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Connecticut Chiropractic Association
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Statement of Francis Vesci, DC
Before the Judiciary Committee
HB 6343, AN ACT CONCERNING COOPERATIVE HEALTH CARE ARRANGEMENTS
March 4, 2011

My name is Francis Vesci I am a practicing chiropractic physician, and the Vice President of the Connecticut Chiropractic Association. I am here today to ask for your support of HB6343. This bill, which has been raised in several committees over the past several years, is once again back for consideration.

There is a misconception that physicians have the ability to negotiate the terms of the managed care contracts they sign. Despite what you have heard or may hear in other testimony, the reality is physicians have little or no power to negotiate the terms of their provider agreements as the playing field is tipped in the favor of the payors. In the present system the majority of health insurance companies do not cover services within the scope of practice and licensure. Using chiropractic as an example Yale Health Plan does not reimburse for exams, imaging or other diagnostic treatment, Optum Health will only cover one therapy service, and some Anthem plans limit chiropractic care to 12 visits. This bill would bring balance and a chance for physicians to negotiate, in good faith, with health insurance companies, on how healthcare is delivered to patients in the State of Connecticut. It would move negotiations to a more level playing field.

Under this bill, nonintegrated physicians or physician practice groups wishing to enter a Cooperative Arrangement would have to apply to the office of the Attorney General for a Certificate of Public Advantage. This certificate would be issued once certain criteria specifically, but not limited to i) Enhancement of the quality of healthcare to consumers, ii) gains in cost efficiency of providing healthcare services, iii) improvement in utilization of and access to health services and equipment and iv) avoidance of duplication of healthcare resources, were met. However, should the Attorney General find that the such a Cooperative Arrangement leads to i) a reduction in competition, ii) and adverse impact on the quality or price of healthcare services to consumers, or iii) the availability of other arrangements that achieve the same benefits with less restriction on competition the application would be revoked.

Healthcare providers with a Certificate of Public Advantage will be required to submit an annual report detailing how the Cooperative Arrangement is providing or performing services as outlined in the group's application. This report will be reviewed by the Attorney General to determine if the conduct remains consistent with the application and if the benefits continue to outweigh the risks of such an arrangement. If the Attorney General finds that the benefits no longer outweigh the risks, a hearing would be called to determine whether the Certificate should be modified or revoked.

As you can see the consumer is well protected. Furthermore, this bill does not provide for group boycotting or the cessation of care. At a time when quality, affordable healthcare is a must, the CCA is not interested in preventing patients from obtaining necessary care. We want to see all physicians have the ability to come together and negotiate their contracts with health insurance companies in good faith.

Thus, this bill would facilitate improved healthcare quality and enhanced service delivery by physicians who would be paid fairly and available to better deliver quality care and value to their patients in the evolving integrated healthcare delivery system.

On behalf of the Connecticut Chiropractic Association and the patients we serve, we urge the committee to support HB 6343. Thank you.