

**Connecticut House Bill 5373, An Act Implementing The Recommendations Of The
Legislative Program Review And Investigations Committee Concerning The Reporting Of
Certain Data By Managed Care Organizations And Health Insurance Companies To The
Insurance Department.**

**Statement of
America's Health Insurance Plans
601 Pennsylvania Avenue, NW
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**Connecticut Legislative Program Review and Investigations Committee Public Hearing
March 4, 2014**

America's Health Insurance Plans (AHIP) appreciates this opportunity to present our concerns on Connecticut House Bill 5373, An Act Implementing The Recommendations Of The Legislative Program Review And Investigations Committee Concerning The Reporting Of Certain Data By Managed Care Organizations And Health Insurance Companies To The Insurance Department.

AHIP is the national association representing approximately 1,300 health insurance plans that provide coverage to more than 200 million Americans. Our members offer a broad range of insurance products. We strongly endorse the concerns expressed by the Connecticut association of Health Plans in their testimony in opposition to House Bill 5373. The ongoing challenges of the implementation of the Affordable Care Act and the implementation of an All Payer Claims Database in Connecticut make the possibility of the additional data obligations extremely challenging for our member health plans.

In addition, if this bill is to move forward in some form, we believe that a technical correction is necessary.

Section 2(b) of House Bill 5373 addresses changes to the consumer report card requirements that only apply to managed care companies.

Section 2(c) currently is also so limited in its scope, but in deleting certain language and changing the applicability to "each health insurer that writes health insurance in this state", it incorrectly expands the reporting requirements as to mental health and substance abuse to non-medical, supplemental forms of health insurance. The reporting requirements of subsection 2(c) relate to the statutory mental condition mandates, Sec. 38a-488a. and Sec. 38a-514., which are limited to medical coverages ("Each individual/group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide benefits for the diagnosis and treatment of mental or nervous conditions"). These mandates do not apply to supplemental coverages such as accident only, disability income, dental, vision or prescription drug coverage. As such, they would have nothing to report.

We ask that you amend the bill and we believe that this can be corrected by specifically referencing those mandate sections in the applicability language at the beginning of amended Subsection 2 (c) as follows:

(c) [With respect to mental health services, the consumer report card shall include information or measures with respect to the percentage of enrollees receiving mental health services, utilization of mental health and chemical dependence services, inpatient and outpatient admissions, discharge rates and average lengths of stay.] (1) On or before May first of each year, each health insurer that **provides coverage** in this state **under Sec. 38a-488a. and Sec. 38a-514.** ~~writes health insurance~~ shall submit to the commissioner;