



160 St. Ronan Street, New Haven, CT 06511-2390 (203) 865-0587 FAX (203) 865-4997

Connecticut State Medical Society Testimony on  
Senate Bill 17 An Act Concerning Wellness Programs and Expansion of Health  
Insurance Coverage  
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 physicians and physician in training members, thank you for the opportunity to present Senate Bill 17 An Act Concerning Wellness Programs and Expansion of Health Insurance Coverage.

CSMS is encouraged by the content of House Bill 5009 An Act Concerning Wellness Programs and Expansion of Health Insurance Coverage. As physicians, we continually emphasize the importance of wellness and support the use of any incentive that encourages our patients to lead a healthy life. Not only is this in the best interest of the patients, but will increase the health and quality of life for Connecticut residents. Furthermore, cost savings on over healthcare spending by reducing the expenses associated with many long term and more complex diagnosis as the result of unhealthy lifestyles will be realized.

We are pleased that the dialogue and discussion surrounding the provision of wellness incentives has elevated to this level. We welcome the opportunity to continue with efforts such as these to increase the overall health of Connecticut residents. Acceptable programs should be true wellness programs that utilize physicians and other appropriate health care providers in their development, deployment and maintenance. We also encourage the committee to expand on the language in the bill and allow insurers to also acknowledge and reward for programs developed and maintained by employers or physicians and other appropriate entities.

Included in Senate Bill 17 are several provisions for required coverage that this committee have addressed in the passed but have failed at various points of the legislative process. These provisions include among others increased coverage for ostomy supplies, prosthetics and hearing aids for children. CSMS continues to believe that any services that is deemed medically necessary by a physician should be covered by insurers.

Members of this committee had the foresight last session to pass these requirements and we ask for the same action this session.

Thank you for the opportunity to share these comments with you. We welcome any questions or comments.