

**Testimony of
The Connecticut ENT Society
The Connecticut Urology Society
The Connecticut Society of Eye Physicians (CSEP), and
The Connecticut Dermatology and Dermatologic Surgery
Society (CDS)
In Support of
SB 480 An Act Concerning Cooperative Health Care
Arrangements**

**Given by Jeffrey Sandler, M.D.
Before the Judiciary Committee**

March 24, 2010

Senator McDonald, Representative Lawlor and members of the Judiciary Committee, my name is Jeffrey Sandler, M.D. I am a board certified ophthalmologist practicing in Bridgeport, as well as the president of the Connecticut Society of Eye Physicians. I am here to give testimony in support of SB 480 for the above listed medical specialties.

Why is there a need for SB 480: An Act Concerning Cooperative Healthcare Arrangements, and why do doctors support this state action exemption which would allow the state to grant physicians the right to negotiate with health plans under the watchful eye of the state attorney general's office? It is because a few giant health insurance companies now control the health care market place and physicians are given little or no opportunity to negotiate any terms in their contracts or to advocate on behalf of their patients.

I wish the first question that we ask patients when they call for an appointment would be "How can we help you?" Instead, it is "What kind of insurance do you have?" as the few remaining MCOs have interjected themselves between patient and physician, and dictated how we practice. I try to practice in a cost-conscious manner, but I am often frustrated when I am denied the ability to make a treatment decision that I feel is in the best interest of my patient. For example, recently I was been denied a request to prescribe a medication, because the initial cost may be higher, but I know that it will reduce the risk of my patient's pain and suffering – as well as the total cost of care – in the long run. Similarly, I have a patient who had a reaction when switched to a generic. When I wrote a prescription stating "brand name medically necessary," it was denied. I wrote a letter explaining my reasoning, again, denied. I appealed; denied again without explanation.

The power of the insurers to act unilaterally is further demonstrated in the letter and emails that I have attached to my testimony. As it describes, one insurer has refused to negotiate its compensation rates to us for over ten years, despite the considerable

increases in practice overhead costs. Yet, we are forced to sign their contract that states that it was "negotiated."

Thus, the managed care organizations are dictating how we practice medicine, and are making medical decisions based not on individual patient needs, but on actuarial tables. Under the present law, I have no leverage and no recourse. The vast majority of medical practices are small groups, the setting which allows a close relationship with our patients, and is most desired by them. Yet we are under great pressure, as we are unable to work with other practices and speak as one voice. By voting for this bill, we would at least have a fair chance to sit down with the insurers and discuss our concerns about patient care. I believe that one of the best opportunities to improve health care and bring common sense and more efficiency to the system would be a balanced forum for discussion between insurers and doctors.

Back in 2000, Majority Speaker David Pudlin challenged physicians to examine the "big picture" and come up with a meaningful way to address the deficiencies in the current healthcare system. Our answer, at that time, was to propose this same piece of legislation which is before you today. We believe it will allow a better and more fruitful discourse with insurers, while having credible oversight by the attorney general, so as to best serve the interests of our citizens. Thank you for this opportunity to present my viewpoint.