INSURANCE AND REAL ESTATE COMMITTEE PUBLIC HEARING
TUESDAY, MARCH 1, 2022
CONNECTICUT ASSOCIATION OF HEALTH PLANS
TESTIMONY REGARDING

H.B. 5042 (COMM) AN ACT CONCERNING HEALTH CARE COST GROWTH. (INS)

S.B. 13 (COMM) AN ACT REDUCING PRESCRIPTION DRUG PRICES. (INS)

S.B. 15 (COMM) AN ACT ENCOURAGING PRIMARY AND PREVENTIVE CARE. (INS)

The Connecticut Association of Health Plans appreciates the opportunity to support H.B. 5042, AN ACT CONCERNING HEALTH CARE COST GROWTH, which continues the hard work already begun of addressing the underlying cost of care components that drive the cost of health insurance coverage.

The bill compliments Executive Order No. 5 issued by Governor Lamont requiring the Executive Director of the Office of Health Strategy (OHS) to monitor health care spending growth across all public and private payers and populations and to report annually on such growth as well as to develop annual benchmarks against which the state can measure its overall progress. Association members have been actively engaged in these efforts participating in various forums around quality of care, access, and cost. While the carriers may not always endorse every OHS initiative, there is a shared belief in the agency's core mission to implement comprehensive, data driven strategies that promote access to high quality health care and affordable health care coverage.

The Association looks forward to continuing the existing dialogue and partnering with OHS and other stakeholders in achieving the objectives outlined.

Likewise, the Association appreciates the Governor's focus, under S.B. 13 AN ACT CONCERNING PRESCRIPTION DRUG PRICES, on the need to address the escalating unit cost of pharmaceuticals that now make up more than 20% of the health care premium dollar. The current trajectory is unsustainable. Through use of formularies and utilization measures, carriers have long sought to hold pharmaceutical companies accountable for both quality and cost while at the same time assuring that members have access to a vast array of prescription drugs. Increased regulation of these initiatives has limited a much-needed check and balance on the current system. At the same time new specialty drugs are coming to market that cost tens of thousands of dollars, drug competition is restricted by patent protection, and federal preemption limits state regulatory authority. S.B. 13 invites a much-needed conversation on the cost of pharmaceuticals and how to assure they are priced appropriately. The Association endorses that dialogue.

Robust primary care is critical to the delivery of preventive care that not only drives quality care but also lowers the overall total cost of care in the long run. Carriers are investing in innovative approaches to more directly engage their members in primary care initiatives from establishing new delivery models and payment arrangements, which reward value of care over quantity of care, to establishing digital platforms that allow for immediate access to telehealth providers and a broad range of on-line tools that support health and wellness.

While the Association supports the motivation behind S.B. 15, AN ACT ENCOURAGING PRIMARY AND PREVENTIVE CARE, and embraces the general concept of incorporating Health Enhancement Programs for some markets, regrettably the Association cannot support the requirement under S.B. 15 that insurance I.D. cards include the name of a specific primary care provider (P.C.P.). I.D. cards are challenging to keep updated and accurate given the constantly changing landscape. As members (and providers) relocate, work remotely, or return to work on premises, their needs change. The resources necessary to program systems consistent with these needs is cost-prohibitive and when you consider the number of cards that would need to be issued to meet the requirements for various family sizes etc., P.C.P. designation on I.D. cards becomes a source of frustration for all involved as information changes and cards must be reissued resulting in confusion all around.

Instead, the Association recommends that state policy 1) encourage increased utilization of digital technology to promote primary care engagement, 2) encourage general public education on the benefits of having and utilizing a P.C.P., and 3) explore scope of practice changes that result in more availability of such services.

Thank you for your consideration.