benchmark plan' from the CTHIE Board to the Insurance and Real Estate Committee of the state's General Assembly.

The 'benchmark plan' will serve as the basis for determining the essential health benefits (EHB) offered in the CTHIE. The state can select the benchmark plan from (1) One of the three largest small group plans in the state; (2) One of the three largest state employee health plans; (3) One of the three largest federal employee health plan options; and (4) the largest HMO plan offered in the state's commercial market.

The bill additionally prohibits the establishment of a Basic Health Program (BHP), which is a health reform option available to the state and currently under consideration to provide health coverage for individuals between 133% and 200% of the federal poverty level who will not be able to afford health coverage through the CTHIE and are not eligible for healthcare coverage through Medicaid. Refer to Legislative Brief for H.B. 5450; An Act Establishing a Basic Health Program.

What are the implications of this bill for healthcare consumer advocacy?

The CTHIE will provide access to affordable healthcare coverage to an estimated 450,000 uninsured and individually insured residents in our state. The BHP will provide access to healthcare coverage to an estimated 77,000 more.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted public testimony **in opposition** to this bill.
- 2** This legislation transfers decision-making authority from the Exchange Board to the Insurance and Real Estate Committee for determining the benchmark plan to be offered in the state's health insurance exchange, and eliminates the option of a Basic Health Program (BHP).
- 3** OHA opposes this legislation based on its healthcare industry watchdog role and the principle of access to affordable healthcare.



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H.B. No. 5487; An Act Concerning the Recommendations of the Small Business Healthcare Working Group and Claims Information Required to be Provided by Insurers

What is this bill about?

HB 5487 allows small businesses (50 or fewer employees) to offer affordable healthcare coverage to employees by leveraging the State's healthcare purchasing power to negotiate rates with insurance companies. Small employers will essentially pool their employees with the State's employees for the purpose of purchasing health insurance at lower rates than they could have negotiated on their own.

Small employers are cost-prohibited from offering their employees the level of health benefits available to State employees. Of those small employers that do offer a level of health coverage to their employees, almost half can only afford benefit plans at an actuarial value of less than 60% -- which is below the lowest level of plans mandated by the Affordable Care Act.

What are the implications of this bill for healthcare consumer advocacy?

This bill will provide access to affordable healthcare coverage for an estimated 820,000 Connecticut residents working for small businesses.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and provided public testimony **in support** of this bill.
- 2** This legislation allows small businesses to offer healthcare coverage to employees through the State's employee benefit plan.
- 3** OHA supports this legislation based on the principle of access to affordable quality healthcare.



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April 3, 2012

H.B. No. 5535; An Act Concerning Continuation of Health Insurance Coverage After a Divorce or Legal Separation

What is this bill about?

HB 5535 would allow the courts to order a subscriber of a health insurance policy to maintain health insurance coverage for the benefit of the other party to a legal separation or divorce. Continuity of coverage provides a healthcare safety net during the emotional and financial turmoil of this life-changing event.

We recommended consideration be given to administrative issues such as (1) protecting the privacy of the subscriber and former spouse's addresses and medical claims information, (2) the additional enrollment of a new covered spouse should the subscriber remarry, (3) the indefinite time period for continuation of coverage, and (4) the integration of this court mandated continuity of coverage with continuity of coverage available under COBRA.

What are the implications of this bill for healthcare consumer advocacy?

If implemented, this bill would provide courts the opportunity to order continuity of healthcare coverage for parties of a legal separation or divorce.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted public testimony **in support** of this bill.
- 2** This legislation provides the option for courts to order continuation of health insurance coverage to parties of a divorce or legal separation.
- 3** OHA supports the spirit of this legislation based on the principle of access to healthcare.



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February 21, 2012

S.B. No. 13; An Act Concerning Health Insurance Coverage for Telemedicine Services

What is this bill about?

S.B. 13 will provide health insurance coverage for telemedicine. Telemedicine is defined as the use of interactive audio, interactive video, or interactive data communication in the delivery of medical advice, diagnosis, care or treatment. Telemedicine has been utilized to provide monitoring of chronic homebound patients, resulting in better health outcomes and reduced hospitalizations. It has the potential to save lives through increased access to remote consultation for routine, chronic, or acute care, resulting in earlier diagnoses and intervention.

What are the implications of this bill for healthcare consumer advocacy?

The expansion of access to telemedicine services will impact a wide demographic including the elderly, vulnerable, rural, and those suffering from mental health issues.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation will provide health insurance coverage for telemedically delivered medical advice, diagnosis, care, or treatment.
- 3** OHA supports this legislation based on the principles of access to quality healthcare, innovation to maximize value in our healthcare system, and improved patient outcomes.



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February 21, 2012

S.B. No. 97; *An Act Concerning Breast Ultrasound Screening*

What is this bill about?

S.B. 97 will provide access to screening ultrasounds for patients with dense breast tissue or at increased risk of breast cancer without the financial burden of deductibles, coinsurance, copayments, or other out-of-pocket expense. Screening is vital for detection of breast cancer at its earliest, most curable stage. Evidence has shown that mammogram screenings, currently covered at 100%, are ineffective for women with dense breast tissue. These patients should not be denied affordable access to preventative healthcare or financially penalized based on the method of screening their doctor recommends.

We recognize the bill is limited in that it doesn't eliminate the financial burden for breast cancer screening via magnetic resonance imaging (MRI), and supported this expansion in our testimony.

The law will *not* apply to consumers enrolled in high deductible health plans. A high deductible health plan is federally defined as a plan with a \$1,500-\$2,250 individual deductible or a \$3,000-\$4,500 family deductible.

What are the implications of this bill for healthcare consumer advocacy?

Our office has received numerous consumer complaints regarding confusing insurance language, denied coverage, and unexpected out-of-pocket expenses for breast cancer screening for women with dense breast tissue.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation will eliminate out-of-pocket charges for ultrasound breast cancer screening for women with dense breast tissue.
- 3** OHA supports this legislation based on the principles of access to quality healthcare, evidence-based improvements to our healthcare system, and consumer maximization of value for their health insurance premiums.



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February 21, 2012

S.B. No. 98; An Act Concerning Deductibles and Guidelines for Colonoscopies

What is this bill about?

S.B. 98 provides consumers access to screening colonoscopies without the financial burden of deductibles, coinsurance, copayments, or other out-of-pocket expense should their screening procedure require removal/biopsy of polyps. The law will *not* apply to consumers enrolled in high deductible health plans. A high deductible health plan is federally defined as a plan with a \$1,500-\$2,250 individual deductible or a \$3,000-\$4,500 family deductible.

We recommended a definition for the term 'procedure' be added to the language of this bill to specify the components required of a colonoscopy: the gastroenterologist's charge, the facility charge, the anesthesiologist charge, the removal/biopsy of polyps, and lab charges.

What are the implications of this bill for healthcare consumer advocacy?

Our office has received numerous consumer complaints regarding confusing insurance language, denied coverage, and unexpected out-of-pocket expenses for screening colonoscopies. Although colonoscopies are widely considered preventative screenings for colorectal cancer, many consumers in Connecticut currently have to pay deductibles, copays, and coinsurance for this procedure, or components of this procedure.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation will eliminate out-of-pocket charges for procedures initially undertaken as screening colonoscopies.
- 3** OHA supports this legislation based on the principles of access to quality healthcare, elimination of misleading practices, and consumer maximization of value for their health insurance premiums.



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March 19, 2012

S.B. No. 410; An Act Concerning Adverse Determination Reviews

What is this bill about?

SB 410 provides additional consumer protections in the internal and external grievance processes with health insurers. The bill requires health insurers automatically provide consumers with all documents, communications, information, evidence, and rationale regarding an adverse determination. This enables consumers to secure information they need to meet statutory deadlines to file appeals for claim/coverage denials and more effectively challenge an adverse determination.

While the grievance process is underway, SB 410 requires health insurers authorize coverage for prescriptions determined medically necessary by the consumer's treating physician.

We recommended additional language to tighten documentation such as requiring copies of complete articles rather than citations, and requiring entire records rather than selected parts.

What are the implications of this bill for healthcare consumer advocacy?

Under P.A. 11-58, health insurers were required to make clinical rationale available to consumers prior to a final adverse decision. At least one insurer repeatedly failed to provide this information when appeals involved external peer review. SB 410 will solve this problem.

This bill provides transparency to all information used by health insurers to make adverse determinations. It enables consumers, their doctors, and their advocates to more effectively challenge information used to deny care.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted public testimony **in support** of this bill.
- 2** This legislation mandates health insurers provide consumers with copies of all materials regarding an adverse determination and provide coverage of prescribed drugs during the grievance process.
- 3** OHA supports this legislation based on the principle of maximization of value of health insurance coverage for consumers.



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April 2, 2012

S.B. No. 425; An Act Concerning a Basic Health Program

What is this bill about?

SB 425 (introduced by the Public Health Committee) is functionally similar to HB 5450 (introduced by the Human Services Committee) in that it establishes a program to provide healthcare coverage for people under sixty-five with family income between 133% and 200% of the federal poverty level (FPL). Under the Affordable Care Act, states have the opportunity to provide health insurance coverage to people that exceed Medicaid program income limit levels but will not be able to afford health insurance coverage offered in the state's Health Insurance Exchange (CTHIE).

This bill requires the BHP be designed to operate within federal subsidies which would cover 95% of the premium and 95-100% of the cost-share subsidies for program enrollees. This bill will also shift parents currently enrolled in the HUSKY program into the BHP, with estimated cost savings to the state of nearly \$50 million. These cost savings are to be used to increase provider reimbursements for care to the program's enrollees.

The BHP will be designed and implemented by the Special Advisor to the Governor on Healthcare Reform, in consultation with the Commissioner of Social Services, although it would likely be administered by DSS, similar to the Medicaid program.

What are the implications of this bill for healthcare consumer advocacy?

If implemented, this bill would provide healthcare coverage for an estimated 74,000 people in CT who would otherwise remain uninsured or underinsured.

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Talking Points

- 1** OHA is aware of this proposed legislation and provided public testimony **in support** of this bill.
- 2** This legislation establishes a program to provide healthcare coverage for people that don't qualify for Medicaid but can't afford coverage through the CTHIE.
- 3** OHA supports this legislation based on the principle of access to quality healthcare.



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