



Connecticut CHAPTER

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Senator Prague, Representative Zalaski, I am Gil Lancaster, and I am the director of Noninvasive Cardiology at Bridgeport Hospital, an Associate Clinical Professor of Medicine at the Yale School of Medicine and the current President of the Connecticut Chapter of the American College of Cardiology (the CCACC). The CCACC represents over 600 Connecticut physicians, nurses and technicians that treat a wide variety of diseases and conditions affecting the human heart and vascular system. I am unable to be present today but I have provided the following comments in support of SB 182 An Act Concerning Cooperative Health Care.

The federal Patient Protection and Affordable Care Act encourages the establishment of Accountable Care Organizations (ACOs) as a vehicle for physicians and providers to work together in the best interest of the patient. However, federal "antitrust laws" prohibit Connecticut physicians from collective discussions about the parameters to create ACOs to improve patient access to quality medical care. This could be a major hurdle; but:

- Federal law does allow for states to promulgate their own regulations under the "State Action Doctrine" providing a realistic pathway for these collective discussions to take place
- The Sustinet Board recommended that the legislature establish an authority to "encourage cooperative agreements" as part of health-system reform in Connecticut.
- Under the bill physicians would be required to **identify a specific subject** for negotiation, **outline benefits** both to the physician and patient of the impact of the cooperative negotiation, then **file with the Attorney General for consideration** for the ability to enter into a cooperative good-faith negotiation.
- The Attorney General can then determine if there is "significant public need" and whether one of the following conditions are met to enable cooperative negotiation by Connecticut physicians:
 - *A health plan has significant market power*, enabling it to virtually dictate the terms of provider agreements to physicians or
 - Negotiations on fee-related issues have been one-sided in favor of the health benefit plan or have not occurred due to the market power of the health benefit plan.
- SB 182 would enable physicians to negotiate in good faith with health insurers for increased costs associated with medical malpractice premiums, e-prescription technology, electronic medical records installation, technology and its maintenance costs.
- This proposal does not mandate any outcome of cooperative negotiations; it only requires that health insurers negotiate in good faith with approved physicians and on specified issues.

Senate Bill 182 will allow a more integrated health care system where Connecticut physicians can more effectively balance the weight of medical liability insurance and the state's desire to move toward e-prescriptions, electronic medical records, and clinical integration and disease management programs through direct and specific discussions between and among their peers.

The current system has not worked and SB 182 is a good small step in the right direction- by engaging providers and physicians in discussions aimed at the best outcome for patients and not just shareholders. We urge your support for this small first step. Thanks you.