CONNECTICUT HOSPITAL ASSOCIATION

TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
INSURANCE AND REAL ESTATE COMMITTEE
Thursday, February 25, 2010

HB 5212, An Act Concerning Insurance Coverage For The Treatment Of Bleeding Disorders

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **HB 5212, An Act Concerning Insurance Coverage For The Treatment Of Bleeding Disorders**. CHA supports the concept of improving the care system for this vulnerable population but, as currently drafted, CHA has concerns about certain provisions in Sections 4 and 5.

In Section 4, subsections 2 and 3, HB 5212 would require providers to give patients information that, in almost every case, is impossible for providers to know. For example, subsection 3 requires providers to deduce the anticipated amounts "to be imposed on the insured." The amounts imposed come from the insurance plan, not the provider. There are an endless number of insurance plans and deductible, co-payment, and co-insurance scenarios, which will vary greatly from patient to patient.

Determination of what a patient must pay for medical care necessarily depends on the individual's unique plan and its terms. Whether a patient has reached a pay down threshold, has satisfied his or her deductible obligations, or has a choice to make about a particular tier of drug or service, are all questions for insurance companies – not providers. CHA urges the committee to eliminate the provisions of Section 4 imposing requirements on hospitals and other providers with which it is impossible to comply. Either these subsections should be deleted, or they should be revised to become the insurance company's responsibility.

In Section 4, subsection 5, the bill seeks to create state-level recall obligations on providers. This approach is problematic. The federal government, through the U.S. Food and Drug Administration (FDA), has a sophisticated and elaborate recall and alert system for drugs and devices. The federal system is designed to deal with recalls uniformly; the FDA communicates with state officials and carefully outlines the patient and public messages needed to maintain the greatest level of safety. Setting up a separate, and independent, state system of recall communications outside of the FDA program could result in public confusion, have an adverse effect on interstate commerce, and potentially result in life threatening mistakes if patients misunderstand the unofficial messaging that this law would create. This section should be deleted.

Section 5 of HB 5212 seeks to change Section 20-619 of the Connecticut General Statutes to add a second layer of requirements for generic substitution of drugs. A prescriber may already insist on brand name only, as set forth in Section 20-619(c). The proposed text would force a pharmacist to obtain an additional consent from the prescribing practitioner when substituting generics for brand name blood clotting products, even if the patient wanted a generic. This will cause unwanted delay and confusion for patients.

Thank you for your consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.