

Legislative Update for ConnAPA

June 17, 2009

The 2009 session is history! Both the House and Senate completed their work at midnight Wednesday, June 3, after passing a blizzard of legislation in the final hours. This is a brief report to ConnAPA members of what happened in Hartford this year. As always, many thanks to those of you who took the time to contact and lobby legislators on issues of importance to patients and the profession.

No Budget Passed—the General Assembly and Governor could not agree on a two-year budget for fiscal 2010-11, and this important task now falls to a Special Session. The deficit for the next budget cycle remains projected at \$8 billion. This gap equals 25 percent of all General Fund expenditures—an astounding amount. We remain concerned that new taxes on health care will be considered in the context of a deficit solution. It is also very possible that licensure fees for all practitioner categories will increase substantially. The next important deadline in the process is July 1. If a budget is not enacted by that date, it could lead to downgrades in the state's bond rating.

Physician Assistants—legislation was passed (HB 6678) that permits Physician Assistants to continue performing Fluoroscopy. Included in the same bill is a provision that takes the first step toward creating licensure for the Radiologists' Assistant profession. Legislation that would reduce the number of members of the Connecticut Medical Examining Board (HB 5086) died in committee—ConnAPA opposed the bill and testified in opposition to it at the public hearing. The proposal would have removed ten members from the CMEB, including a physician representative who supervises a Physician Assistant. Finally, a bill was passed (HB 6599) to clarify that Physician Assistants can assist with neonatal transports. ConnAPA also offered testimony on this bill at the public hearing.

Expanded Health Insurance—a stripped down Sustained plan (HB 6600) was passed that sets up a Board to plan for a possible universal health care system in Connecticut. The Board will make recommendations on a new system to the 2011 session of the General Assembly. Another important bill was passed (HB 6582) to permit municipalities and small businesses to buy into the state employee health care plan. Governor Rell vetoed a very similar bill last year and could likely do so again this year.

No Shows, Co-Pays and Complaints—legislation that would prohibit practitioners from charging for office visit "no shows" unless a notice of the cancellation policy is posted in the medical office (SB 34) died in the Senate. A bill that would prohibit patient co-pays

for annual physicals (SB 459) also died. Finally, legislation (SB 1091) that would provide individuals with more of a role as DPH reviews their complaint against a medical practitioner, passed the Senate but died in the House on the final day of the session.

Medical Loss Ratio—legislation was passed (SB 46) to include the medical-loss ratios of managed care organizations and health insurers in a “report card” that is published annually by the Department of Insurance. The intent is to let the public see how much in actual claims each insurer pays out annually.

MCO Fee Changes—restrictions on how frequently managed care organizations can change the fee structure in effect with their contracting providers was passed (SB 47). The bill limits such changes to once annually, but permits additional changes under certain defined circumstances. The bill also limits the look back period for payment recoupments to 18 months.

Informed Consent—a bill to encourage practitioners and patients to jointly decide appropriate treatment regimens, called “Shared Decision Making,” was advanced by the Public Health Committee but not acted on by the Senate (SB 678, Section 2). The proposal, sponsored by State Rep. Peggy Sayers, is likely to reappear next session.

Wellness Benefits—a bill was passed (HB 5021) that requires health insurers to offer some type of rate reduction or “reward” for policyholders who successfully complete a wellness program. The legislation also expands several health care policy mandates covering ostomy supplies, hearing aids, wigs and colonoscopies.

Post Claims Underwriting—legislation was passed (HB 6531) to limit insurers in using a policyholder’s application and medical history for purposes of denying payment for claims that have been submitted on unrelated treatments.

Health Mandates—legislation was passed (HB 5018) to establish a structure for reviewing coverage mandates in the health insurance statutes. Such analysis will be conducted by the University of Connecticut, reported to the Department of Insurance and forwarded to the General Assembly for review and possible legislation.

Runner’s Bill—a bill was passed (HB 6642) to prohibit an entity from paying an individual to solicit specific accident victims for medical treatment or legal representation. Solicitations in the way of advertising aimed at the general public would continue to be permitted.

Unemployment Compensation—a bill was enacted (HB 6715) that takes advantage of new options presented as a result of the federal stimulus law. One part of that law permits states to provide unemployment compensation, in certain situations, to an individual who needs to stay at home to care for a sick child or relative. A medical certification of the person’s illness or disability is required.

All in all, the 2009 session was a good one for ConnAPA. Please let us know if you have any questions about the legislation referenced in this report. As mentioned, a Special Session of the legislature has been convened to adopt a budget and tax package—we will keep ConnAPA members apprised of developments on this important issue.

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