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Statement  
Of  
Anthem Blue Cross and Blue Shield  
On  
SB 10 An Act Concerning Insurance Coverage for Breast Magnetic Resonance  
Imaging  
and  
SB 17 An Act Concerning Wellness Programs and Expansion of Health Insurance  
Coverage  
and  
SB 21 An Act Concerning Health Insurance Coverage for Routine Patient Care Costs  
For Clinical Trial Patients  
and  
SB 848 An Act Concerning Breast Ultrasound Screenings

Good afternoon Senator Crisco, Representative Megna and members of the Insurance Committee, my name is Christine Cappiello and I am the Director of Government Relations for Anthem Blue Cross and Blue Shield in Connecticut. I am on testifying on SB 10 An Act Concerning Insurance Coverage for Breast Magnetic Resonance Imaging; SB 17 An Act Concerning Wellness Programs and Expansion of Health Insurance Coverage; SB 21 An Act Concerning Health Insurance Coverage for Routine Patient Care Costs For Clinical Trial Patients and SB 848 An Act Concerning Breast Ultrasound Screenings..

We are concerned about SB 10, SB 17 and SB 21 because they seek to add a new mandate for all individuals and group policies, including the State of Connecticut State Employees Health Insurance Plan. Mandates remove any choice that employers or individuals might have in purchasing health care. Our goal as a managed care organization is to provide a comprehensive meaningful set of benefits to individuals and employers purchasing our product. How we accomplish this goal changes as the needs and desires of the market changes. Mandating benefits take away the flexibility insurers have in developing products in response to the needs of the marketplace. The cost of mandates may cause the purchasers of health care, specifically employers to stop offering health insurance all together.

I would also like to add that SB 21 has a potentially large cost because of the number of clinical trials that are currently underway and that people are enrolled in disabling, progressive or life-threatening diseases. An argument could be made that almost every disease could fit into these categories and subsequently substantially increase the cost of this mandate.

Finally we would like to point out that **SB 848** could conflict with the provisions of Healthcare reform, Patient Protection and Affordable Care Act (PPACA) regarding providing qualified health plans without cost-sharing, etc. and it is unclear if this statute would conflict with the preventive definition because this lack of co-pays, etc is based on family history, etc. not as a preventive measure.

Thank you for the opportunity to speak on these bills and welcome any questions you may have.