

PA 11-199

HB6306

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H – 1095

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2011**

**VOL.54
PART 4
1040 – 1385**

rgd/md/gbr
HOUSE OF REPRESENTATIVES

118
April 27, 2011

Those voting Nay 0
Those absent and not voting 5

DEPUTY SPEAKER RYAN:

The bill passes.

Will the Clerk please call Calendar Number 69.

THE CLERK:

On page 32, Calendar 69, House Bill Number 6306,
AN ACT CONCERNING THE LISTING OF ADVANCED PRACTICE
REGISTERED NURSES IN MANAGED CARE ORGANIZATION
PROVIDER LISTINGS AND PRIMARY CARE PROVIDER
DESIGNATIONS, favorable report of the Committee on
Public Health.

DEPUTY SPEAKER RYAN:

The Chairman of the Insurance and Real Estate
Committee, Representative Megna of the 97th.

REP. MEGNA (97th):

Thank you. Thank you, Mr. Speaker.

Mr. Speaker, I move the committee's joint
favorable report and passage of the bill.

DEPUTY SPEAKER RYAN:

The question is acceptance of the Joint
Committee's favorable report and passage of the bill.

Representative Megna, you have the floor.

REP. MEGNA (97th):

Thank you, Mr. Speaker.

Mr. Speaker, this bill requires health care carriers to list and include under a separate category or heading, participating advanced practice registered nurses, and the provider -- as a provider under a separate heading.

We've heard testimony that this bill will allow patients to have a choice of the APRN that they would choose to use that is a participating provider under that health care carrier.

And with that, I would urge my colleagues to support this bill.

DEPUTY SPEAKER RYAN:

Thank you, Representative Megna.

Will you remark further on the bill? Will you remark further on the bill? If not, will staff and guests please come -- sorry, sir.

Representative Srinivasan of the 31st.

. REP. SRINIVASAN (31st):

Thank you, Mr. Speaker.

It is extremely important for us to realize the excellent care that is provided by APRNs, physician's assistants, in collaboration with physicians with whom they practice. All of us, everybody here in

Connecticut is deeply indebted to the APRNs because they provide a phenomenal service in collaboration with the patient -- with the physicians they work with.

My concern, however, with this bill is that patients need to be aware of whom that service is coming from. The educational background of the service provider is extremely important. We know the big difference between the training for a physician and the specialities that they practice and the training as far as APRNs are concerned.

So if the patient is aware that the care that they are given is provided, A, by an MD; B, by an APRN; or C, in another case by a physician's assistant, and then makes the informed decision that their care is going to be provided by either of these health providers. Absolutely we have no concerns about that at all. As I said earlier, APRNs provide phenomenal service to our patients here in Connecticut.

Also we are well aware that APRNs practice always in collaboration with a physician. APRNs are always teamed with a physician in terms of whom they practice with. And that is why I feel that listing them separately as opposed to listing them with the group with the A physician, B physician, or the group of

physicians that they practice with, would give the impression to the patient that this is a different group of people that they're reaching out to in terms of the educational background and, more important, in terms of the coverage that they will need.

So my big concern is when the APRNs are listed individually, will the patient be able to sort out in the directory and figure out in their mind as to from whom their health care is being provided for? That is my concern about listing them separately.

Not a question of their qualification, none whatsoever. They are excellent in health care, but will there be a confusion in the patient's mind as to from whom are they are receiving the care for, A on an PRN, on an as-needed-basis, or on a continual basis.

Thank you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Thank you, sir.

Representative Coutu of the 47th.

REP. COUTU (47th):

Thank you, Mr. Speaker.

Mr. Speaker, a few questions through you to the proponent of the bill.

DEPUTY SPEAKER RYAN:

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Please proceed, sir.

REP. COUTU (47th):

My first question is relating to, do currently -- APRNs, are they able to be a primary-care physician for patients at this time?

DEPUTY SPEAKER RYAN:

Representative Megna.

REP. MEGNA (97th):

Could I ask that the question be repeated please, Mr. Speaker?]

DEPUTY SPEAKER RYAN:

We are getting a little loud. The question is being asked, and the good Representative, Chairman of the Insurance Committee, cannot hear them. I would ask you to take your conversations outside.

Representative Coutu, could you repeat your question?

REP. COUTU (47th):

Thank you, Mr. Speaker.

The question is, do APRNs have the capacity at this time to be a primary-care provider?

DEPUTY SPEAKER RYAN:

Representative Megna.

REP. MEGNA (97th):

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Through you, Mr. Speaker.

I believe so. Uh-huh.

DEPUTY SPEAKER RYAN:

Representative Coutu.

REP. COUTU (47th):

And then secondly, APRNs, as far as I can understand, there's -- are currently under a collaborative agreement with a doctor. Verifying that.

Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Megna.

REP. MEGNA (97th):

Through you, Mr. Speaker.

Yes, and I believe this bill does nothing to impact that collaborative agreement.

DEPUTY SPEAKER RYAN:

Representative Coutu.

REP. COUTU (47th):

Yes, sir.

My concern relating to this piece of legislation is, there is a collaborative agreement and there is a difference in education. Currently to be an APRN you have 500 hours of supervised clinical work. The

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average physician completes 3200 hours of clinical training in medical school and another 9,000 hours during residency. It doesn't mean that APRNs can't provide great medical services. They do that. Dr. S. made that clear.

But I do have a concern relating to, if patients are going to be able to decipher, on this form, the difference. And also, there is a question of future -- where will this go? Will APRNs look to get more accreditation and a change in title, and then with time there may be a different label by their name? And are these patients going to be confused by the different titles? And who exactly is the doctor and who is not?

One more question, through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Proceed.

REP. COUTU (47th):

Do the insurance companies currently have an option to post APRNs or doctors in their literature?

DEPUTY SPEAKER RYAN:

Representative Megna.

REP. MEGNA (97th):

Could he repeat the question one more time please, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Coutu, could you repeat the question.

REP. COUTU (47th):

Do insurance companies currently have the option to identify APRNs or doctors within their literature?

REP. MEGNA (97th):

Through you, Mr. Speaker.

I don't know the answer to that question. I would -- I don't want to assume, but I don't know the answer to that question.

DEPUTY SPEAKER RYAN:

Thank you, Representative Megna.

Representative Coutu.

REP. COUTU (47th):

I think it's important for us to know that because I'm under the assumption that they currently do. And some insurance companies post who are the doctors and who are APRNs. And with that, this is becoming a mandate that insurance companies, they may believe that the best care provider for their patients is a physician who is fully licensed to be a doctor.

And they choose to put those doctors in their pamphlets for their client's, potential patients to

choose. There's only one option so the patient can't be confused. And in this case we're going to add a mandate that basically tells them they also have to have another category of people who provide excellent health care, APRNs, but at the same time aren't as qualified as a potential doctor. So that's my concern.

Mr. Speaker, I will be voting no on this piece of legislation. Once again, we all know APRNs provide excellent services, but in this case I think the line, it shouldn't be a mandate. And then, two, it should be very clear as to who the APRNs are and then who the doctors are. And I think this is going to confuse the end patient and client. And number two, the doctors who I have talked to have concerns that this is just the start of an evolution to, maybe, APRNs would have a different title.

So thank you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Thank you, Representative.

Will you remark further on this bill?

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker, for giving me the second opportunity.

And that is exactly the point that I wanted to make, that the clarification in the patient's mind as to who is going to be providing them the service is all that is important. Once the patient has decided that my care is going to be provided by an MD or an APRN, we are not here to say that they cannot choose an APRN. Far from that. Far from that.

It is the patient's choice, the patient's prerogative as to who delivers them care, but the concern is that in listing them separately as opposed to together with the group in which they practice, patients may not be able to see that separation of the practice between an MD and a physician, and inadvertently -- inadvertently thinking that they are getting the care of an MD, may choose an APRN.

And here, by not listing them separately but listing them with the group that they are practicing with, they are in a collaborative practice anyway, we are taking away their error factor. So patients will call practice A, and then within the practice, the practice, the front desk will let them know they have a choice of an MD, they have a choice of an APRN, and the patient is given that opportunity to make the decision.

That's how it happens in most of our practices, and as you know, most of our practices do have APRNs in our practices as well. By listing them separately, my concern is that a patient will be ill-informed or inadequately informed prior to making a very important decision as who is going to be delivering the health care, not on an acute basis, but on a continual basis.

Thank you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Thank you, sir. Will you remark further on this bill? Will you remark further on this bill? If not, will staff and guests please come to the well of the House. Will the members please take their seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is voting by roll call. Members to the chamber, please.

DEPUTY SPEAKER RYAN:

Have all members voted? Have all members voted? Will the members please check the board to see if their vote is properly cast? If all members have voted, the machine will be locked and the Clerk will take a tally.

The Clerk will please announce the tally.

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April 27, 2011

THE CLERK:

House Bill 6306.	
Total Number voting	145
Necessary for adoption	73
Those voting Yea	114
Those voting Nay	31
Absent and not voting	6

DEPUTY SPEAKER RYAN:

The bill passes.

Representative Rovero.

REP. ROVERO (51st):

Mr. Speaker, a point of personal privilege.

DEPUTY SPEAKER RYAN:

Please proceed.

REP. ROVERO (51st):

As Representative of the 51st District, it is my pleasure to introduce to you members of the Putnam Science Academy who recently, at the 63rd Connecticut Science Fair, took first place in physical science and second place in life science and mathematics. They will also be going to Texas to represent the state of Connecticut at the I-SWEEEP exhibition. Last year they went to Texas also and represented Connecticut and came in second place.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**INSURANCE AND
REAL ESTATE
PART 3
667 – 987**

2011

ADVANCED PRACTICE REGISTERED NURSE (APRN) SOCIETY CT

FTR

Insurance and Real Estate Committee – 02/08/11

RB No. 6236 AA REQUIRING THE INCLUSION OF PRIMARY CARE PROVIDERS ON HEALTH INSURANCE IDENTIFICATION CARDS.

Committee Co Chair Crisco and Megna and Committee Members, my name is Penny McEvoy and I am President of APRN Society of Connecticut

The APRN Society wishes to bring to your attention the fact that not all primary care providers are given Insurance ID #s, namely APRNs, even though they are primary care providers for insurance enrollees. Their name cannot appear on the ID card because the insurance companies won't allow properly licensed APRNs to be listed in their directories and patient's can only pick a primary care provider of record from their insurance directories. Insurance companies accept the APRN as primary care providers but refuse to allow them to be the provider of record. This causes major interruptions of care and many reports go to a name on the card even though that provider never sees the patient and has no responsibility for that patient.

Currently, in CT, United Health Care and Cigna do not credential APRNs even though APRNs treat their patients. Aetna has just this past year changed their policy to credential APRNs across the nation even though they refuse to properly list the APRN as a primary care provider.

This issue is related to the bill in front of you because the name on the card may very well not be the patient's primary care provider. There are two related bills in CT which have been introduced to address this problem of properly credentialing and listing APRNs, Proposed Bill #5759 and Committee Bill #6306.

However, if this bill before you today advances without that "fix" in place it would simply add to that problem since intent is to identify the primary care provider by that card.

For these reasons, the APRN Society respectfully request the following changes at such time as this proposal is given a Joint Favorable Report by this Committee.

Line 6 after "include" insert "participating advanced practice registered nurses in their listing of providers and shall include".

Line 7 replace "physician" with "provider"

Line 13 after "include" insert "participating advanced practice registered nurses in their listing of providers and shall include"

Line 13 replace "physician" with "provider"

**JOINT
STANDING
COMMITTEE
HEARINGS**

**INSURANCE AND
REAL ESTATE
PART 8
2295 – 2657**

2011

recall, speaks in terms of potential.

It provides for -- this bill provides for three years of -- of information on past premium action on the particular policy in question. I believe the model provides ten years. So besides adding additional information -- categories of information, it, I think, expands the information that's provided to the consumer and does it in a way that's consistent throughout the country right now in, I believe, 30 states.

SENATOR KELLY: Would that be an average over ten years or would it list each of the ten years' preceding increases or decreases or --

ROBERT KEHMNA: If you could hold just a minute, I could -- I could find that for you.

Let's see. Information regarding each premium increase on this policy over the past ten years, that sounds like it would be individual rather than average.

SENATOR KELLY: Right. Okay. Well thank you very much for -- for the information provided.

ROBERT KEHMNA: Thank you, Senator.

SENATOR CRISCO: Thank you, Senator.

Any other questions?

Thank you very much, Bob.

ROBERT KEHMNA: Thank you.

SENATOR CRISCO: Proceeding now to House Bill 6306.

Todd Zachs.

TODD ZACHS: Good afternoon, Senator Crisco,

COMMITTEE

Representative Megna, and other distinguished members of the Insurance and Real Estate Committee. My name is Todd Zachs. And I am a board certified otolaryngologist practicing in West Hartford, Connecticut.

I am here as a representative to over 1,200 physicians in the medical fields of Otolaryngology -- that's ear nose and throat -- ophthalmology, Dermatology and Urology to oppose House Bill Number 6306, AAC, THE LISTING OF ADVANCED PRACTICE REGISTERED NURSES IN MANAGED CARE ORGANIZATION PROVIDER LISTINGS AND PRIMARY CARE PROVIDER DESIGNATIONS.

First, as a physician who is on the front line of the health care battlefield, I would like to thank this committee for their long history of raising and supporting legislation to help improve the delivery of health care to Connecticut citizens.

Without question, this year has been a tremendous challenge for our state and our nation with regard to legislating health care reform. Clearly, we all want to do what's best for our citizens but we also have to be mindful to preserve quality, transparency, and the unique relationship and trust that patients have with their physicians, while considering access and cost.

The physicians of Connecticut also support informed patient decision making and transparency in health care administration. It is confusing enough already for patients to sort out who is in the mix of providers and ancillary personnel that make up modern medical care.

Listing APRNs with MDs and DOs as primary care providers without specifically identifying their training and degrees obtained will simply

add to that confusion.

Furthermore, we are concerned that not enough emphasis is being placed on achieving the highest level of medical training to care for our citizens by the managed care industry, who seems more concerned with profitability than with patient care.

In general, physicians and advanced practice nurse practitioners have very different levels of training, and we should not blur these lines to the public, or diminish each profession's distinct role. Nurse practitioners also must maintain a collaborative relationship with a licensed physician. That relationship should be disclosed in any listing, and the physician identified in the listing, so that patients may make truly informed decisions about their care.

In closing, physicians would like to work with this committee in improving health care delivery systems by strengthening the already existing model of delivery of care in Connecticut which supports and endorses quality, excellence and consumer choice and transparency. Thank you.

SENATOR CRISCO: Thank you, Doctor.

Are there any questions?

Yes, Representative Schofield.

REP. SCHOFIELD: Thank you, Mr. Chairman. I want to thank you for your testimony, Doctor. A few questions. You mentioned that the bill says that the -- they wouldn't have to identify their training or degrees? What -- what leads you to conclude that?

TODD ZACHS: That is my understanding of how the bill is written. That it -- they would be

listed on the same standing as physicians.

REP. SCHOFIELD: They would be listed as PCP -- as a Primary Care Provider --

TODD ZACHS: Correct.

REP. SCHOFIELD: -- but they would still have their -- their degrees and license listed. But we can certainly clarify that.

TODD ZACHS: If -- if they're on the same list as a doctor, it's going to be confusing to patients how to choose between a nurse and a doctor.

REP. SCHOFIELD: Okay. But as long as it's clear that their license is different, is there an issue that you're concerned about?

TODD ZACHS: Yes. I think that if they're -- if there's a column of doctors and nurses all mixed together in one section of a directory, the alphabets at the end of the name can get the -- can get confusing for the patients.

REP. SCHOFIELD: Can I just read you the -- include under a separate category or heading -- participating advanced practice nurses?

TODD ZACHS: Okay. Well, I wasn't fully as -- aware of how that was listed.

REP. SCHOFIELD: Okay. I have another -- another question for you.

Do -- do you have any collaborative agreements with any advanced practice nurses yourself?

TODD ZACHS: No -- no -- I do not.

REP. SCHOFIELD: Do you have any advanced practice nurses on your staff?

TODD ZACHS: No, I do not.

REP. SCHOFIELD: Okay. So you don't work with them in any way at all?

TODD ZACHS: Correct.

REP. SCHOFIELD: Okay. All right, thank you.

TODD ZACHS: Okay.

SENATOR CRISCO: One minute, Doctor, to see if there any other question?

Any other question? No?

Thank you very much. I appreciate it.

TODD ZACHS: Thanks.

SENATOR CRISCO: Lynn?

LYNN RAPSILBER: Good afternoon, Senator Crisco, Representative Megna, and members of the Insurance and Real Estate Committee. Thank you for having me here today and raising this bill, providing us an opportunity to speak on an important issue regarding access to primary care.

HB 6306

My name is Lynn Rapsilber. And I'm an advanced practice registered nurse and the current chair of the collation -- Connecticut Collation for Advanced Practice Nurses. The Collation strongly supports this bill, as it addresses consumer access to care and reduces provider liability by credentialing and listing APRNs on insurance panels.

Currently in Connecticut, some insurance companies will credential APRNs. Two major companies do not. And none are listed in the directories, any APRN, as practicing primary

care. Therefore, all enrollees who must use provider directories can not find the primary care APRN. This seriously restricts access to major provider of primary care in Connecticut. It also clearly is a disincentive for an APRN primary care provider to really practice in this state.

Nurse practitioners, mostly primary care APRNs are certified nurse practitioners. And there's a few that have actually closed their doors in Connecticut because insurance providers did not disclose their existence to patients.

In Connecticut, primary care APRNs are not treated as a valuable primary care resource. It is interesting to note that early in the year, Highmark, a major not-for-profit health insurance company based in Pittsburg, PA, announced it's accepting applications for nurse practitioners allowing them to sign up to be primary care practitioners.

The current system, Dr. Carey Vinson, vice president of Quality and Medical Performance Management, says this was a relic of the old HMO days. He also states that news such as large insurers reimbursing NPs as primary care practitioners could help recruit PAs and NPs from other states.

The other concern is provider liability. APRNs who are not credentialed must use credentialed physicians for billing purposes. This creates a system that misplaces lab slips, radiology reports and hospital notes. And because these reports are often sent to the physician who bills and who has nothing to do with the patient's care and has no liability for the patient's care, this can cause major delays when a report is tracked and sent to the primary care APRN who has ordered the report. So there's a delay in this process.

And this has been happening all across the state. It occurs because the entity wants to get paid and assumes it will only get paid if the report goes to the biller rather than the provider of care.

I know of many, many stories like these, and some have serious consequences. It is embarrassing to me that our system allows this, actually accepts that this is the best that we can provide.

As a provider, I have moral and legal obligations to provide both good and timely care. My license says I can do this but, in effect, the insurance system says I cannot.

And lastly, there have been discussions about reimbursing for pay for performance. This looks at outcome measures as a way to provide providers for meeting goals -- and patient goals. Often APRN data is credited to the billing physician so this gets lost.

When APRNs are not credentialed, there's no tracking outcomes. I thank you for your time, and I'll take any questions.

SENATOR CRISCO: Thank you, Lynn.

Are there questions? Any questions?

Representative Schofield.

REP. SCHOFIELD: Sorry. A couple of questions. So I just want to be clear, you already, as an APRN, have the ability to see patients independently, except you have this arm's length, sort of, sounding collaborative agreement with a doctor who does not have to be even in the same building with you. Correct?

LYNN RAPSILBER: Correct.

REP. SCHOFIELD: Okay. So that doctor may or may not have any knowledge of or input to a patient. At -- at what point does the doctor have input to the patient?

LYNN RAPSILBER: Well, it depends on the patient's presentation to us. We may refer them to the cardiologist if they have chest pains and EKG changes. We may refer them to an orthopedic if there's an orthopedic issue. The collaborative agreement is just a written piece of paper. It doesn't direct us in what our care should be.

REP. SCHOFIELD: And do you have a collaborative agreement with each of those subspecialties or just with --

LYNN RAPSILBER: No, it's just with one physician.

REP. SCHOFIELD: One physician. So in the case of the previous speaker, who's an ENT --

LYNN RAPSILBER: Uh-huh.

REP. SCHOFIELD: -- would you be likely to have a collaborative agreement with an ENT?

LYNN RAPSILBER: No.

REP. SCHOFIELD: Okay.

LYNN RAPSILBER: I'm in gastroenterology. So my collaborating physician is a gastroenterologist.

REP. SCHOFIELD: Okay. Are there ENT APRNs?

LYNN RAPSILBER: I am not sure about that.

REP. SCHOFIELD: Okay.

COMMITTEE

LYNN RAPSILBER: That's not particularly an area that I think you'll see nurse practitioners. You'll see us in other aspects of care; dermatology, orthopedics, surgery. We work for specialty groups like cardiology, endocrinology.

REP. SCHOFIELD: Okay. So -- but this bill is mostly about primary care.

LYNN RAPSILBER: Right.

REP. SCHOFIELD: So for the primary care APRNs, if you saw someone with a -- an ear, nose, throat problem, you'd be referring them --

LYNN RAPSILBER: You would refer them, yes.

REP. SCHOFIELD: To the -- the gentleman we just heard from.

LYNN RAPSILBER: The appropriate health care provider.

REP. SCHOFIELD: And I want to ask you a little bit about the availability of primary care. Is there a -- is there a lack of primary care, and why do we need more APRNs? Are there not enough doctors out there?

LYNN RAPSILBER: They're definitely are not enough primary care physicians, no. And I work in specialty. And every single day -- and I even -- when I testified for Senate Bill 192 last year, between then and now, I hear more and more patients coming to me saying they cannot find a primary care provider, or their circumstances changed.

I had one gentleman who was working. He had a -- a decent job, was injured on his job, was fired from his job, and he lost his health insurance. So he had to go on state insurance

because of that. He lost the primary care provider that he's had for over 20 years because they didn't accept the state insurance. So he had to go find another health care provider.

REP. SCHOFIELD: Okay.

LYNN RAPSILBER: And there's many examples like that that I hear every day.

REP. SCHOFIELD: One last question. Do -- do you have idea whether, in the federal health reform, there's any reference to nurse practitioners being providers?

LYNN RAPSILBER: Yes. Yes. There's lots of references in the national health care bill for nurse practitioners, APRNs, to be medical home leaders and runners, not just physicians, and then to have primary care status to take care of all patients.

REP. SCHOFIELD: Okay. So if I can just summarize my understanding then of what this bill does is just basically create -- where you already have the ability to see patients and you're already seeing them now, as a primary care provider, this just puts in a separate category a listing of APRNs so that people know they can choose you under a -- a health plan?

LYNN RAPSILBER: Right. We're not saying that the -- the patient actually should have the choice of who they want for their health care, whether it's a doctor or a nurse practitioner. They should be able to have that choice.

REP. SCHOFIELD: Okay, thank you very much.

LYNN RAPSILBER: Thank you.

SENATOR CRISCO: Any other questions of Lynn?

Thank you very much, Lynn.

LYNN RAPSILBER: Thank you.

SENATOR CRISCO: Is it Pat -- Pat Casey.

PATRICIA CASEY: Senator Crisco, Representative Megna, members of the committee, I'm Patricia Casey. And I, too, am an advanced practice registered nurse in the Waterbury community where I've been for over 20 years. I am here today to support Raised Bill 6306.

As you are aware, nurse practitioners are credentialed on health panels. And, in fact, for most of my career as a nurse practitioner, I have been on many of the insurance panels in Connecticut.

However, a few years ago, I changed jobs and my clients were unable to find me. They would call the insurance panel and be told, oh, she's not on the panel. Even though, in my case, I was on the panel. Because I was not listed in the directory when they called, they were told, oh, no, no, she's not in the directory. So here I had a new business venture but my clients couldn't find me.

I'm currently a health care provider on Connecticare. Interesting enough, it's also my personal insurance. My directory comes; I'm not in it. I see about 20 patients a week. Connecticare pays me for being their provider, but I'm not listed. So little chance of someone needing a provider being able to find me. This doesn't often happen to physicians, psychiatrists, psychotherapists but it happens to advanced practice registered nurses all the time.

In addition, I provide all aspects of primary

care to many individuals. However, they cannot select me to be their primary care provider; they can only choose the physician. However, there's insurance plans in this state that can automatically assign me to be their provider, even though they're patients I've never seen. And I get calls in my office that say, so-and-so's plan assigned you to be my primary care provider.

So there are plans that assign me. There are plans that my patients aren't able to choose me. And I believe that individuals should be able to choose among all the available primary care providers.

As Connecticut moves forward to improve health care access, we must get rid of ineffective rules. Advanced practice registered nurses are providing health care to individuals and should be able to be found listed in their directories.

I thank you for your consideration, and will answer any questions.

SENATOR CRISCO: Thank you, Pat.

Any questions? Any questions? Okay.

Thank you very much.

Proceeding to House Bill 6310, Doctor -- is it McCain? McMunn? Doctor McMunn? No? Doctor Emmel?

DAVID EMMEL: Excuse me.

SENATOR CRISCO: That's all right, Doctor. If it's -- if it's an emergency, okay. If not, then you're disqualified.

DAVID EMMEL: Good afternoon, Senator Crisco, and

I think as Cooks' testimony said that this is extensive negotiations between the major health carriers and the Insurance Department, that makes sense. From their perspective, this is a great bill. From our perspective, we -- we accept the regulation as essential, but we think that, in this case, parts of this are unfair. Thank you.

SENATOR CRISCO: Thank you, Mr. Stirling.

Any questions? Any questions?

Thank you very much.

JAMES STIRLING: You're welcome.

SENATOR CRISCO: Going back now to 6306.

Renee.

RENEE PROVOST: Thank you, Senator Crisco, Representative Megna, and members of the committee for allowing me to speak and to raise in this important issue. My name is Renee Provost. I'm an advanced practice psychiatric nurse and also I'm a faculty member at St. Joseph College where we educate nurse practitioners both family nurse practitioners and psychiatric nurse practitioners. And I'm testifying in support of Raised Bill 6306.

The first thing I'd like to say is that psychiatric advanced practice nurses have had independent insurance billing numbers in this state, even when under supervision, since the 1990s, and the medical APRNs have not. And the psychiatric APRNs are listed as psychiatric health care providers in insurance directories, much easier to find than our sisters and brothers who are medical APRNs.

The lack of access to the names of the medical APRNs on -- in the directories has caused a real problem for access, as you've heard the other APRNs testify. Current patients lose track of their providers. They have relationships with these providers. They have a history with them. If the provider moves, they're lost. They can't find them, as you heard the testify -- the testimony earlier.

If insurance companies would list the medical APRNs as primary care providers, which really is the role that they play, patients would have a more clear choice, and would have less barrier to access to primary health care.

And this is going to be, I think, really a much more important problem even in the near future, in 2014, when full implementation of the health care reform is expected to add 19 million people to the health care roles and ranks of the insured. So there's no question that there's really a lack of primary care providers. There's no question that APRNs are qualified to fill those roles. And all we're asking is that they be more visible so that it can be a choice, and a free choice by people of -- who have insurance.

I think that's basically what I want to say to you, and I'm really happy to entertain questions if you have them. This is the first time I've done this, so thank you for letting me do this.

SENATOR CRISCO: Thank you. No -- you're doing very well.

RENEE PROVOST: Thank you.

SENATOR CRISCO: Any -- any questions? Any questions then?

Thank you very much.

Oh -- up -- sorry.

Representative Schofield.

REP. SCHOFIELD: Questions. Do -- do you have a sense of why the psych nurses were added to the directories and other APRNs were not?

RENEE PROVOST: That's a really good question. I think part of it had to do with the independent insurance billing numbers. That was part of the history. I think -- it's interesting. I can't answer all of it, and maybe if some of my colleagues have something to add to this, but one of the things I did notice in preparation for this testimony, was I tried to access just some online directories, some nurse practitioners. And interestingly, they're buried with a bunch of other kinds of practitioners. Okay.

But when it's -- when it's -- talk to them about what -- what were they, it's in specialists. And I'm going, well that's even more bizarre. If you label them as specialists, specialists in what? I thought we were talking about primary care. They're just mislabeled out there, and I'm not sure why that's happened. I could make up stories, but I really don't know the story behind it.

REP. SCHOFIELD: And -- and since you have been listed as psych APRNs for some time --

RENEE PROVOST: Uh-huh.

REP. SCHOFIELD: -- do you have a sense of how that's affected -- I -- I know it's hard for you to speak on behalf of the psychiatrists, but do you have a good relationship with them?

Do they --

RENEE PROVOST: Oh, sure.

REP. SCHOFIELD: Seem to have any problem with you being -- being listed in the directories?

RENEE PROVOST: No, absolutely not.

REP. SCHOFIELD: Has it taken business away from them?

RENEE PROVOST: No, actually not. And I've always worked collaboratively as, of course, I need to. But I can tell you that in -- in some of the practices I've worked in, we really knew by the kind of patient what their -- their issues were. What kind of attention they needed. People would say, oh, that's a -- that's somebody for Renee, or, oh, that's somebody for Dr. So-and-So. We -- we just knew. We do different things. We're very, you know, we're very advanced but we don't do the same thing, and they knew it. And it really wasn't a territorial problem at all.

REP. SCHOFIELD: All right, thank you.

RENEE PROVOST: Thank you. Anything else?

SENATOR CRISCO: Thank you and that was very good.

RENEE PROVOST: Thank you so much.

SENATOR CRISCO: Thank you very much. Well, that concludes our testimony. We will go back.

Doctor McMunn. And it -- is Doctor McMunn here? On 6310?

ELIZABETH MCMUNN: Hi, I'm Dr. Elizabeth McMunn. I'm the president elect of the Connecticut Association of Optometrists, and I practice in



Quality is Our Bottom Line

Insurance Committee Public Hearing
February 22 2011

Connecticut Association of Health Plans

Testimony in Opposition to

- **SB 923 AAC Health Insurance Coverage and Certain Cancer Screenings.**
- **HB 6306 AAC the Listing of Advanced Practice Registered Nurses in Managed Care Organization Provider Listings and Primary Care Provider Designations.**
- **HB 6310 AAC Certain Health Care Provider Network Arrangements.**

The Connecticut Association of Health Plans respectfully urges the Committee's rejection of SB 923, HB 6306 and HB 6310. While every mandate under consideration by the legislature is laudable in its intent, each must be considered in the context of the larger debate on access and affordability of health care and ***now must also be viewed in the context of federal health care reform and the applicability of the Patient Protection and Affordable Care Act of 2010 (PPACA)***.

Please consider recent testimony submitted by the Department of Insurance relative to another proposed mandate under consideration which urges the Committee to understand the future financial obligations that new or additional health insurance mandates may place on the State of Connecticut and taxpayers stating that:

In simple terms, all mandated coverage beyond the required essential benefits (as will be determined by HHS) will be at the State's expense. Those costs may not be delegated to the individual purchaser of insurance or the insurer.

There are benefit mandates and then there are administrative mandates both of which add appreciable cost to the underlying premium. Both SB HB6306 and HB 6310 are administrative in nature and make specific demands on health insurers. With respect to HB 6310, we can only assume that the bill's intent is to require parity between ophthalmologists and optometrists and we would caution the legislature against setting such precedents in statute.

When considering benefit mandates, please note the unintended consequences of previous mandates that were considered or enacted by other states such as ABMT (autologous bone marrow transplant) for the treatment of breast cancer. Some states mandated its use and coverage and ABMT not only turned out to be ineffective, it was actually hastening the deaths of women. Hormone replacement therapy is another example. In some states, mandates to cover it were

considered but the clinical trials now demonstrate that it is not a panacea and not benign, and should only be used in very limited circumstances for very short durations. Legislation can never keep up with science, which is always evolving and we would caution the legislature against adopting additional mandates at this time.

Both the General Assembly and the Administration have pledged this year to address the needs of the approximately 400,000 Connecticut residents who lack health insurance coverage. As we all know, the reasons people go without insurance are wide and varied, but most certainly cost is a major component. In discussing these proposals, please also keep in mind that:

- Connecticut has approximately **49 mandates, which is the 5th highest** behind Maryland (58), Virginia (53), California (51) and Texas (50). The average number of mandates per state is 34. (OLR Report 2004-R-0277 based on info provided by the Blue Cross/Blue Shield Assoc.)
- For all mandates listed, the total cost impact reported reflects a range of **6.1% minimum to 46.3% maximum**. (OLR Report 2004-R-0277 based on info provided by the Dept. of Insurance)
- State mandated benefits are not applicable to all employers. Large employers that self-insure their employee benefit plans are not subject to mandates. **Small employers bear the brunt of the costs.** (OLR Report 2004-R-0277)
- The National Center for Policy Analysis (NCPA) estimates that **25% of the uninsured are priced out of the market by state mandates**. A study commissioned by the Health Insurance Assoc. of America (HIAA) and released in January 1999, reported that "...a fifth to a quarter of the uninsured have no coverage because of state mandates, and federal mandates are likely to have larger effects. (OLR Report 2004-R-0277)
- **Mandates increased 25-fold over the period, 1970-1996, an average annual growth rate of more than 15%.** (PriceWaterhouseCoopers: The Factors Fueling rising Healthcare Costs- April 2002)
- National statistics suggest that **for every 1% increase in premiums, 300,000 people become uninsured.** (Lewin Group Letter: 1999)
- "According to a survey released in 2002 by the Kaiser Family Foundation (KFF) and Health Research and Educational Trust (HRET), employers faced an average **12.7% increase in health insurance premiums** that year. A survey conducted by Hewitt Associates shows that employers encountered an **additional 13% to 15% increase in 2003**. The outlook is for more double-digit increases. **If premiums continue to escalate at their current rate, employers will pare down the benefits offered, shift a greater share of the cost to their employees, or be forced to stop providing coverage.**" (OLR Report 2004-R-0277)

Thank you for your consideration.



Statement in opposition to

**House Bill 6306 – An Act Concerning the Listing of Advanced Practice Registered Nurses
in Managed Care Organization Provider Listings, and Primary Care Provider
Designations**

Insurance and Real Estate Committee

February 22, 2011

This statement is being submitted on behalf of the members of the New London County Medical Association in opposition to House Bill 6306 - An Act Concerning Advanced Practice Registered Nurses in Managed Care Organization Provider Listings, and Primary Care Provider Designations because of the jeopardy that we believe this bill places our patients in.

We question why this bill is needed, as the risk it poses to patients is significant. This bill attempts to change how health care is delivered through the insurance statutes and attempts to bypass the primary care physician. When allowing APRNs to be listed as primary care providers, the impression is created that they are equivalent in training and education to a physician. We know from past hearings that this is not true and that Connecticut law currently requires that APRNs collaborate with a physician. This is so because of the increased training and educational requirements of physicians.

We trust APRNs expertise and rely on their nursing ability. They are valuable members of the health care team and while APRNs possess important skills, that is not the same thing as being a primary care provider.

We respectfully request that you oppose House Bill 6306.

**Phyllis Darby, Executive Director
Melissa Dempsey, Government Relations Director
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Waterbury Medical Association

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Statement in opposition to

House Bill 6306 – An Act Concerning the Listing of Advanced Practice Registered Nurses in Managed Care Organization Provider Listings, and Primary Care Provider Designations

Insurance and Real Estate Committee

February 22, 2011

This statement is being submitted on behalf of the 300 members of the Waterbury Medical Association in strong opposition to House Bill 6306 – An Act Concerning Advanced Practice Registered Nurses in Managed Care Organization Provider Listings, and Primary Care Provider Designations.

This bill is misleading to the public and confuses a very complicated issue. We collaborate regularly with APRNs. However, we question why it is necessary that they be named as primary care providers when they are not.

The training and educational requirements of an APRN simply do not permit them to be primary care providers. Curriculums for medical students are standardized throughout the country, curriculums for APRNs are not. Physicians must complete at least 11 years of training while APRNs complete 6. Physicians complete on average 3200 hours of clinical training in medical school and 9000 hours during residency compared to 500 for APRNs. In addition, physicians must complete a minimum of 50 hours of continuing education per year while APRNs are not mandated to complete any. The substantial differences in education and training are clear. Our training and education prepare us to diagnose challenging diseases and illnesses, to safely prescribe and administer medications including controlled substances, and to develop and oversee a treatment plan. We do not believe that given the differences between physicians' training and education and that of an APRN, that they are adequately prepared to be primary care providers. To represent anything else to the public by allowing them to choose between APRNs and physicians for their primary care confuses the issue and puts patients at considerable risk.

We respectfully request that you oppose House Bill 6306.

Craig W. Czarsty, M.D., DABFM, FAAFP, Legislative Chair CAFP and WMA
Phyllis Darby, Executive Director
Melissa Dempsey, Government Relations Director
203-753-4888

INSURANCE AND REAL ESTATE COMMITTEE

PUBLIC HEARING FEBRUARY 22, 2011

RAISED BILL No. 6306 AAC THE LISTING OF ADVANCED PRACTICE REGISTERED NURSE IN MANAGED CARE ORGANIZATION PROVIDER LISTINGS, AND PRIMARY CARE PROVIDER DESIGNATIONS.**Testimony of Virginia Napiello, APRN IN SUPPORT OF RAISED BILL No. 6306**

Senator Crisco, Representative Megna, and members of the Committee

Thank you for raising this bill and providing an opportunity to speak on an important issue affecting access to primary care.

My name is Virginia Napiello and I am testifying in support of Raised Bill No. 6306.

I am sharing with you some information that would have made my professional life in the Torrington area more successful and much more pleasurable.

I had left a very lucrative practice in the Greater Waterbury CT. area to care for my sick elderly parent. I went to work at a practice much closer to my home, in Torrington, CT. While working in Torrington I received telephone calls at my home asking me where I had moved my practice to because they knew no other way to reach me. I was not listed under any Managed Care Organization Provider Listings and/or Primary Care Provider Designations. The patients had to resort to calling me at home to find my new location. Because it became increasingly frustrating for both the patients and me, I left the Torrington area and returned to the Greater Waterbury area hoping it would be easier for the patients who were more familiar with me as a health care provider. Now, the patients from Torrington are having difficulty now finding me in the Greater Waterbury area!

I would like to see this bill considered for legislation so patients are able to continue their care with providers when and if they relocate.

Thank you in advance for your consideration in this matter,

Sincerely,

Virginia Napiello, APRN
St. Mary's Hospital
Department of Cardiology
Waterbury, CT. 06706

February 21, 2011

Testimony on Raised Bill 6306 AAC the listing of advanced practice registered nurses in managed care organization provider listings, and primary care provider designations

Honored Chairs and Committee Members:

My name is Lynn Price. I am a family nurse practitioner, and I urge you to pass this bill. Over the past several years, the Institute of Medicine has called attention to the alarming shortage of primary care providers, a phenomenon which is unfortunately occurring in Connecticut as well. This shortage raises serious concerns for access to primary care for existing patients, a concern which only mounts alarmingly when we consider the large numbers of patients contemplated for basic health coverage under federal and state insurance reform efforts. Raised bill 6306 provides a simple but fundamental step in addressing concerns about shortages of primary care providers and the corresponding chokehold on increased access to care.

Meaningful access to care requires that patients know how and where to find primary care providers. This bill says that advanced practice registered nurses will be listed in member materials as available providers, allowing patients to find these providers. Second, in circumstances where a patient must designate a primary care provider, an advanced practice registered nurse could be so named. Both of these provisions substantially contribute to the availability of advanced practice registered nurses to serve as much-needed primary care providers.

Please support this bill. Thank you for your time.

Lynn Price, JD, MSN, MPH

INSURANCE AND REAL ESTATE COMMITTEE

PUBLIC HEARING FEBRUARY 2, 2011

RAISED BILL No. 6306 AAC THE LISTING OF ADVANCED PRACTICE REGISTERED NURSES IN MANAGED CARE ORGANIZATION PROVIDER LISTINGS, AND PRIMARY CARE PROVIDER DESIGNATIONS.**Testimony of Nanette Alexander IN SUPPORT OF RAISED BILL No. 6306**

Senator Crisco, Representative Megna, and members of the Committee

Thank you for raising this bill and providing an opportunity to speak on an important issue affecting access to primary care.

My name is Nanette Alexander and I'm testifying in support of Raised Bill No. 6306 - I have been a nurse practitioner since 1995 and served as a primary care provider since that time. Patients that choose me as primary care provider face barriers with access and reimbursement for my services.

There are third party commercial insurance carriers that provide coverage to residents of Connecticut that currently will not empanel nurse practitioners as providers of care. When I provide services to these patients, my services need to be billed under a physician provider in my practice. This current billing system often creates confusion and there is a lack of transparency as to who provided the service to the patient.

The absence of nurse practitioner providers empaneled limits the consumers' choice. Primary care providers can be scarce in a geographic area of choice. The lack of empanelment removes the choice of an advanced practice provider as an option for those who would choose those services.

Please consider supporting this important bill that increase visibility and access to nurse practitioners as primary care providers.

Nanette Alexander DNP APRN
117 N Moodus Rd
Moodus CT 06469

INSURANCE AND REAL ESTATE COMMITTEE

PUBLIC HEARING FEBRUARY 22, 2011

RAISED BILL No. 6306 AAC THE LISTING OF ADVANCED PRACTICE REGISTERED NURSE IN MANAGED CARE ORGANIZATION PROVIDER LISTINGS, AND PRIMARY CARE PROVIDER DESIGNATIONS.

TESTIMONY OF VANESSA POMARICO-DENINO, APRN – IN SUPPORT OF RB No. 6306

Senator Crisco, Representative Megna, and members of the Committee

Thank you for hearing this bill.

I have experienced several barriers with the insurance industry. Patients who are new to me have told me that they have difficulty finding me on their provider panel lists. Other patients have gone to another PCP because they didn't think I accepted insurances. They have trouble finding providers. This has also resulted in lack of income to my practice as well as inhibiting the growth of my professional practice.

Because of insurance practices my patients get billed for services from a provider they never saw. They often call our billing office wondering why they are receiving this bill when they had seen me and know I am their primary care provider.

For many years, I have had issues with not getting diagnostic results because radiologists do not recognize NP's. If I order a test, the results are always put under the name of one of the MD's in my practice. This has resulted in delay of diagnosis as well as an increased amount of time that either myself or my support staff spends trying to track down results. If I am authorized to prescribe, diagnose and treat an illness then why can't I receive radiology reports???

These barriers are preventing me from providing comprehensive, timely care to my patients and is restricting access to care for untold numbers.

Vanessa Pomarico-Denino, MSN, FNP-BC, APRN

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INSURANCE AND REAL ESTATE COMMITTEE

PUBLIC HEARING FEBRUARY 22, 2011

RAISED BILL No. 6306 AAC THE LISTING OF ADVANCED PRACTICE REGISTERED NURSES IN MANAGED CARE ORGANIZATION PROVIDER LISTINGS, AND PRIMARY CARE PROVIDER DESIGNATIONS.**Testimony of Renee Provost, APRN - IN SUPPORT OF RAISED BILL No. 6306**

Senator Crisco, Representative Megna, and members of the Committee

Thank you for raising this bill and providing an opportunity to speak on an important issue affecting access to primary care.

My name is Renee Provost, I am a psychiatric APRN, and I'm testifying in support of Raised Bill No. 6306.

Psych APRNs have had independent insurance billing numbers in this state since the early 1990s, while the medical APRNs have not. And, psychiatric APRNs are listed as psychiatric healthcare providers by the insurance companies while medical APRNs have not been listed as primary care providers. This has created a problem for both current patients of the medical APRNs and for those patients who are searching for a new primary care provider. Current patients may lose track of their medical Nurse Practitioner if that provider changes locations. And, because the insurance companies do not list them as primary care providers, medical APRNs are hidden from view as new patients try to access a primary healthcare provider. This new bill would improve access to care by making it easier for patients to find a provider who would be able to see them.

Solving this access to healthcare problem will become even more important after 2014, when full implementation of health care reform is expected to add 19 million people to the ranks of the insured and stretch the available primary care provider supply. Now is the time to ensure that all citizens of Connecticut have access to primary healthcare. The provisions of this current bill will help make that happen.



TESTIMONY RE: H.B. 6306 AN ACT CONCERNING THE LISTING OF ADVANCED PRACTICE REGISTERED NURSES IN MANAGED CARE ORGANIZATION PROVIDER LISTINGS, AND PRIMARY CARE PROVIDER DESIGNATIONS.

Insurance and Real Estate Committee
Tuesday February 21, 2011

Good afternoon Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee. Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut, for H.B. 6306 AN ACT CONCERNING THE LISTING OF ADVANCED PRACTICE REGISTERED NURSES IN MANAGED CARE ORGANIZATION PROVIDER LISTINGS, AND PRIMARY CARE PROVIDER DESIGNATIONS.

I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations Committee for the Connecticut Nurses Association and professor emeritus from Central Connecticut State University. I have practiced nursing for over 45 years and have been educating nurses in Connecticut in both the public and private sector for over 35 years.

Connecticut Nurses Association supports this bill which will require the

Insurance Companies to:

- I. Recognize qualified APRNs as fully available, fully credentialed providers – in other words, mandating that all carriers treat these providers, properly licensed and providing care, without discrimination as fully participating providers.

- II. List all participating providers in a proper manner. For example, APRNs providing direct care (assessment, diagnosis, treatment, follow up, and referral as necessary) for acute and chronic health conditions, should be listed as primary care providers.
- III. Eliminate Inconsistency in recognizing, credentialing, empanelling or contracting with APRNs - practices which at a minimum keep APRNs out of insurers' provider network directories, and thus hidden from consumers.
- IV. Failure to fully recognize APRNs also prevents accurate tracking of APRN access and outcome data, as APRN claims and other data are submitted under physician codes. Provider outcome data is rapidly becoming a key public policy assessment point, and must be accurate.
- V. Failure to fully recognize APRNs creates further data loss, due to the ripple effect across the health care continuum. Pharmacy, durable medical equipment suppliers, diagnostic settings, and other arenas frequently needed for adequate consumer care generally follow insurance billing practices, and do not track APRNs as a separate provider group. Resource use is a critical data point when implementing a statewide initiative to increase access to care.
- VI. Allow all credentialed APRNs to bill carriers and to be directly reimbursed. This is vital to allow accurate tracking of APRN access and outcome data as is a key public policy assessment point.

Thank you



February 22, 2011

Statement
Of
Anthem Blue Cross and Blue Shield
On
HB 6306 An Act Concerning The Listing Of Advanced Practice Registered Nurses In
Managed Care Organization Provider Listings, And Primary Care Provider Designations.

Good afternoon, Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee. My name is Christine Cappiello and I am the Director of Government Relations for Anthem Blue Cross and Blue Shield in Connecticut. I am here today to speak on HB 6306 An Act Concerning The Listing Of Advanced Practice Registered Nurses In Managed Care Organization Provider Listings, And Primary Care Provider Designations.

We understand the importance of access to health care providers and we strive to achieve this goal by including APRNs in our suite of providers that our members can access. We also think it is important to point out that federal health care reform, the Patient Protection and Affordable Care Act (PPACA) also sees great value in ensuring access to primary care providers by including grants and loan forgiveness programs for individuals who enter the primary care field. That being said, we are concerned that this legislation will impose an administrative burden for us as a company whose provider directories are designed to serve a wide variety of members both inside and outside Connecticut and a state specific designation would be difficult to achieve.

We would like the committee to know that we are working to try and address this issue with the supporters of this legislation and have begun a dialogue to reach a non-legislative solution to this issue and ask the committee to delay any action on this legislation in order for that solution to be achieved.

Thank you for the opportunity to speak to you today and we will answer any questions that you might have.

Connecticut Academy of Family Physicians
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Bloomfield, CT 06002
Phone: 860-243-3977

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Statement in opposition to

House Bill 6306 - An Act Concerning the listing of Advanced Practice Registered Nurses in Managed Care Organization Provider Listings, and Primary Care Provider Designations

Insurance and Real Estate Committee

February 22, 2011

This statement is being submitted on behalf of the 700 physician members of the Connecticut Academy of Family Physicians in strong opposition to House Bill 6306 - An Act Concerning the listing of Advanced Practice Registered Nurses in Managed Care Organization Provider Listings, and Primary Care Provider Designations.

The bill before you would allow an insured or certificate holder to designate a participating, in-network physician or advanced practice registered nurse as such insured's or certificate holder's primary care provider and is a back door way to dramatically expand the scope of practice of APRNs in our state, by allowing them to be designated as primary care providers through insurance plans. It is also misleading to the general public.

Primary care is the most comprehensive specialty that exists. As Family Physicians, we care for patients from birth to death. It is not a simple profession, nor is it for practitioners who do not have a medical school education or training. If the training for other practitioners were comparable, we would not have a problem with the bill before you. Designation as a primary care provider is a privilege that we take very seriously and a privilege that we have earned through substantial education and training.

It is ironic that as medicine becomes more and more complex, those with lesser training seem to want to become central in the decision making process. Over the years, medicine has increasingly moved to the "medical home" model. Under this model, each person has a personal physician who was trained to be the first contact and to provide complete medical care. It is the physician, who specially trained, is responsible for coordinating medical care among specialists and other providers. One of the most difficult things in medicine is seeing the undifferentiated patient. The second is the critical aspect of coordination of care with other specialists and the ability to prioritize given the multiple problems the patient may be experiencing combined with

the patient's wishes. APRNs fit well within this medical home model and we are natural allies in the effort to provide quality health care to all the citizens of our state. Nevertheless, the academic and clinical training of APRN programs is not remotely comparable to the medical school and residency training of a family physician or other primary care specialist, and does not prepare them for the responsibility of a primary care provider. It is in the interests of patient safety that we must point this out.

Many of us know individual APRN's whose skills and experience we highly value, but in passing legislation, one is setting a minimum standard. Curriculums and the experience required for graduation from US medical schools and for later board certification are tightly regulated and have national standards; those for physician extenders are not. Physicians complete on average 3200 hours of clinical training in medical school and another 9000 hours during residency; the requirement to take boards as an APRN are 500 hours of supervised clinical work. With all due respect to our APRN colleagues, we do not see their training as adequate to independently treat patients, and must urge you strongly to reject this bill.

Mark Schuman, Executive Vice President
Melissa Dempsey, Government Relations Director
(860) 243-3977

INSURANCE AND REAL ESTATE COMMITTEE

PUBLIC HEARING FEBRUARY 22, 2011

RAISED BILL No. 6306 AAC THE LISTING OF ADVANCED PRACTICE REGISTERED NURSES IN MANAGED CARE ORGANIZATION PROVIDER LISTINGS, AND PRIMARY CARE PROVIDER DESIGNATIONS.**Testimony of Julie Stewart IN SUPPORT OF RAISED BILL No. 6306**

Senator Crisco, Representative Megna, and members of the Committee

I am writing to you because the passing of Bill 6306 is of utmost importance to me, but most importantly, it is of critical importance for my patients.

I am a family nurse practitioner working in a Federally Qualified Health Center in Connecticut. I am a certified HIV specialist through the American Academy of HIV Medicine. The vast majority of my patients are HIV infected, although I also provide all their primary care as well as the specialty care they require. There have been numerous occasions where I am sending them for radiological procedures or laboratory tests related to their health status and reports are not returned to me. As you can imagine, time can be of crucial importance for these patients. Whether it is a radiological or laboratory result, or a notice from an insurance company, these reports and letters need to be returned to me so that appropriate follow up can occur in a timely manner.

Properly credentialing of providers of care would solve these situations, allowing for timely care. As a body of officials who can change the current system, I ask that you support Raised bill No, 6306

Thank you for your time and consideration of this important matter.

Sincerely,

Julie G. Stewart, DNP, MPH, FNP-BC, APRN, AAHIVS

7 Schubert Lane

Cos Cob, CT 06807

INSURANCE AND REAL ESTATE COMMITTEE

PUBLIC HEARING FEBRUARY 22, 2011

**RAISED BILL No. 6306 AAC THE LISTING OF ADVANCED PRACTICE REGISTERED
NURSES IN MANAGED CARE****ORGANIZATION PROVIDER LISTINGS, AND PRIMARY CARE
PROVIDER DESIGNATIONS.**Testimony of **Liz Visone** **IN SUPPORT OF RAISED BILL No. 6306**

Senator Crisco, Representative Megna, and members of the Committee

Thank you for raising this bill and caring about CT patients

My name is Liz Visone, I am an APRN in a primary care practice I have admitting privileges at our local hospital and manage my own patients. I am their primary care provider (PCP). At the hospital, even when my patients identify me as their PCP, many times the hospital puts the name of one of my partner docs on the admission. This creates a delay in my knowing my patient is there. It means I don't get the notifications of Emergency Room visits. Sometimes tests are forwarded to my partner docs - all

because my name cannot appear on the insurance card. Please help to get providers properly credentialed and properly listed so patient care will not be so badly disrupted.

I urge your support of Raised Bill No. 6306

Insurance and Real Estate Committee

Public hearing Feb 22, 2011

Raised bill no. 6306 AAC the listing of Advanced Practice Registered Nurses In Managed Care Organization Provider listings and Primary Care Provider Designations

The Testimony of Karen D Sullivan, APRN in support of raised bill No. 6306.

Senator Crisco, Representative Megna, and Members of the Committee

Thank you for raising this bill and providing an opportunity to speak on this issue, which affects access to primary care, and seeks to improve continuity of care.

My name is Karen Sullivan. I have been a Family Nurse Practitioner for 16 years and I practice in Manchester Connecticut. I am, and have been the primary care provider for hundreds of patients. My patients tell me that when asked who their Primary Care Provider is when they are having procedures done, and when seeing specialists, they are required to give the name of a physician, even if that physician has not, and never will meet them.

Often letters of consult are written to the physicians I work with for this reason. This makes no sense, since they are simply forwarded to me. The tests I order are resulted to me electronically through laboratory and radiologic agencies. When I first started work in Manchester, many notes and results were sent to physicians I work with. Now not so much since the community has recognized my practice.

I am automatically forwarded and copied or notified of information regarding patients that are considered to be part of my practice. I am considered a primary care provider by my patients, their families and the physicians and specialist I consult on behalf of them. Radiologists don't call physicians results, they call me. The lab calls me, the pharmacists call me, the VNA a school nurse and physical therapists discuss the care and coordination of care of patients. In our Family Practice, patients receive comprehensive respectful care, no matter who they see because we communicate and work together for them. We don't oversee one another, but complement one another.

When our office gets a call from a patient seeking a new medical home, if the practices of the docs are closed, or they specifically are referred to me, they are considered to be a patient, with me listed as their primary source of care. Yes! I have many patients who know someone who recommends me as a PCP! And YES they know I am an APRN.

Being listed as a Primary Care Provider reflects what actually already occurs in primary care. It makes it safer to follow patients and their consults and results if the proper person is sent results and information. Not listing NPs as PCPs is just another way of keeping the money we generate in the pockets of others. It has nothing to do with patient care or safety, other than impeding it.

It is clear that the work that is done is mine, the responsibility is mine, and I am recognized as having that responsibility and designation as a Primary Care Provider by my patients.



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Connecticut State Medical Society Testimony on
House Bill 6306 An Act Concerning The Listing of Advanced Practice Registered
Nurses in Managed Care Organization Provider Listings, and Primary Care
Designations.
Presented to the Insurance And Real Estate Committee
February 22, 2011

Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee, on behalf of the more than 7,000 physicians and physicians in training of the Connecticut State Medical Society (CSMS), thank you for the opportunity to submit this testimony to you today on **House Bill 6306 An Act Concerning The Listing of Advanced Practice Registered Nurses in Managed Care Organization Provider Listings, and Primary Care Designations**

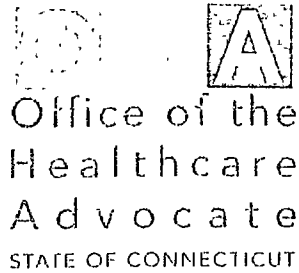
First, it is important the state that CSMS fully supports the ability of patients to freely select the appropriate provider from whom they wish to have medical care provided. Furthermore, in physician offices that provide primary care services, we do acknowledge the invaluable services and assistance provided by Advanced Practice Registered Nurses (APRNs). They are often the first point of contact and often the constant contact for many patients. It is important that they are appropriately recognized, as well as trained.

This said, it is imperative that we raise certain concerns regarding the language before you today. CSMS believes that these comments of concern are consistent with CSMS efforts in the past to ensure that patients have the appropriate information at the appropriate time when making informed decisions regarding their and their family's medical care. To accomplish the goal of full transparency at the time of healthcare decision and medical care provision, should "carriers" be required to list APRN directly as primary care providers, certain information must be made available to the general public and specific interested patients.

First and foremost, it must clearly be communicated to those wishing to enroll with a carrier, as well as existing enrollees, what medical degrees are held by the identified network provider and how the carrier delineates any coverage decisions associated with the provision of medical care by the assigned and identified providers. As this committee is well aware, coverage decisions and determinations by carriers for medical care of their enrollees is often based on the type and qualifications of the identified provider.

Furthermore, to ensure an understanding of the continuum of medical care available to patients by each carrier, we suggest that any listing provided, posted or otherwise publicized by the carrier contain the name and contact information of the physician with whom the APRN has a collaborative agreement within the State of Connecticut.

We appreciate the opportunity to provide comments on **HB 6306**.



**Testimony of Victoria Veltri
Acting Healthcare Advocate
Before the Insurance and Real Estate Committee
HB 6306
February 22, 2011**

Good afternoon Senator Crisco, Representative Megna, Senator Kelly, Representative Coutu and the members of the Insurance and Real Estate Committee. For the record, I am Victoria Veltri, the Acting Healthcare Advocate. The mission of the Office of the Healthcare Advocate is: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health insurance plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

OHA supports HB 6306, *An Act Concerning The Listing Of Advanced Practice Registered Nurses In Managed Care Organization Provider Listings, And Primary Care Provider Designations*. This is a common sense measure to ensure the accessibility and availability of primary care providers to managed care enrollees in an era when access to primary care physicians is becoming more difficult.

We'd like to point out a concern with the intent of the bill. It is unclear from the current language of the bill whether only APRNs in private practice will be listed or whether APRNs who are part of a physician's practice are also to be included, assuming they are also participating providers.

Thank you for your consideration of this testimony. If you have any concerns, please contact me at Victoria.veltri@ct.gov or (860) 297-3982.

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Testimony of the
 Connecticut ENT Society
 Connecticut Urology Society
 Connecticut Society of Eye Physicians
 Connecticut Dermatology and Dermatologic Surgery Society
 To the Insurance and Real Estate Committee
**In Opposition of H.B. No. 6306 AAC the Listing of Advanced Practice Registered Nurses in
 Managed Care Organization Provider Listings and Primary Care Provider Designations**
 On
 February 22, 2011

Good Afternoon, Senator Crisco, Representative Megna and other distinguished members of the Insurance and Real Estate Committee, my name is Dr. Todd Zachs, and I am a board certified otolaryngologist practicing in West Hartford, CT. I am here as a representative to over 1200 physicians in the medical fields of Otolaryngology, Ophthalmology, Dermatology and Urology to **oppose H.B. No. 6306 AAC the Listing of Advanced Practice Registered Nurses in Managed Care Organization Provider Listings and Primary Care Provider Designations.**

First, as a physician who is on the front line of the healthcare battlefield, I would like to thank this committee for their long history of raising and supporting legislation to help improve the delivery of the healthcare to Connecticut Citizens. Without question, this year has been a tremendous challenge for our state and our nation with regard to legislating healthcare reform. Clearly, we all want to do what is best for our citizens, but we also have to be mindful to preserve quality, transparency and the unique relationship and trust that patients have with their physicians while considering access and cost.

The physicians of Connecticut also support informed patient decision-making and transparency in health care administration. It is confusing enough, already, for patients to sort out who is who in the mix of providers and ancillary personnel that make up modern medical care. Listing APRNs with MDs and DOs as primary care providers, without specifically identifying their training and degrees obtained will simply add to that confusion. Furthermore, we are concerned that not enough emphasis is being placed on achieving the highest level of medical training to care for our citizens by the managed care industry, who seems more concerned with profitability than with patient care. In general, physicians and Advanced Practice Nurse practitioners have very different levels of training and we should not blur these lines to the public or diminish each professions distinct role. Nurse Practitioners also must maintain a collaborative relationship with a licensed physician. That relationship should be disclosed in any listing, and the physician identified in the listing, so that patients may make truly informed decisions about their care.

In closing, physicians would like to work with this committee in improving the healthcare delivery system by strengthening the already existing model of delivery of care in Connecticut, which supports and endorses quality, excellence and consumer choice and transparency. Thank you

CONNECTICUT COALITION OF ADVANCED PRACTICE NURSING

INSURANCE AND REAL ESTATE COMMITTEE
PUBLIC HEARING FEBRUARY 2, 2011**RAISED BILL No. 6306 AAC THE LISTING OF ADVANCED PRACTICE REGISTERED NURSES IN MANAGED CARE ORGANIZATION PROVIDER LISTINGS, AND PRIMARY CARE PROVIDER DESIGNATIONS.****Testimony of Lynn Rapsilber IN SUPPORT OF RAISED BILL No. 6306**

Senator Crisco, Representative Megna, and members of the Committee

Thank you for raising this bill and providing an opportunity to speak on an important issue affecting access to primary care.

My name is Lynn Rapsilber MSN ANP-BC, an Advanced Practice Registered Nurse (APRN) and the current chair of the Connecticut Collation of Advanced Practice Nurses. The Coalition strongly supports this bill as it addresses consumer access to care and reduces provider liability by credentialing and listing APRNs on insurance panels.

Currently, in CT some Insurance. Co's credential APRNs. Two (2) major Co's do not, and NONE list in their Directories any APRN as practicing primary care. Therefore, all enrollees, who must use providers listed in the Directories, cannot find the primary care APRN. This seriously restricts access to a major provider of primary care in CT. It also, is a clear disincentive for APRN primary care providers to practice in CT. Nurse Practitioners (most primary care APRNs are certified Nurse Practitioners (NPs)) have actually closed their doors in CT because Ins. providers do not disclose to patients their existence. *In CT primary care APRNs are not treated as a valuable primary care resource.*

Interesting to note that early this year Highmark, a major not for profit health insurance company based in Pittsburgh, PA, announced it is accepting applications from Nurse Practitioners allowing them to sign up to be "Primary Care Practitioners". The current system, Dr. Carey Vinson, V.P. of quality and medical performance management, says is a relic of the HMO days. He also said that news that such a large insurer was reimbursing NPs as Primary Care Practitioners could help recruit NPs to PA from other states.

Provider liability is a real concern. APRNs who are not credentialed must use a credentialed physician for billing purposes. This creates a system that misplaces reports from labs, radiologists, hospitals etc. because these reports are too often sent to the physician who bills, who has nothing to do with care of that patient and no liability for the care of that patient. This causes major delays before the report is tracked and sent to the primary care APRN who has ordered the report. This is happening frequently all across the state. It occurs because the entity wants to get paid and assumes it will be paid only if the report goes to one billing rather than the provider of care. I know of many, many such stories, some very serious. It is embarrassing to me that our "system" allows this, actually accepts this as the best we can provide. As a provider, I have a moral and legal obligation to provide good and timely care. My license says I can do this, but in effect, the insurance system says I cannot.

Lastly, there has been discussion about reimbursing by "pay for performance". This looks at outcome measure as a way to reward providers for meeting patient goals. Often APRN data today is being credited to the billing physician.

When APRNs are not credentialed there is no tracking their outcomes.

Thank you, and I would welcome any questions.

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RAISED BILL No. 6306 AN ACT CONCERNING THE LISTING OF ADVANCED PRACTICE REGISTERED NURSES IN MANAGED CARE ORGANIZATION PROVIDER LISTINGS, AND PRIMARY CARE PROVIDER DESIGNATIONS.

Testimony of Patricia Casey APRN IN SUPPORT OF RAISED BILL No. 6306

Senator Crisco, Representative Megna, and members of the Committee

Thank you for raising this bill and providing me an opportunity to speak on an important issue affecting access to primary care.

My name is Patricia Casey and I am testifying in support of Raised Bill No. 6306. I have provided care to individuals in the Waterbury community for over 20 years. I have been on major health panels for most of that time. However, when I changed jobs my clients were unable to find me. They would call their insurance plan and be told "she is not on the panel". Even though, in my case, I was credentialed and on the panel, I still was not listed. I am sure you can imagine how upsetting this was. A new business venture, but my clients could not find me.

I am a health care provider on the Connecticare panel. I also have Connecticare insurance personally. My directory comes and I am not in it. I treat 20 patients a week and get paid to see these people, but I'm not listed! Little chance of any one needing a provider in my area of finding me.

This does not often, if ever, happen for other listings such as physicians, psychiatrists, psychotherapists, but it happens to APRNs all the time.

In addition, I provide all aspects of primary care to many individuals; however they often cannot select me as their primary care provider. They can only choose a physician. Yet some plans assign me individuals. It should be an individual's choice. An individual should be able to choose among all available primary care providers.

As Connecticut moves forward to improve health care access we must change ineffective rules. APRN's are providing health care to individuals and should be able to be found listed in the directories.

Thank you for your consideration.

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SENATE**

**PROCEEDINGS
2011**

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THE CHAIR:

The Senate will stand at ease.

(Chamber at ease.)

SENATOR LOONEY:

Madam President.

THE CHAIR:

Senate is back in order.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, if the Clerk would call as the next item Calendar page 7, Calendar 426, House Bill 6306, and then after that, Madam President, the next item would be Calendar page 13, Calendar 561, House Bill 5526.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar page 7, Calendar Number 426, File Number 85, House Bill 6306, AN ACT CONCERNING LISTING OF ADVANCED PRACTICE REGISTERED NURSES IN MANAGED CARE ORGANIZATION PROVIDER LISTINGS AND PRIMARY CARE

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PROVIDER DESIGNATIONS, favorable report on Committee
on Insurance, Real Estate and Public Health.

The Clerk is in possession of the amendment.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President.

I move for acceptance of the Joint Committee's
favorable report and passage of the bill.

THE CHAIR:

Motion is on approval of the bill.

Will you remark further, sir?

SENATOR CRISCO:

Yes, Madam President.

Many of us have been fortunate to either have
children or -- or other relatives who have taken on
the advanced degree to be an advanced practice
registered nurse who play such a key role in our
health care system.

This bill will provide for the listing of APRNs
in healthcare provider directories provided by
insurance companies to members. This would give the
-- the individual consumer an opportunity to seek the
-- the services of APRNs, and this bill will require

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that a listing of APRNs indicate that one could be chosen as -- as an option for a primary care providers. And that the list of APRNs is separate from the list of physicians who could also be chosen to as primary care provider.

THE CHAIR:

Will you remark further? Will you remark further?

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

I rise in support of this bill. I think it -- it's good in the context that it -- it's really just listing the APRN as somebody who the consumer could choose as their primary care physician or practitioner -- if -- they wouldn't be a physician so I misspoke there.

One thing we paid particular attention to in Committee was to make sure that it didn't change the scope of duties that an APRN has, which are distinctly different from a physician, and so that they're not going to be mixed up. What it does is it's just somebody that we know that would be listed in the -- the listings. Somebody that we could contact as our

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primary care provider. And many times when we are dealing with our providers, all we want is a return phone call. And allowing APRNs to give us that opportunity, I think, is a worthwhile cause. And I support this legislation.

Thank you.

THE CHAIR:

Thank you.

Will you remark further? Will you remark further?

Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President, if I may, a few questions to the proponent of the bill?

THE CHAIR:

Please proceed, sir.

SENATOR WITKOS:

Thank you, Madam President.

The current procedure if -- if I'm just hired by a new employer or my employer has changed healthcare plans, they usually give me a book and they say, Here you go, what healthcare plan do you want? And would those books or pamphlets or website address -- since we're moving into the 21st century -- have generally,

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the information that this bill is requiring?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to the Senator.

They could or it could be a separate listing,
depending upon what policy is being followed.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President.

Then if -- if they could or they might, wouldn't
we try to standardize the practice of -- I guess, what
I'm understanding it to offer a list of healthcare
providers, specifically APRNs, that may be in the
network, so why wouldn't we move towards making sure
that there's legislation that you'd have that
information at your fingertips?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, Madam.

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Through you, to the Senator.

There -- there are situations where the APRNs are not listed.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President.

In those situations, though, why would the APRNs not be listed?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, I'm sorry. I did not hear the Senator.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

Through you, Madam President.

What would be the circumstances whether an APRN is listed or not?

Through you.

THE CHAIR:

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Senator Crisco.

SENATOR CRISCO:

Madam President, through you, through the -- to the Senator.

I think it's -- it's been just, perhaps, historical policy where they haven't been included because they haven't been really fully appreciated as far as the service that they -- they -- that they provide today.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

And, through you, Madam President.

Do APRNs -- do they operate underneath a doctor or are they allowed to open up their own practice so they would be seen individually?

Through you.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, I don't believe that they open up their own practices. They are part of a healthcare provider system. For example, I have a daughter who's

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an APRN, and she works in the NICU Unit for -- for Children's Hospital in -- in Hartford. But basically, remember, this is a nursing profession, but with advanced -- with advanced degree that enables them to perform additional services that a registered nurse is not eligible to perform.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

Through you, Madam President.

What kind of eligible services would they be allowed to perform outside of a hospital setting or a doctor setting that somebody might be interested in?

Through you.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you, through -- to the good Senator.

I believe, you know, there is advanced procedures that registered nurses aren't allowed. As far as the specifics, having, you know, a very limited knowledge of -- of medical procedures, I can only assume that

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there's some place between a physician and a registered nurse that these APRNs could perform a service.

THE CHAIR:

Senator -- Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President.

I see that the bill states that under a separate category or heading an advanced practiced registered nurse and it can be listed, and then it goes on to speak that it requires a selection of -- for a managed care plan that requires a selection of a primary care provider. So are we saying that an APRN could be considered a primary care provider?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Through you, Madam President, through the Senator.

No, we're not. And it says as the bill reads that the list of APRNs is separate and distinct from a list of physicians who could be chosen as a primary care provider.

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THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

And -- and most oftentimes, it's my understanding that if you want to go through a specialty -- and I'll consider an APRN a specialty because based on the argument that you said that they have more certification and skills than just a regular registered nurse -- do you have to have a referral from a primary care physician to seek the services of an APRN?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, in response to the Senator, from my knowledge, I -- I believe that most of the -- just about all the APRNs practice within a hospital situation and other closely medical situations where there are strict guidelines as far as what they could do. I -- I could be wrong, but I'm not aware of that there is a APRN that has a shingle out on a particular building, say, I am an APRN, you know, come see me.

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I'm just not aware of it.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

Then, I guess, I'm having difficulty understanding the intent of the bill. If most APRNs are operating in a hospital setting or a doctor's office, what kind of registry -- why would they have to have their name listed for something other than just to have their name listed in the book?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you.

Again, it's very difficult to hear the Senator, and so if you'd only repeat the question.

THE CHAIR:

Would you repeat your question again please, sir?

SENATOR WITKOS:

Certainly.

If most APRNs work in a hospital setting or a doctor's office, for what reason other than having

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their name listed in a book does this bill address?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you, while I'm trying not to contradict myself, I -- there are services that healthcare providers make available, and they will now be listed, so perhaps, in a hospital or maybe a doctor -- another medical building, an APRN could be chosen to -- for an individual for a particular service.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

And other than an immediate care, I don't know that an APRN would be somebody that would -- or let me rephrase that question. What kind of a follow-up service could an APRN offer to individuals other than a -- an immediate or first time interaction? Are they involved in things that we would consider physical therapy or pain medication or some other long-term care and management?

Through you, Madam President.

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THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to the Senator.

You know, it really relates to what they are allowed to -- to do. So whether -- the word "physical therapy" was mentioned, I'm not aware that they're allowed to perform physical therapy. So whatever the requirement set out by the various -- the Department of Health and other, you know, associations of whatever they're allowed to do and whether the regulations or law allows is the service that they could perform.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President.

Maybe it would be helpful to me to understand then if the Senator, during the course of the public hearing, had any testimony or has any knowledge as to the scope of practice for an APRN?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

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SENATOR CRISCO:

Madam President, through you to the Senator.

I'm just checking on the number that the people who testified. Basically, they can provide access to -- to care, different types of care, as practicing primary care, however we defined it, they -- whatever they're allowed to under their licensing. I could go through that great risk to many other bills that -- that we've testified. I just -- in looking at the, you know, at the list of individuals who testified and every -- and every person who testified in support of the bill, I guess there is advanced practice , psychiatric nurses that could provide psychiatric services. There are those who -- they're credentialed on health panels, and they were able to provide basic medical services as determined by their license.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

So how -- how would somebody access the services of an APRN?

Through you, Madam President.

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Senator Crisco.

SENATOR CRISCO:

Madam President, through you.

The very essence of the bill is that the insurance companies would provide a directory. This is what we're trying to achieve.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

So I would -- and I'll give you an example, through you, Madam President, I go to the doctor's and -- well, let me back up. Can I go to the doctor's or can I go to an APRN as my initial primary care?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, whatever the license allows the APRNs, yes.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

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So an APRN has the right to open up their practice to allow folks to walk in off the street and be diagnosed or seen with an ailment?

Through you, Madam President -- or injury?

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, again, within the scope of their practice, yes.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

And how would that scope of practice be enumerated so somebody knows what the specialties are? I know that if you wanted to find a specialty doctor you go through the Yellow Pages and you'd look for an orthopedic or in OB/GYN or a geriatric. How would the APRN be differentiated?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, as I said before, basically, we

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are trying to provide information to the consumer by having them listed in the directory, and I believe that the directories will list a particular credential or area of care that the APRN is providing.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

And through you, Madam President.

Is there -- does the good Senator have a fiscal note on this bill?

Through you.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you.

I'm not aware of any fiscal note.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

And, through you, Madam President.

On line 6 of the bill, it states that annually now each enrollee has to be provided with a list. And

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we spoke earlier at the beginning of the conversation that notification could be done through a booklet or other means, and wouldn't there be some cost of now -- it looks like that's new language so rather than giving them one list, it has to be done every year.

Through you, Madam President.

Is there not a cost associated with that?

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, I'm not a printer but I would surmise that if a book is being printed, to add a few more names would not enhance the cost of that printing.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

And under that scenario from Senator Crisco, is there a book that's printed annually already so it's just the inclusion of a few more names, is he aware of?

Through you, Madam President.

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Senator Crisco.

SENATOR CRISCO:

That is my understanding, Madam President.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

So if I -- what journal or book would that be
that I would get to look in?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, I believe as we mentioned
earlier, the insurance provider that provides the
information provides that -- that information.

THE CHAIR:

Senator Witkos --

SENATOR CRISCO:

And in addition, Madam --

THE CHAIR:

I'm sorry.

SENATOR CRISCO:

- President, I'm not aware if there's a Yellow

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Page listings, and there may be. And I would welcome the good Senator's knowledge if he does know what the Yellow Pages contain, but it's possible.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

So, through you, Madam President.

Each MCO or healthcare plan publishes a book for has it available on the Internet that you're aware of that lists all the folks are in network and their specialties?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to the good Senator, yes.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

And, through you, Madam President, if Senator Crisco wouldn't mind explaining lines 15 through 17 in

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the -- in the bill. And I have that available if he doesn't have that in front of him.

Through you.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to the Senator, I do not have the bill in front of me.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

It says, allow an enrollee to designate a participating in-network physician or a participating in-network advanced practice registered nurse as such enrollee's primary care provided.

THE CHAIR:

I'm sorry.

SENATOR WITKOS:

Through you, Madam President.

If he could just give a -- a layman's explanation as to what that means.

THE CHAIR:

Senator Crisco.

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SENATOR CRISCO:

Well, I think it's self-explanatory, Madam President.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Well, I guess, it's not as clear to me as I thought it was. So, through you, Madam President, I'll ask a couple of questions. So that means if I'm in enrollee and -- it says I can designate a participating in-network physician. Does that mean I get to choose who I want in the network?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through to the Senator, I believe it depends upon the plan.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Through you, Madam President.

I don't see in here where it says it depends on the plan. I think it says specifically in plain

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language that the enrollee gets to designate a participating in-network physician. Am I not correct, through that, Madam President?

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, in regards to the -- what I mean "by the plan," depends upon the coverage that the good Senator may have, and in that coverage, I believe, if he does have the state employee plan, I believe, there is a booklet that lists different services, and some -- some plans list physicians and specific other professions, and some plans do not. So then I would suggest that if the good Senator is, you know, is in need of any care that he may want to check the Yellow Pages.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

So, through you, Madam President.

I'm an enrollee of the plan and I want to seek out a physician so I have to get my plan that I am a member of that I pay monthly premiums to -- and this

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bill speaks specifically to in-network physicians -- and I'm also understanding the term "out-of-network." Could you, good Senator, explain to me the difference between in-network and out-of-network?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Madam President, through you to the good Senator, we are referring to APRNs and not physicians. And in regards to in-network and out-of-network, I believe that there are different insurance plans that provide a list of -- of physicians or APRNs that are in the plan, and if one chooses to use those services, there could be a specific copay or deductible, and if one does not, then there are different requirements in regards to copay for those people who are out of network. And, you know, we've had cases -- I don't remember if Senator Witkos was on our committee when we had a child who was going for a cancer treatment, and the best treatment was in Philadelphia, and that was out of network of the child's particular plan, and so the family had to experience all the costs themselves. So I think the Senator is aware of what's

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in-network and what is out-of-network.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President.

And it's my understanding -- and correct me if I'm wrong -- that in the plan, in the network, I can choose either a physician or a APRN as my primary care provider; is that correct?

Through you, Madam President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Yes, Madam President, I believe just like any other service, such as a psychiatrist.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

I -- I didn't -- I pardon --

THE CHAIR:

Oh, could you repeat that, Senator Crisco?

SENATOR CRISCO:

Madam President, yes, there are -- there are providers listed, even a psychiatrist.

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THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President.

And, through you, Madam President, lines 18
through 20 --

THE CHAIR:

Senator Looney, why do you rise, sir?

Senator Looney.

SENATOR LOONEY:

Yes, thank you, Madam President.

Madam President, apologies to Senator Witkos.
Senator Crisco would ask that this bill be passed
temporarily.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Madam President, one additional -- I had marked
one item earlier but like to mark an item now as the
next item to be -- to be taken up, and that is -- it
is on Calendar page 32, Calendar 371, Senate Bill
1196.

THE CHAIR:

Mr. Clerk, will you return to the Calendar,

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GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2011**

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6915-7208**

Immediate roll call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber. Immediate roll call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber.

Madam President, the items placed on the first Consent Calendar begin on Calendar page 10, Calendar Number 478, House Bill 6488; Calendar 480, House Bill 5256.

Calendar page 11, Calendar 513, substitute for House Bill 6557.

Calendar page 12, Calendar Number 535, substitute for House Bill 6226; Calendar 555, House Bill 6259.

Calendar page 13, Calendar 560, substitute for House Bill 5368; Calendar 567, substitute for House Bill 6157.

Calendar page 14, Calendar 574, substitute for House Bill 6410; Calendar 578, House Bill 6156.

Calendar page 15, Calendar 591, House Bill 6263; Calendar 594, substitute for House Bill 5508; Calendar 595, substitute for House Bill 62 -- 5263.

Calendar page 16, Calendar Number 606, substitute for House Bill 6581; Calendar 609, substitute for House Bill 6501.

Calendar page 17, Calendar 610, substitute for House Bill 6224; Calendar 613, substitute for House Bill 6453.

Calendar page 18, Calendar 614, substitute for House Bill 5068; Calendar 628, substitute for House Bill 5008; Calendars 633, House Bill 6489.

Calendar page 19, Calendar 635, substitute for House Bill 6351; Calendar 640, House Bills, 6559.

Calendar page 20, Calendar 642; House Bill 6595.

Calendar page 21, Calendar 645, substitute for House Bill 6267; Calendar 648, substitute for House Bill 5326; Calendar 650, substitute for House Bill 6344.

Calendar page 22, Calendar 651, substitute for House Bill 6540.

Calendar page 23, Calendar Number 655, substitute for House Bill 6497; Calendar 657, substitute for House Bill 6262; Calendar 658, House Bill 6364; Calendar 659, House Bill 5489.

Calendar page 24, Calendar 660, substitute for House Bill 6449.

Calendar page 36 -- correction -- Calendar page 33, Calendar Number 390, substitute for Senate Bill 1181.

Calendar page 36, Calendar Number 481, House Bill 5472.

Calendar page 37, Calendar Number 584, substitute for House Joint Resolution Number 34; Calendar 585, substitute for House Joint Resolution Number 54; Calendar 586, House Joint Resolution Number 65, Calendar 587, House Joint Resolution Number 66.

Calendar page 38, Calendar 588, House Joint Resolution Number 80; Calendar 589, House Joint Resolution Number 63; Calendar 590, House Joint Resolution Number 35; Calendar 620, substitute for House Joint Resolution Number 45.

Calendar page 39, Calendar Number 621, substitute for House Joint Resolution Number 47; Calendar 622, House Joint Resolution Number 68; Calendar 623, substitute for House Joint Resolution Number 69; Calendar 624, substitute for House Joint Resolution Number 73.

Calendar page 40, Calendar 625, substitute for House Joint Resolution Number 81; Calendar 626, House Joint Resolution Number 84.

Madam President, I believe that completes the items placed on Consent Calendar Number 1.

THE CHAIR:

(Chamber at ease.)

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Yes, Madam President.

Clarifying, one atom -- one item to -- to add.

It was an item that had been misidentified as to page, and that item appears on Calendar page 7, Calendar 426, House Bill 6306; we had the item correctly identified by Calendar bill number but not page number. It is Calendar page 7, Calendar 426, House Bill 6306; if that item might be added to the Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, if we might move to a roll call vote on the Consent Calendar. And then we will verify some additional items and then have a second Consent Calendar.

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Thank you.

SENATOR LOONEY:

Thank you, Madam President.

THE CHAIR:

Mr. Clerk, please call for a roll call vote, and the machine will be open.

THE CLERK:

The Senate is now voting by roll call on the Consent Calendar. Will all Senators please return to the Chamber. The Senate is now voting by roll call on the Consent Calendar. Will all Senators please return to the Chamber.

THE CHAIR:

Senator Gomes?

If all members have voted; all members have voted? The machine shall be locked.

And, Mr. Clerk, will you please call the tally.

THE CLERK:

Motion is on adoption of Consent Calendar
Number 1.

Total number voting	36
Those voting Yea	36
Those voting Nay	0