



*Quality is Our Bottom Line*

**Public Health Committee Public Hearing**

**March 20, 2013**

**Connecticut Association of Health Plans**

**Testimony in Opposition to**

**HB 6588 AAC THE EXPIRATION OF CERTAIN HEALTH CARE PROVIDER  
CONTRACTS**

The Connecticut Association of Health Plans would like to express serious reservations regarding passage of HB 6588. The contracting process between health plans and hospitals is a complex process, but one that is executed by two private parties subject to current contract law. The Association is particularly concerned about section 2 which would require certification from URAC and NCQA to hospitals on network adequacy. Compliance with adequacy standards is already in statute and falls under the jurisdiction of the Commissioner of Insurance as follows.

Sec. 38a-472f. Provider network adequacy. Each insurer, health care center, managed care organization or other entity that delivers, issues for delivery, renews, amends or continues an individual or group health insurance policy or medical benefits plan, and each preferred provider network, as defined in section 38a-479aa, that contracts with a health care provider, as defined in section 38a-478, for the purposes of providing covered health care services to its enrollees, shall maintain a network of such providers that is consistent with the National Committee for Quality Assurance's network adequacy requirements or URAC's provider network access and availability standards

Section 2 distorts the current jurisdictional lines and we would suggest its deletion.

Thank you for your consideration.