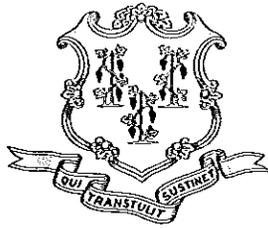


SENATOR MARTIN M. LOONEY
MAJORITY LEADER

Eleventh District
New Haven & Hamden



State of Connecticut
SENATE

State Capitol
Hartford, Connecticut 06106-1591
132 Fort Hale Road
New Haven, Connecticut 06512
Home: 203-468-8829
Capitol: 860-240-8600
Toll-free: 1-800-842-1420
www.SenatorLooney.cga.ct.gov

299, 47, 46

February 5, 2009

Good Morning Senator Crisco, Representative Fontana and members of the Insurance and Real Estate Committee. I am here to testify in support of three bills that are on the agenda this afternoon: S. B. No. 299 AN ACT EXPANDING HEALTH INSURANCE COVERAGE FOR ROUTINE PATIENT CARE COSTS FOR CLINICAL TRIAL PATIENTS, S. B. No. 47 AN ACT CONCERNING HEALTH CARE PROVIDER CONTRACTS, and S. B. No. 46 AN ACT CONCERNING TRANSPARENCY OF MEDICAL LOSS RATIO INFORMATION

SB 299, AN ACT EXPANDING HEALTH INSURANCE COVERAGE FOR ROUTINE PATIENT CARE COSTS FOR CLINICAL TRIAL PATIENTS, would expand coverage of routine patient care costs for clinical trial patients to clinical trials for serious or life threatening diseases and ensure that third party payers retain their responsibility to patients. In 2001 the Connecticut General Assembly passed PA 01-171 which required insurers to sustain their responsibility to

patients who participate in clinical trials for cancer. At that time I expressed my belief that this coverage requirement should not be limited to cancer but rather should apply to clinical trials for all serious or life-threatening conditions. These courageous patients are willing to take a risk by participating in a clinical trial that is attempting to find more effective treatment for a specific disease. They enter the trial with no expectation that the new treatment will cure their disease. Usually, since most clinical trials are double blind and placebo controlled, patients do not even know if they are receiving the experimental drug or a placebo until the results of the trial are known. These patients are, in a profound sense, heroes and heroines. They are taking a risk to help others who share their particular condition. These patients deserve our encouragement and support. They do not deserve to be billed for procedures that their insurers would cover if they were not in a clinical trial.

The proposal before your committee does not ask insurance companies to cover more than they should expect to pay. It would only require that insurance companies cover standard of care treatment for patients who are enrolled in clinical trials as they would for patients who are not enrolled in clinical trials. Insurers vary significantly in how they cover these costs. This legislation would create a more rational outcome for patients.

Under President Clinton, Medicare made this common sense change to cover routine patient care costs for clinical trial patients. I believe that the Connecticut General Assembly should make this same change.

I would also like to express my support for SB No. 47 AN ACT CONCERNING HEALTH CARE PROVIDER CONTRACTS. This bill would address the need to prohibit insurance companies from making unilateral changes to contracts and the need to require insurance companies to disclose the full Current Procedural Technology (CPT) fee schedule disclosure. These represent important and necessary changes to our insurance statutes.

Last week I testified in support of and suggest some modifications to S.B. 457, AN ACT CONCERNING CONSUMER REPORT CARDS. I would like to offer similar comments in regard to SB 46, An Act Concerning Transparency of Medical Loss Ratio Information.

Transparency is always the best tool for educated decision making. Currently the MCOs must report medical loss ratio to the Insurance Department; the Department should include this information on its Consumer Report Card as would be required under SB 457. I believe that MCOs should also be required to report their Medical Loss Ratios to any employer or individual who is attempting

to choose a health insurance plan which is required by SB 46. This data would allow potential customers to choose a plan that emphasized medical coverage rather than administration. It is difficult to conceive of an argument against this policy; surely no one could sincerely claim that Medical Loss Ratio is proprietary information. The MCOs are not being asked to provide detailed data or information on the inner workings of the corporation. Allowing a consumer to compare plans' spending priorities is simply common sense.

I would also suggest that CGS section 38a-478l(b) be amended to require MCOs to release the Current Procedural Technology (CPT) code, National Uniform Billing Committee (NUBC) code, National Drug Code (NDC), and Healthcare Common Procedure Coding System HCPCS payments to the Commissioner of Insurance for use in the consumer report card. This disclosure of the dollars actually paid to providers would be an additional tool to help consumers make a more educated choice regarding health insurance. I believe that these proposals would increase transparency in the market and thus create a more rational healthcare system.

Thank you.