

Joanne Germe
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February 1, 2015

State Representative Robert Megna
Legislative Office Building, Rm. 2802
Hartford, CT 06106

Dear Rep. Megna,

Working for thirty-one years in the medical profession as a nurse has left me very concerned with the many issues surrounding health insurance. In Connecticut private health plan providers are not required to give consumers shopping for insurance information about the prescriptions they cover, the doctors in their network, or the cost of copays. This results in many patients being surprised by medical costs once they are already locked into a plan for a year. Senate Bill 24, currently being discussed in the state legislature, will require health insurance companies to provide upfront and transparent information to shoppers about their coverage.

At this time my husband and I are covered by private insurance through my employer. In an attempt to meet our medical needs I selected the plan I thought would provide the best coverage for my husband's diabetes and my heart condition. Unfortunately, we recently experienced some problems due to changes in the coverage. While attempting to pick up my husband's diabetic supplies at the pharmacy, we were told his supplies were no longer covered and left empty-handed. Upon calling the insurance company, I was told that the formulary changed for his diabetic blood glucose machine. While the company agreed to send us new supplies, we had to wait approximately 10 days and had to pay out of pocket in the meantime. There was no advance notice provided to us about this change. The interruption in the receiving of supplies and required out-of-pocket expense created a hardship for us. I definitely would have chosen a different plan had I known coverage for his machine would be discontinued.

Many people with chronic illnesses face discrimination from insurance companies, because insurers classify all treatment options for many of these illnesses on the most expensive tier. Some of these conditions include multiple sclerosis, some forms of cancer, and rheumatoid arthritis along with others. This is not fair, if a physician prescribes a medication they think is best an insurance company should provide the patient with the treatment they need. High medical costs can financially ruin people. Senate Bill 24 will require insurance companies to provide a cost-effective treatment option for all conditions. This will allow more patients access to the care they need.

I would like to urge you to vote in support of S.B. 24, which would make health plans more transparent in Connecticut. This kind of information is extremely important when choosing a plan that best meets the needs of my family's medical conditions. This bill would also prohibit health plans from making changes in coverage mid-year. We experienced this first hand and it was disruptive to my husband's medical care and created an unexpected financial burden. The changes proposed by this bill will allow your constituents to make informed medical decisions taking into account their own personal medical conditions. It would also provide peace of mind that the coverage chosen will not be taken away during the coverage period without notice.

Sincerely,

Joanne Germe