



CONNECTICUT ACADEMY OF  
**FAMILY PHYSICIANS**  
CARING FOR CONNECTICUT'S FAMILIES

**Statement concerning**

**Senate Bill 433 – An Act Concerning Standards and Requirements for Health Carriers' Provider Networks and Contracts between Health Carriers and Participating Providers**

**Insurance and Real Estate Committee  
March 15, 2016**

This statement is being submitted on behalf of the Connecticut Academy of Family Physicians concerning Senate Bill 433 – An Act Concerning Standards and Requirements for Health Carriers' Provider Networks and Contracts between Health Carriers and Participating Providers. Over the years we have come before this committee to stress the importance of our patients having access to the highest quality healthcare. This time is no different. While we applaud this committee for taking the beginning steps to make sure that our patients have that access, we share the same concerns about this bill that have been put forth by the Connecticut State Medical Society (CSMS).

Our primary focus with the bill before you is to make sure that patients' access to health care is not met with unreasonable delay and that health plans have an adequate number of providers. We strongly believe that adequacy must be measured by the number of physicians actually practicing in Connecticut who are able to examine and provide care to a patient. It is insufficient to include physicians who are only available via telemedicine. Further, we agree with CSMS in that given the infancy of telemedicine and telehealth, any reference to it should be removed from the bill. Maintaining an adequate network should also mean that health care plans should not reduce the number of network providers without sufficient notice. The bill before you would allow a health carrier to reduce 24% of its providers before notifying the Commissioner. This is simply too high and significantly restricts access to

a great number of patients. Adequacy of providers must also be addressed in tiered networks. With more and more health insurers using tiered networks, the adequacy of providers must be determined on a tier by tier basis, so that patient access is guaranteed access on each tier.

The bill before you is a good start to guaranteeing access. We hope that this committee will consider modifying the bill and are willing to offer whatever support we can in helping to ensure access to healthcare.

For more information, please contact:

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