



*Quality is Our Bottom Line*

**Insurance & Real Estate Committee**

**Public Hearing**

**Tuesday, March 15, 2016**

**Connecticut Association of Health Plans**

**Testimony in Opposition to**

**SB 435 AAC Health Carriers' Use of Clinical Pathways and Health Insurance Coverage for Services  
Rendered by a Chiropractor**

The Connecticut Association of Health Plans respectfully urges the Committee's opposition to SB 435.

With respect to Section 1, clinical pathways offer a promising new way to utilize evidence based medicine to reduce variations in care and improve outcomes and to begin to respond to criticisms about the safety and effectiveness of the health care delivery system. Connecticut's SIM (State Innovation Model) initiative is focusing in on new payment and delivery models that embrace value-based practice and payment transformation by seeking to utilize quality measures that support evidence based practice. Choosing Wisely™, a national initiative supported by a consortium of over thirty specialty societies, has called attention to a range of commonly used tests and procedures that are prone to overuse and the initiative has drawn attention to the fact that some of the most expensive and commonly prescribed medical tests and treatments are not evidence-based and offer very little proven value. Establishing clinical pathways, is one such way to discourage such practices and we encourage the Connecticut legislature to allow these conversations to continue, through SIM and other venues, rather than pass legislation that would undermine the ability of payers to work with providers in new and innovative ways.

Section 2 seeks to mandate that services rendered by a chiropractor be subject to terms that are no less favorable than when such services are rendered by a physician. We question what specific "terms and conditions" are being referenced under this section and submit that there may be valid reasons to prior authorize, for example, chiropractic treatment for pediatric autism when autism treatment may need not be prior authorized under other sub-specialties practices based on clinical expertise.

We strongly urge the Committee's rejection of both provisions.

Thank you for your consideration.