



**Connecticut State Medical Society, Connecticut Dermatology and Dermatologic Surgery Society  
Connecticut Society of Eye Physicians, Connecticut ENT Society, and the  
Connecticut Urology Society**

**Testimony in Opposition to House Bill 5529 The Definitions of Medical Necessity  
Public Health Committee  
March 13, 2014**

Senator Gerratana, Representative Johnson and members of the Public Health Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS) and the other societies mentioned, thank you for the opportunity to provide this testimony in opposition to House Bill 5529 An Act Concerning the Definitions of Medical Necessity. This bill would eviscerate much of the good work done by the General Assembly to establish an appropriate definition of medical necessity and codified through the passage of Public Act 07-75.

The definition of medical necessity established in Public Act 07-75 was developed to be consistent with language contained in settlements agreed to by multiple insurers and physicians at the result of multi-district litigation (MDL) between several state medical societies and many of the insurers who operate in Connecticut. Language contained in those settlements related directly to medical necessity determinations required that such determinations be based on, among other items, credible scientific evidence published in peer-reviewed literature that is generally recognized by the relevant medical community. Identical language was contained in Public Act 07-75.

Language contained in House Bill 5529 removes the need for determinations of medical necessity to be based on credible scientific evidence published in peer reviewed medical literature accepted by the medical community. CSMS and ACP oppose this deletion of language that would allow many untested and unscientific medical treatment regimens to be used potentially to the detriment of patients.

Our organizations have consistently stated that services deemed to be medically necessary in the clinical and professional judgment of a physician should be considered medically necessary for coverage purposes. However, we acknowledge the need for established processes to be adhered to that includes reliance on scientific peer reviewed medical literature. Physicians must feel confident that decisions made by insurers that differ from and often undermine their professional, clinical decisions will be consistent and based on accepted and published standards. Medical necessity determinations should not be the opinion of the various individuals who provide utilization review for insurers or who have no training or expertise in the evaluation, assessment or medical treatment being provided.

Please oppose House Bill 5529.