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Connecticut State Medical Society and American College of Physicians Connecticut
Chapter Testimony on
Senate Bill 12 An Act Prohibiting Copayments for Preventive Services
Presented to the Insurance And Real Estate Committee
February 3, 2011.

Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee, my name is Ken Ferrucci, Vice President of Public Policy and Government Affairs for the Connecticut State Medical Society (CSMS). On behalf of our more than 7,000 physician and physician in training members and the physician members of the American College of Physicians Connecticut Chapter (ACP), thank you for the opportunity to testify before you today on **Senate Bill 12 An Act Prohibiting Copayments for Preventive Services.**

Senate Bill 12 An Act Prohibiting Copayments for Preventive Services would prohibit group and individual health insurance policies providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of this state after January 1, 2012 from imposing a copayment deductible or other out-of-pocket expense for preventive care services. CSMS and ACP support the goal of this legislation, to promote the health of Connecticut residents through the provision of affordable preventive care services. However, we must caution committee members that this legislation could potentially impact physicians negatively, making the provision of preventive services more difficult in many instances.

Many physicians have entered into agreements with insurers and accepted reimbursement rates for preventive services based on arrangements of copayments and deductibles that offset discounted rates. Should these products now be prevented from containing copayments and deductibles, the schedule of fees must be reviewed and adjusted appropriately to ensure that such requirements are not merely a reduction in reimbursements for physicians with no impact on the health insurer. Prevention, wellness and disease management are the foundation of health care. Adequate coverage and availability of preventive services is imperative and ultimately provides long term savings and a better quality of life.

Insurers must be encouraged to provide adequate coverage for and access to these services, but we must be certain that any changes to current contracts do not negatively impact those providing these services. In attempting to increase access this bill may

actually further limit access if it simply means physicians will get paid less for the preventive medicine services they provide. We believe that the intention of the bill is to lessen the burden on patients and not merely shift that burden onto physicians who provide the medically necessary preventive services. There needs to be language in this bill that not only guarantees coverage of these services with no co-payment, co-insurance or deductible, but also does not punish those physicians who are currently providing these services in the community.

Thank you for the opportunity to provide this testimony to you today.