

February 16, 2017

**Statement  
Of  
Anthem Blue Cross and Blue Shield in Connecticut  
On  
Proposed S.B. No. 116 An Act Concerning Disputes Between Hospitals And Insurers  
Proposed S.B. No. 490 An Act Requiring The Connecticut Health Insurance Exchange To Post  
Current And Accurate Provider Network Information On Its Internet Web Site. (Ins)  
Proposed S.B. No. 494 An Act Concerning Health Insurance Cost-Sharing Requirements For  
Prescription Contraception. (Ins)  
Proposed S.B. No. 585 An Act Requiring Health Insurance Coverage For Breast Pumps And  
Protections Afforded To Women Breastfeeding In Places Of Employment. (Ins)  
Proposed S.B. No. 586 An Act Requiring Health Insurance Coverage For Preventive Care  
Provided To Female Enrollees And Access To Prescription Contraceptive Methods. (Ins)  
Proposed H.B. No. 5139 An Act Requiring The Connecticut Health Insurance Exchange Board  
Of Directors To Report Additional Data. (Ins)  
Proposed H.B. No. 6619 An Act Concerning Health Insurance Coverage For Used Wheelchairs.  
(Ins)  
Proposed H.B. No. 6623 An Act Establishing A Working Group To Examine Ways To Mitigate  
Health Insurance Premium Increases. (Ins)  
Proposed H.B. No. 6887 An Act Expanding Coverage For Mental Health Care Services And  
Substance Abuse Services. (Ins)**

Senator Larson, Senator Kelly, Representative Scanlon and Representation Sampson, thank you for the opportunity to speak to you today on many of bills before this committee. Anthem has been part of the Connecticut landscape for more than 76 years and employs more than 1200 people here mostly out of offices in Wallingford.

As you all are aware, in Washington DC, there is intense discussion about healthcare reform and the next phase of the Affordable Care Act with the President issuing an Executive Order on the matter. In fact, just yesterday, the IRS and The Department of Health and Human Services (HHS) proposed rule on stabilizing the individual and small group markets under the Affordable Care Act (ACA). The comment period is open until March 7<sup>th</sup> and then HHS will consider all the comments and issue final rules some time after that. Those final rules will dictate what we must do as insurers. This is a prime example of the changing landscape insurers and consumers are facing almost daily that highlight what collectively we are facing. Every bill that you have

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before you from various benefit mandates to the change in utilization review time to clinical peer affects current plans and products for almost all segments of the health insurance marketplace. The pending legislation affects individual, small group and large group. Those same segments are also impacted by what is being contemplated on the federal level. The insurance marketplace is very vulnerable right now and stability is critical. The instability specifically becomes apparent in the area of price and how we price through rate submissions in an already uncertain marketplace. Stabilizing this marketplace from is so very critical - not only for the companies but more importantly for the members and purchasers of healthcare. We ask respectfully that you do not pass any legislation impacting health insurance until the federal reforms are known and passed.

Thank you for your time and I welcome any questions that you might have today.