

PA13-307

HB6546

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2013**

**VOL.56
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8708 – 9049**

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Necessary for Passage	72
Those voting Yea	142
Those voting Nay	0
Those absent and not voting .	8

DEPUTY SPEAKER MILLER:

The bill passes in concurrence with the Senate.

Would the Clerk please call Calendar Number 173.

THE CLERK:

Yes, Madam Speaker.

On page 39, Calendar Number 173, favorable report of the joint standing committee on Appropriations, Substitute House Bill Number 6546, AN ACT CONCERNING COPAYMENTS FOR PHYSICAL THERAPY SERVICES.

DEPUTY SPEAKER MILLER:

Representative Megna.

REP. MEGNA (97th):

Thank you, Madam Speaker.

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

DEPUTY SPEAKER MILLER:

The question before the Chamber is on acceptance of the joint committee's favorable report and passage of the bill.

Representative Megna, you have the floor, sir.

REP. MEGNA (97th):

Thank you very much, Madam Speaker.

Madam Speaker, this bill seeks to put a limitation on copayments under individual and small group policies for physical therapy services.

This year we had the Physical Therapy Association and a lot of different people that undertake those services come to -- in front of the committee and ask that we place a limitation on what individual and small group policies could charge for a copayment. We heard testimony ranging from copayments being so excessive that no benefit was paid or very little benefit was paid. And we heard other testimony that sometimes it would be a deterrent to the physical therapy services because it had such a high copayment, so hence -- hence, the bill, Madam Speaker.

Madam Speaker, the Clerk is in possession --

DEPUTY SPEAKER MILLER:

I apologize, sir. I couldn't hear you. Thank you.

REP. MEGNA (97th):

Yeah, I'm sorry, Madam Speaker.

Madam Speaker, the Clerk is in possession of LCO 8351, I'd ask that it be called, and I be permitted to summarize.

DEPUTY SPEAKER MILLER:

Would the Clerk please call LCO 8351, which will be

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designated House Amendment Schedule "A."

THE CLERK:

Madam Speaker, LCO Number 8351, designated House
Amendment Schedule "A," offered by Representative Megna and
Senator Crisco.

DEPUTY SPEAKER MILLER:

The representative seeks leave of the Chamber to
summarize the amendment.

Is there objection to summarization? Is there
objection?

Hearing none, Representative Megna, you may proceed
with summarization, sir.

REP. MEGNA (97th):

Thank you very much, Madam Speaker.

Madam Speaker, the amendment in front of us represents
an agreement with the healthcare carriers on what would be
reasonable as a limitation for a copayment.

Under the underlying bill, I believe it was \$25 per
visit, and after several meetings we had reached an
agreement that no copayment will exceed a maximum of \$30
per visit for in-network physical therapy services. And
I'd like to thank the healthcare carrier representative for
coming to this agreement, and with that I would move
adoption.

DEPUTY SPEAKER MILLER:

The question before the Chamber is adoption of House Amendment Schedule "A."

Will you remark on the amendment? Will you remark on the amendment?

Representative Sampson of the 80th.

REP. SAMPSON (80th):

Thank you, Madam Speaker.

I think the good chairman of the Insurance and Real Estate Committee did a fine job of describing what the strike-all amendment before us does. And I want to thank him for his efforts and all of the parties concerned with coming up with this final wording which, I think, is a good compromise from all the parties concerned.

Thank you very much, Madam Speaker.

DEPUTY SPEAKER MILLER:

Thank you, sir.

Will you remark further? Will you remark further on the amendment before us?

Representative Sharon -- I'm sorry -- Srinivasan. I apologize, sir.

REP. SRINIVASAN (31st):

Good evening, Madam Speaker.

DEPUTY SPEAKER MILLER:

Good evening, sir.

REP. SRINIVASAN (31st):

It's been a long week for all of us. I can -- I definitely understand that.

Through you, Madam Speaker, just a few questions for my clarification to the good chairman.

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Please frame your questions, sir.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, I know there's no one number but, on an average, what would be the co-pay when these patients go to the physical therapist's office?

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Megna, will you respond, sir?

REP. MEGNA (97th):

Through you, Madam Speaker, I don't -- you know, when reading the testimony, off the top of my head, a lot of the testimony talked about \$45 or \$50 or somewhere thereabouts, as high of, I mean, you know, quite often the testimony is presented to us on the way the physical therapists would like to present it and probably we're only seeing, maybe, the highest copayments.

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, and just as the good representative said it is so true that the co-pays are so high for these patients, you know, anywhere from 45 to 50, and I have seen even more than that, that obviously is a big reason why these people will not go and take -- take the appropriate care or the treatment that they need.

Through you, Madam Speaker, will -- if this patient -- and as most of these people do need to go on multiple times in one week during the acute phase of their rehab, so when they go two times or three times a week, would it still be at a max of 30 or would there be a break because of the fact that they do have to go so many times?

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Megna.

REP. MEGNA (97th):

Through you, Madam Speaker, it would not exceed a maximum of \$30 per visit for in-network physical therapy.

DEPUTY SPEAKER MILLER:

Representative Srinivasan.

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REP. SRINIVASAN (31st):

Through you, Madam Speaker, and I'm glad the chairman brought up my next question himself. Is there a difference in terms of what this co-pay would be if the patient happened to be out of network?

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Megna.

REP. MEGNA (97th):

Through you, Madam Speaker, I would assume that it may be greater or it may be different in all probability because I believe that, you know, in-network is an agreement between the provider and the carrier and it's very probable that it may be a different cost, possibly a -
- a higher cost if it's out of network.

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

I definitely am in strong of this amendment. This is a very good first step for us to take this evening. And I'm glad that we are -- because as -- as the good chairman said, the probability of out-of-network costs are more than

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likely higher than what it would be for in network. This would apply -- just from my clarification -- only for in network?

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Megna.

REP. MEGNA (97th):

Through you, Madam Speaker, yes.

REP. SRINIVASAN (31st):

And through you, Madam Speaker, my last question is was there a dialogue, a consideration, for including the counterparts of physical therapy, the occupational therapists?

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Megna.

REP. MEGNA (97th):

Through you, Madam Speaker, yes, I believe so, and I believe there were occupational therapists that had come in front of the committee on this bill and there may be testimony that is put up on the site on their behalf.

I know the committee is very concerned with the cost of insurance and -- and we're aware of not -- not doing mandates anymore because of the Affordable Healthcare Act.

And according to OLR, impacting a copayment or -- is not really considered a -- a mandate under the Federal Healthcare Act so we're able to do this.

But we're very concerned with the cost of insurance, but the answer is yes, they did come in front of us and as well as chiropractors and -- they do make a compelling argument, also.

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, the reason for the concern for the occupational therapists because many a times an injury may be such that the patient could opt to go either way. Obviously, some injuries are very clear cut, no questions asked at all. It's black and white. But the ones in the shades in between, where a patient could decide -- could opt and get the treatment of a physical therapist on the one hand or get equally competent therapy with an occupational therapist. What we may be doing this evening is tilting the balance in favor of the physical therapist and, obviously, at the costs and the expense of the occupational therapist.

But as the good chairman said we have to make a start

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and we have to contain costs and we have to see how the Affordable Care Act will all play out in terms of dollars and cents at the end of the day. And so making this first move is definitely very friendly as far as our patient care is concerned, and for that reason, I -- I will definitely be supporting it, and I hope the Chamber will support it, as well.

Thank you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Thank you, sir.

Representative Ackert of the 8th.

REP. ACKERT (8th):

Thank you, Madam Speaker.

And I just -- a couple questions, through you, to the proponent of the amendment.

DEPUTY SPEAKER MILLER:

Please frame your question, sir.

REP. ACKERT (8th):

Thank you, madam.

I do rise in support of this so I'll start my comments off there. I just -- and I do understand and I'm glad the good chair had mentioned the -- a mandate, but also I think that -- and -- and maybe he can, you know, mention this. I think many people go to therapy more than one time a week.

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And I know the underlying -- the -- one of the bills that went through Judicial, I believe, had a cap on this. And I see that it's -- so it's \$30. Did you get any testimony that people are concerned about having to go to the physical therapist two to three times a week and the cost that that was -- that they were being imposed?

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Megna, will you respond, sir?

REP. MEGNA (97th):

Could the good representative please repeat the question, Madam Speaker?

DEPUTY SPEAKER MILLER:

Representative Ackert, would you repeat your question, sir?

REP. ACKERT (8th):

Is it common for people to go to physical therapy more than one time a week?

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Megna.

REP. MEGNA (97th):

Through you, Madam Speaker, I've seen testimony, although I'm not extremely familiar with physical therapy,

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but I've heard testimony that, yes, often that is the case.

Through you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Representative Ackert.

REP. ACKERT (8th):

Thank you.

And I did that because I had constituents when the bill came out that were in true support of the bill prior to the amendment saying that they had to go multiple times a week and it was, as the good chair mentioned, you know, more than \$30 for each visit and it was very costly when -- actually, two members were going through physical therapy at the same time.

So I do support this. I do have some concerns that, you know, these multiple -- not many in -- not many doctor visits are as often as a physical therapist. So I do believe it's still quite a cost, but I do understand that we're not trying to put a, you know, severe mandate on our insurance and our businesses that buy insurance for their employees so thank you to the good chair.

And thank you Madam Speaker.

DEPUTY SPEAKER MILLER:

Thank you, sir.

Will you remark further? Will you remark further on

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the amendment before us?

If not, let me try your minds.

All those in favor, please signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER MILLER:

All those opposed, nay.

The ayes have it, and the amendment is adopted.

Will you remark further on the bill as amended? Will
you remark further on the bill as amended?

If not, will staff and guests please come to the well
of the House. Will the members please take your seats.
The machine will be opened.

THE CLERK:

The House of Representatives is voting by roll call.

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

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

DEPUTY SPEAKER MILLER:

Have all members voted? Have all members voted?

Would the members please check the board to determine if your vote is properly cast.

If all members have voted, the machine will be locked and the Clerk will take a tally.

Will the Clerk please announce the tally.

THE CLERK:

Madam Speaker, Substitute House Bill 6546, as amended by House "A"

Total Number Voting	141
Necessary for Passage	71
Those voting Yea	141
Those voting Nay	0
Those absent and not voting	9

DEPUTY SPEAKER MILLER:

The bill, as amended, is passed.

Will the Clerk please call Calendar Number 220.

THE CLERK:

On page 6, Madam Speaker, Calendar Number 220, favorable report of the joint standing committee on Public Health, House Bill Number 5104, AN ACT ESTABLISHING A TASK FORCE TO STUDY LYME DISEASE TESTING.

DEPUTY SPEAKER MILLER:

Representative Fawcett.

REP. FAWCETT (133rd):

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On page 14, Calendar 693, Substitute for House Bill Number 6546, AN ACT CONCERNING COPAYMENTS FOR PHYSICAL THERAPY SERVICES, favorable report of the Committee on Insurance and Real Estate.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Thank you, sir.

I move for acceptance of the joint committee's favorable report and passage of the bill in concurrence with the House.

THE CHAIR:

On acceptance and passage in concurrence, would you remark, sir?

SENATOR CRISCO:

Yes.

Mr. President and members of the circle, this is a very good bill to reduce the health care costs.

What has been happening is because of the nature of very high copays, many people who need physical therapy for their particular ailment are not following through with the recommended number of visits.

This legislation, as amended by the House, limits the per visit copay to 30 -- \$30 and it's all inter network, and it's an extremely positive step to continue to work on reducing our health care costs.

THE CHAIR:

Thank you, Senator.

Will you remark further on the bill?

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

I do rise for the purposes of a few questions to the proponent of the bill.

THE CHAIR:

Please proceed, sir.

SENATOR WELCH:

Thank you, Mr. President.

If I may begin, if Senator Crisco could kindly enlighten me as to the effect of the amendment that took place in the House.

Through you, Mr. President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Through you to the good senator, basically, what the House amendment accomplished was to change the copay from 25 to 30 dollars per week to \$30 per visit.

THE CLERK:

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

So if this bill were not to become law today, what would be the current mandate with respect to physical therapy?

Through you, Mr. President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Yes, Mr. President, through you, the (inaudible) that there could be unlimited amount of copay now required by the insurance -- by the insurance companies.

THE CLERK:

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

So as it stands today, any insurance plan could place whatever copay they would like, as I understand it now.

Any time we talk about a mandate, any time we talk about mandating a copay, nowadays, the first question that comes to my mind is how does that relate to the Affordable Care Act? And the defined benefits for -- the term escapes me right now -- but, essentially, we had a point in time in which we had to lock in what our preferred benefits were going to be. That point in time has now come and gone. And essentially, the Affordable Care Act, under many circumstances, would require the State of Connecticut to pick up the tab for anything new that we put in place past that date. And I know Senator Crisco is well aware of that and I'm sure he's thought through this and he probably has an answer so if I may, through you, Mr. President, how does this legislation before us line up with the Affordable Care Act?

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Yes, through you to the good senator, it does not and so there is no requirement due to the Affordable Health Care Act.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

Now, I, actually, don't have the state health care plan that many of the people in this room have. And part of that I think is principle in that I have a plan that's provided by my employer. And that plan, Mr. President, isn't the top tier plan that I could have gotten with the employer. It's actually a health savings account.

And sometimes I regret my choice because there's a very, very high deductible with that health savings account. But, principally, what it has done is it has made me a consumer of medicine. And it's really open my eyes to the power of such a program.

Now, when I look at mandates, like the one before us, in where we're going to say that a copay is limited to \$30 per visit, the first question that comes to my mind is how would that impact the health savings account plan?

Through you, Mr. President.

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

Mr. President, through you to the Senator, I believe it has no impact on it.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

I guess my concern with respect to the answer that Senator Crisco just gave me is I don't see anywhere in the legislation before us that carves out such plans. Now, it could be, I guess, that in lines 3 through 5 where we talk about "no individual health insurance plan providing coverage of a type specified in subdivisions" -- and it lists 1, 2, 4, 11 and 12, that a high deductible health savings account plan is not one of those subdivisions. And if that is the case, that would be very helpful to me to hear from Senator Crisco.

SENATOR CRISCO:

Through you, Mr. President to the good --

THE CHAIR:

Senator Crisco.

SENATOR CRISCO:

-- senator, that is correct.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

Thank you, Senator Crisco.

SENATOR CRISCO:

You're welcome, sir.

SENATOR WELCH:

It's probably no surprise that I'm standing up here talking about this bill. One of -- but first let me say this, I appreciate the change that was made in the House, and I'm sure Senator Crisco had something to do with that.

Any time we, as a body, as the State of Connecticut, say we're going to mandate coverage and we're going to mandate that the insured only has to pay so much of that coverage. Well, there's an impact there. And although we might be benefiting the one person who is taking advantage of that coverage at any given point in time or a group of people taking advantage of that coverage, we are, essentially, harming or passing that cost on to everybody else, everybody else within that plan. And frankly, everybody else and all the other plans that are offered in the state of Connecticut because each carrier is going to price its plan in accordance -- in accordance to the coverage that they have to offer.

And note, if I may, Mr. President --

Thank you Senator Crisco, I don't think I have any further questions for you. Thank you, very much.

And every -- and so every plan is going to be impacted and the cost to the people of the state of Connecticut who buy health insurance is going to go up.

Now one might say, you know what? It's de minimus. I think it was Senator McLachlan the other day was talking about how he never heard of the word "de minimus" until he came here and now he hears it all the time. It's a term that lawyers tend to use and, in fact, most dictionaries you can't even find it. But in any event, one could say it's de minimus. And that might be true but for the fact that this isn't the only mandate that we have here in the State of Connecticut.

We've seen less this year than previous years, and for that I am thankful, Mr. President. But the reality is we keep mandating coverage, we keep mandating lower deductibles. And the effect of that is to drive the cost of health care up in the State of Connecticut.

Now, I'm even more sensitive to this today, Mr. President, than I have been probably at any other time in my life and that is because of the patient protection Affordable Care Act.

You don't have to go to a conservative web site now to hear about the very real impact that that law is having on the cost of insurance nationally. It's going up.

It's not going down. It's going up. The cost of health care is going up. So, yes, while that act might be making available, by mandating, by the way, insurance coverage for more people, one, it is not mandating covering for all people so we're still going to have a large uninsured population.

But, two, for those who are getting insurance and have to get insurance, everybody's cost are going up. I think in a lot of ways it's analogous to a debate we had here a few nights ago on the minimum wage. It's interesting, I said that night, that one of the impacts of the minimum wage and it's been borne out in economic studies -- even economic studies by the United States of America since 1930 when it was first enacted -- is that increasing minimum wage kills jobs. It kills jobs. In fact, the very first minimum wage we had killed 30,000 jobs. Well, just like this, increasing the cost of insurance kills jobs. It makes it more expensive for employers to employ people.

So what do they do? They employ less.

I think as I started earlier out, there was a different model, a different dynamic, a different way of doing business and it's one that I think I would like to encourage not just the members of the this chamber, but everybody watching to think about, and that is the health savings account.

Now, I'm just going to tell a brief story as to why that's a better model than what we have before us because it makes individuals consumers of medicine. Now, I understand not everybody can be a consumer of medicine. It takes a little bit of informed -- informed behavior. And I think it's unreasonable for us to expect the entire population of the State of Connecticut to act as a consumer of medicine. But nonetheless, those that can ought to. And here's why.

It wasn't too long ago I was skiing up in Vermont with my family. And unfortunately, one of my family members had an accident. And she went down and you've

probably seen it if you've gone skiing, you get carted down the hill. And we find ourselves in a very small country hospital in Vermont. And we have an x-ray of the leg. It comes back, not negative, not positive, but somewhere in between. They take another x-ray. Same kind of thing, they can't tell if there's a break but they're not quite sure.

So the next thing they want to do is do a cat scan -- now this is my money, this is our family's money. Now when it comes to health and safety, frankly, we won't -- we won't spare a dime. We're all in. We'll pay whatever it takes to makes somebody better. But what we did this time that we had never done before was ask questions. And the first question we asked was this, If the cat scan comes back positive, what is the treatment going to be?

And the doctor explained, Well, here's what the treatment's going to be.

Next question, If the cat scan comes back negative, what's the treatment going to be?

Well, actually, it's the very same treatment, the very same treatment.

So they want me to take a test that's going to cost thousands of dollars and whether the test comes back positive or negative, we're going to do the very same thing.

It's crazy.

But if it wasn't for the fact that I'm on a different plan, I never would have asked the questions. We would have spent the thousands of dollars, and we would have been doing the same thing we would have done if we had the test to begin with.

So, Mr. President, it's just a long-winded way, and I apologize for that, of saying I think what we're doing here, albeit small with this bill and at this level, but when you add it all together with accumulative impact, it's heading us in the wrong direction.

And now, that I see Senator Kelly's back in the room, I thank the Chamber for its time.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you, Mr. President.

You know, I agree with Senator Crisco on bringing the bill out and that we're trying to limit the amount of money that somebody's paying for their service when they go for this type of treatment because this is not, generally, a one-time treatment when you go to see physical therapy. It's time and time and time again. Sometimes they may have you go two or three times a week. And if we're limiting it to a \$30 exposure each time, you know, I think we're doing a service to our constituents by allowing them to continue on in the treatment of physical therapy that they may not otherwise because they basically might price themselves out, but as I read through the amendment and as I got a plethora of e-mails -- read through the bill, a plethora of e-mails, there seemed to be something missing in that, Mr. President, and often when you talk about physical therapy, there's occupational therapy, that kind of goes along with it, almost they're said in the same sentence, OT/PT.

And the difference is that in physical therapy, it deals with gross motor skills, walking and jumping and hiking and climbing. And occupational therapy really does with fine motor skills, you know, whether they're writing or cutting, they're tying their shoes, using utensils. And they're both as a result potentially from an accident, from a medical condition, so why would we limit ourselves to one form of treatment but not the other form of treatment.

So to the rectify that, Mr. President, I believe the Clerk has in his possession an amendment, LCO 8759, I ask that it be called and I be allowed to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO number 8759, Senate "A," it's offered by Senators Witkos and Guglielmo.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

I move adoption.

THE CHAIR:

On adoption, will you remark, sir.

SENATOR WITKOS:

Thank you, Mr. President.

And I hope that Senator Crisco can see this as a friendly amendment because it doesn't do anything to the underlying bill in that we continue to keep copayment maximum at \$30 per visit, but this also includes the most necessary of treating the occupational therapists in the same manner at \$30 maximum copayment. And I would ask for a roll call vote when the vote is taken, and I urge the chamber's adoption.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Senator Crisco.

SENATOR CRISCO:

Mr. President, thank you so much.

And while I have the utmost respect and appreciation towards Senator Witkos' proposal, this is not the

right time for that amendment. I urge its rejection and ask that it be a roll call vote.

THE CHAIR:

Thank you, Senator.

Will you remark further?

Senator Guglielmo.

SENATOR GUGLIELMO:

Thank you, Mr. President.

I rise in support of the amendment and for the reasons that Senator Witkos put forward. I realize that it's late in the session. I think it was more of an oversight that it -- that it occurred this way, and I'm hoping we can correct it at the last minute. If not, I hope we can come back during the next session and make what I consider to be a correction and makes a good bill better.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further?

Senator Witkos?

SENATOR WITKOS:

Thank you, Mr. President, for the second time.

Generally, I don't get up and speak again, but I have to comment on the reason for defeat of the amendment: It's not the right time?

Ladies and gentlemen of the Circle, a reason to defeat an amendment is because it's not the right time? We're talking about providing a necessary means of treatment for a certain classification of folks.

It's okay to give them physical therapy, but it's not okay to give them occupational therapy because it's not the right time?

When is the right time? A year from now? Two years from now? Why are we treating people differently based on almost the same type of therapy? One is gross motor skills; the other one is fine motor skills.

One is for medical conditions, rehabilitation; the other one is for medical rehabilitation. There's no difference other than the techniques that are used. It is the time.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further on the amendment?

If not, Mr. Clerk, please announce the pendency of a roll call vote. The machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Senators please return to the chamber. Immediately -- immediate roll call on Senate Amendment Schedule "A" has been ordered in the Senate.

THE CHAIR:

Have all members voted? If all members have voted? Please check the board to make sure your vote is accurately recorded. If all members have voted, the machine will be closed and the Clerk will announce the tally.

THE CLERK:

House Bill 6546 as amended

Total Number Voting	34
Those voting Yea	13

Those voting Nay 21

Those absent and not voting 2

THE CHAIR:

The amendment fails.

Will you remark further on the bill?

Senator Kelly.

SENATOR KELLY:

Thank you, Mr. President.

I just have a couple of quick comments to make on the bill before we vote on it and that is that according to the fiscal note this is considered a state mandate in that there's potential cost. It's indeterminate, particularly with regard to the state's own health plan due in large part because our premium -- or our copays are less than the \$30 per visit, but there is a caution in the footnote. And that caution is that the cost to certain fully insured municipal plans is something that those municipalities will bear should they have health plans that have copays in excess of \$30.

And well, this sounds like a good plan that will enable people to only pay \$30. The fact of the matter is that oftentimes the value of the copay -- the lower the copay, the higher the insurance premium. The higher the copay, the lower the premium. That's why you have high deductible plans and those types.

So when we start to put, I'm going to say, impediments or limits on copays, it restricts the ability to be flexible in plan design. It restricts the affordability of the product, and that's what we're looking for in the Affordable Care Act is affordability. And we have to strike that balance. But in this day at this time, I just don't think it's a wise choice to be looking at placing costs on municipalities at a time when they're having trouble making their ends meet. So for that reason, I believe

that this bill has some issues and costs -- maybe not necessarily to the State of Connecticut directly -- but certainly to our municipalities and thereby Connecticut's taxpayers.

Thank you very much.

THE CHAIR:

Thanks, Senator.

Will you remark further on the bill? Will you remark further on the bill?

Senator Crisco.

SENATOR CRISCO:

Thank you, Mr. president.

Mr. President, I request a roll call vote.

THE CHAIR:

Will you remark further on the bill?

If not, Mr. Clerk, please announce the pendency of the a roll call vote. The machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Senators please return to the chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

Have all members voted? Have all members voted?
Please check the board to make sure your vote is accurately recorded. If all members have voted, the machine will be closed. The Clerk will announce the tally.

THE CLERK:

On House Bill 6546

Total Number Voting	34
Those voting Yea	32
Those voting Nay	2
Those absent and not voting	2

THE CHAIR:

The bill passes.

The Senate will stand at ease.

(Chamber at ease.)

THE CHAIR:

The Senate will come back to order.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, I have some additional items to place on the Consent Calendar at this time.

THE CHAIR:

Please proceed, sir.

SENATOR LOONEY:

Yes, thank you, Mr. President.

Mr. President, the first item to be added at this time are on, first, calendar page 4, Calendar 467, House Bill Number 6514, move that item to the consent calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

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concern there again, is -- you know -- escalating costs, hiring consultants that would again make it more difficult for instance in Connecticut to do what they need to do.

If you have any questions, I'd be happy to answer them. Thank you.

SENATOR CRISCO: Thank you, Jennifer.

Is there any questions of Jennifer?

Thank you very much.

Rich Hogan isn't here yet? Is Rich Hogan here?

No. All right. We will now -- is Carl here?

Madame clerk, Carl signs up all the time and we never -- we never see him. So if you could straighten that out please? If you see him of course.

Is there anybody else who wants to testify. We just have to recess temp -- yes, please proceed. We're okay. If you'd identify yourself and the bill that you've come to testify on, sir, we'd appreciate it.

CHRIS CONNAUGHTY: Yes, sir.

SENATOR CRISCO: So we could correct our records. Thank you.

CHRIS CONNAUGHTY: This is for House Bill 6546. Good afternoon, Senator Crisco, Representative Megna and members of the Committee. I am Doctor Chris Connaughty, chiropractic physician who has practiced in Connecticut for 26 years. I serve as Legislative Chair for

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the Connecticut Chiropractic Association, who I represent today.

We support House Bill 6546, An Act Concerning Out of Pocket Expenses for Physical Therapy Service -- Service. And ask that you extend the provision to include the chiropractic profession. Just as an example, optimum health, for instance, they reimbursed \$39 for an office visit. But their co-pay for the patient is \$45.

So, according to regulatory statutes, we're required to reimburse that patient the \$6 each and every visit as long as they pay their -- pay their co-pay. So, in summary, chiropractors are experiencing the very same problem the physical therapists have. The co-pays charge by insurance companies continue to rise and the burden falls entirely on the patient for a benefit they should be getting when they are paying their premiums.

I am asking that you approve this bill. And that you add chiropractic as a profession to this bill.

SENATOR CRISCO: Thank you, Doctor. We just need to clarify something.

CHRIS CONNAUGHTY: Sure.

SENATOR CRISCO: Representative Abercrombie, you wanted to speak on it?

Thank you.

REP. ABERCROMBIE: I thought we had addressed this bill last year or the year before about including the chiropractors and also the difference in what the co-pay was compared to the premium. Were you guys taken out of that

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bill?

CHRIS CONNAUGHTY: Okay. Yes we -- it's not that
it's not the same bill.

REP. ABERCROMBIE: It's not.

CHRIS CONNAUGHTY: I'd say it's not the same bill.
That was that -- say they couldn't have a \$45
co-pay and the insurance company pay \$3.50.
So it the -- the -- for that bill that you're
speaking of, they -- it was asking that the
insurance companies not be allowed to charge
more than 50 -- 50 percent of what their
co-pay was.

So this -- this is a -- this a different bill.
See we're listed -- we're listed as
specialists right now under most -- or almost
all of the insurance companies. And the
specialists have let's say a \$45 co-pay, the
primary care doctors have a \$30 co-pay if you
go to see a primary care doctor. So, the --
it's -- we just don't think that that's fair
practice.

And also, in terms of their insurance premiums
that the -- that the patient is paying for,
they're getting nothing out of their -- their
-- their premiums. Their -- the insurance
company has no risk. So.

REP. ABERCROMBIE: Thank you.

Thank you, Mr. Chair.

SENATOR CRISCO: Representative -- thank you.

CHRIS CONNAUGHTY: Thank you.

SENATOR CRISCO: Any other questions?

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Doctor, thank you very much.

CHRIS CONNAUGHTY: Thank you.

SENATOR CRISCO: David Donnelly, and Megna, and Jean and Michael they're not here yet?

All right. So we will just recess for about 15 minutes. Okay. Thank you.

GARDENER RENOR: I would just like to let everybody know that reception by the --

SENATOR CRISCO: I'm sorry, Sir. Who are you?

GARDENER RENOR: I'm Gardener Renor. Represent the PIA, Professional Insurance Agencies. The reception scheduled for this evening because of the ten inches of snow, that was predicted, we canceled it yesterday. We will re-schedule. But it's off for tonight. Thank you.

SENATOR CRISCO: Chairman Megna are you ready?

We will conclude our recess and return to the public hearing. And -- we -- we wanted to recess for 15 minutes but we -- we revised that to five minutes. So, since that period of time is over. We will return to the hearing. And also return to the first section of our public hearing for legislators, agencies and municipalities. And we have Commissioner Leonardi.

Is Commissioner Leonardi --

THOMAS LEONARDI: Thank you very much. Senator Crisco, Representative Megna, Senator Kelly's not here and Representative Sampson, distinguished members of the Committee, my name is Thomas Leonardi. I'm the Insurance

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Michael?

Joan?

Joan is here. Thank you.

Thank you, Joan. We realize the weather is a problem. And there was a misunderstanding on the public side. Normally this information when we have the first hour reserved for legislators and agencies. They may finish within 10 minutes and then we just proceed to the public section. That's just for your information purposes. But thank you for being here.

JOAN-ALICE TAYLOR: Thank you for allowing me to be here. Senator Crisco, Representative Megna and members of the Committee on Insurance and Real Estate. I'm Joan-Alice Taylor, physical therapist and President of the Connecticut Physical Therapy Association as well as a private practice therapist.

HB 6546

I'm here to speak on behalf of the members of the CPTA and for patients who are not able to access our services because of the high co-pays and out of pocket costs. I speak in favor of this legislation. I'm surprised there. I have personal experience as well as reported knowledge of the difficulty patients have attempting to obtain physical therapy treatment.

In fact, just on Monday of this week a patient came for treatment to my practice and decided to cancel her treatment as well as the evaluation session because she could not afford to pay the \$25 co-pay. She had been treated by us last year for a different problem and did not have a co-pay at that time

so she was taken aback to learn that she has a co-pay now and how much it is.

Her husband is unemployed and she describes herself as a housewife who does not work outside the home. The \$25 each visit -- visit was more than she could manage. It is important that you understand that physical therapy is not a one time visit. But a series of visits usually two or three times a week depending on the condition and the type of treatment.

Physical therapy is not like medical care that might be a once a year visit or if it is surgery related might have one co-pay and the rest of the visits come under the surgical procedure cost. And the patient has one co-pay for the initial visit. Physical therapy is a treatment process where the co-pay is required for each visit.

It is common to see co-pays that are 45 to \$50 per visit. The co-pays most often exceed the amount the insurance pays for its share of the visit. Patients tell us that they might be able to manage once a week treatment. For much of the therapy if patients come only once a week, they will either not improve or will improve extremely slowly.

Patients with recent -- recent surgeries, lymphedema, joint replacements and many other problems require hands on treatment to resolve edema and to release scar tissue binding and tightness that prevents movement. Patients are making decision based on the out of pocket cost rather than what they need to restore their function. \$125 to \$150 per week out of pocket is an enormous expense for most people.

I would like to offer a scenario regarding the

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effect of high co-pays have on access and outcomes. A patient was in a very serious auto accident causing neck and back injuries, and contusions and compression trauma to the left upper extremity. There was extensive soft tissue damage to the upper extremity requiring considerable hands on treatment as well as pain relieving modalities.

Her co-pay was \$45 per visit. Because of the accident, she was out of work as a preschool teacher and she is a widow. Excuse me. She now has reflex sympathetic dystrophy in the upper extremity because she could not afford the co-pays to get the treatment needed early. Now her pain is intense. The arm is swollen and very sensitive to any contact. And she does not use the arm because it hurts to move it and do things.

The treatment needed to resolve this is far more extensive and expensive than the cost and time for treatment had she been able to get treated consistently and regularly from the onset. She cannot return to work because she needs both of her arms to do her job. This is one small example of how high co-pays prevent access to appropriate and timely care.

Excuse me. I urge you to seriously ponder this bill and bring it to a positive outcome for patients who need to access physical therapy services. Thank you. Any questions?

REP. MEGNA: Thank you very much.

Are there any questions?

Representative Alberts.

REP. ALBERTS: Thank you, Mr. Chairman.

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And thank you, Joan-Alice for -- for coming and braving the weather. Just a couple of questions. You mention on the bottom of the first page of your testimony the \$125 to \$150 per week. Is that the gross charge before any co-pays?

JOAN-ALICE TAYLOR: No. No. That is the co-pay the patient pays. If they're paying 45 to \$50 a week.

REP. ALBERTS: Okay.

JOAN-ALICE TAYLOR: And when a visit -- excuse me.

REP. ALBERTS: That -- so the total -- the gross amount that a visit would be somewhere in the order of like 175 to \$200?

JOAN-ALICE TAYLOR: The gross amount of the visit doesn't have anything to do with it.

REP. ALBERTS: Okay.

JOAN-ALICE TAYLOR: The patient's contract with their insurance tells them how much their co-pay or co-insurance is.

REP. ALBERTS: Okay.

JOAN-ALICE TAYLOR: Often times, for example with Cigna and Aetna, we get 65 to \$68 total per visit.

REP. ALBERTS: Okay.

JOAN-ALICE TAYLOR: And the patient is paying 45 to \$50 of that.

REP. ALBERTS: Got you. Thank you. That does clear up a lot for me. And then in the -- in the example that you give about this -- this

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woman who was in this accident, and it sounds like it was an extremely serious accident. Her -- there was no settlement that contemplated the expenses related to this at all?

JOAN-ALICE TAYLOR: No. She did not have med pay on her auto. And --

REP. ALBERTS: So this is the primary health care?

JOAN-ALICE TAYLOR: Out of her healthcare insurance, yes.

REP. ALBERTS: Thank you. Thank you again for -- for coming out. I appreciate it.

Thank you, Mr. Chairman.

SENATOR CRISCO: Thank you, Sir.

Are there any other questions? Any other questions?

Thank you very much.

JOAN-ALICE TAYLOR: You're welcome.

SENATOR CRISCO: Is David Donnelly here? David Donnelly?

No.

Maryann?

Michael?

Michael are you here to testify? Please come up. Just identify yourself, Michael.

MICHAEL CASTARDO: Good afternoon. My name is Michael Castardo. I live in Berlin

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Connecticut. I actually prepared something in writing because I've never really spoken to a -- to a large crowd. But as I said, my name is Michael Castardo. I live in Berlin Connecticut. I would like to thank you for allowing me to speak on behalf of future patients.

I'm 39 years old. I received a Bachelor's Degree from the University of Hartford in 95. And I'd like to say I'm committed to living a healthy life and encourage the same of my family and friends.

SENATOR CRISCO: Michael, if you just refer to the bill that you're testifying on? The bill number. Do you have the bill number? 6546, right?

MICHAEL CASTARDO: Yes. Exactly. On behalf -- I'm sorry.

SENATOR CRISCO: That's all right.

MICHAEL CASTARDO: I'm sorry. I'd like to say I do -- I take health very seriously. I work out five days a week. And I follow clean eating diet. And I recently had a physical and blood work done. And my doctor said I'm in fantastic shape. I'm currently the owner of Rolling Greens Landscaping for the past 17 years. We are a landscape construction company that primarily installs patios and walkways.

It pretty much goes without saying that my job is extremely demanding. We are constantly digging and transporting heavy objects. A while back, while on the job, we were moving a large tree when the binder snapped that was holding it with me still holding on to the tree with both arms. As a result, my MRI

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confirmed I had almost identical partial tears of my rotator cuff muscles in both my right and left arms.

Because of this injury, the action that I took and the final outcome, I feel as though I am a walking testimonial and a serious advocate of physical therapy at reasonable co-pays. Since I knew something surgical had to be done, I felt it made the most sense to do my left shoulder first since I am right handed. So, I proceeded with the surgery and followed the doctor's order to receive extensive therapy afterwards to regain my mobility.

It was not long into therapy, which was pretty painful, I noticed others with the same surgery progressing much faster than I was. I asked my therapist why. And he said my surgery may have been a little too tight. With that I said, I brought this up to my doctor at the next visit and I explained that I was doing all the exercises both in the therapy office and at home. And I am still lacking mobility.

It was then the doctor himself admitted things have been -- may have been tightened a little too much during the surgery. But this is something your therapist can definitely fix over time. That was the problem. I had the time but not the money for these overwhelming co-pays.

I expressed this to my therapist and he said we will do as much as possible to get me back to work quickly. Here's the interesting part of the story, my therapist knew I had almost identical tears to both arms so while -- so while I had a heating pad on, and was waiting for him to stretch my shoulder and show me more exercises, he would actually take the

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time to show me exercises and stretches for my shoulder that had not been operated on.

What he said was part of the problem with my operated shoulder was that the scapula was -- was tight and weak and needed extensive stretching and exercises to maintain correct mobility. As promised, I did gain mobility back but never full range. I cut the therapy short because quite honestly, I could not afford it at \$45 per visit out of pocket.

In the time that followed, I noticed that my shoulder was getting more and more painful. After -- after the doctor's visit, it was confirmed that the area was re-torn. The doctor believed this was due to over compensation by other muscles trying to take up the slack of my shoulder being out of alignment.

Presently my condition is worsening, which is hard because I just took on a full time job with a construction company. The present economy is forcing me to close my business. I am very apprehensive of a faith I can put in this left arm to confidentially perform my daily duties as a construction worker.

The very eye opening part of this story is that my right arm which never had surgery, only the exercises and stretches prescribed by my therapist and followed faithfully by me, has very little -- little pain, full range of motion and I quite honestly I never really think about it. My left arm, which had surgery, and limited therapy, hurts all day, keeps me awake at night. And now may be the weak link in my new job offer.

With this said, I can't help but say my other arm would have been 100 percent if my

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therapist could have kept seeing me and evaluate my progress along the way. I -- I don't want to take up too much time. But if I had another minute, it just brings to my -- another thing is that I was doing an estimate this past year. And it was at a lady's house. And I was walking off of her step, which I was there to repair, and I tripped and I -- I twisted me knee pretty bad.

And I let it go because of money reasons. And what I noticed was over a time I never realized how interconnected everything was. And I noticed my hip started hurting. And my back starting hurting. So I went to the doctor and explained to him what happened. And he's like well I think this all stems from your knee. So I went to -- he prescribed physical therapy for me again.

And the therapist evaluated me. And I -- I don't know the name of the tendon. But I stretched something out that I wasn't supposed to in my knee. And they suggested I -- I think it was three or four weeks of physical therapy. And again at these prices, I -- I was very up front with them. I explained I just can't afford this.

So, they were very gracious. And they offered as much as they possibly could. And believe it or not, in just a one week visit, they kind of squeezed into and told me a lot of exercises to do that helped my knee. It -- it wasn't 100 percent. But all the other pains went away. So, I'm a firm believer in physical therapy. But the problem is it's just really hard to -- to get it at these high costs. I have Aetna. I have good health insurance. And it's still \$45 co-pay.

And what's interesting most of these

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therapists are very genuine people. And it's like their goal is to keep you out of a doctor's office and to do everything they can to make you 100 percent without seeing a doctor. If they wanted to, they could double dip and say let's do as much therapy as possible. When they know it's not even worth doing.

Have you have the surgery and then come back to therapy on top of that. Because if anyone knows that has shoulder surgery, it's not something you can overcome on your own. There's no way to do that. But in saying that, my therapist in showing me different for this shoulder, I don't think I even want to do surgery on this. It feels like so much better than my left shoulder.

It's amazing. But again I'm -- I'm really hoping that things can be -- you know -- amended and some of these co-pays can down a little. Because as the woman before me stated, it's \$45 a co-pay, which is \$135 a week. You know -- I think it's \$580 a month. That's a lot of money. And shoulder surgery is not a quick load. You know -- a lot of times, it takes three months to recover.

And I have a family, and expenses and a mortgage. So, I don't know what to say really. But is there anything?

SENATOR CRISCO: Thank you.

Are there any questions? Are there any questions?

The only thing is that -- you know -- this may be considered a mandate in which creates problems for us. Because of a HHs ruling. But we'll look into that.

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All right. No questions. Thank you very much, Michael. Hope things get better for you.

MICHAEL CASTARDO: Thank you.

SENATOR CRISCO: Is David Donnelly here yet?

Or Maryann?

No. Is there anybody else who wishes to testify?

Okay.

VIC VAUGHAN: Good afternoon, Senator and Representative Megna. I will be testifying in support of HB 6546, An Act Concerning Out of Pocket Expenses for Physical Therapy Services. My name is Vic Vaughn. I'm the past President of Physical Therapy -- Connecticut Physical Therapy Association. I'm also the past Legislative and Public Policy Committee Chair. And currently I am a physical -- practicing physical therapist and clinic manager for Sacred Heart University faculty practice.

My testimony is to ask you to support this particular bill because this is an issue regarding fairness for physical -- for patients seeking physical therapy care. The gist of the bill is not that we're looking to eliminate co-pays. Currently physical therapists are listed as specialists under most insurance companies.

And while that works very effectively for orthopedic surgeons, or neurosurgeons, or neurologists the model of care in physical -- which is an episodic kind of visit situation, where you go once a month or -- or very

infrequently. The model for physical therapy services of course is two or three times a week for a period of time.

As you've heard these other folks testify before me, they -- that obviously becomes a significant financial burden. Since most of our co-pays that we are seeing now are in the 30 to \$45 range, with some ranging as high as \$75, so that become financially impossible for patients.

We could all tell you dozens of stories about people who have had to stop care. So, I think that you've heard that. And you -- you know -- I hope you understand how that's a big deal for patients. And it does really limit their care. And the biggest issue is that down the road this can cause significant -- significant cost. It can raise significant cost because people don't get care.

So, the -- we would like the -- this -- what we're asking for to happen is that this bill will just have us listed -- have our co-pays no higher than a primary care doctor's co-pay. Which I think would bring it into a much more reasonable range. We do understand the purpose of a co-pay. A patient should have a shared risk in their care. And it should serve as -- as sort of a check as to whether they really do need the physical therapy care that's -- that they're seeking. But at the same time, when it becomes a cost prohibitive, that's not the barrier to receiving appropriate care.

And that -- if there are any further questions I'd be happy to answer them.

SENATOR CRISCO: No thank you. Now do you have written testimony that you've given to our

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clerk at this time?

VIC VAUGHAN: We will get it.

SENATOR CRISCO: If not today, another time.

VIC VAUGHAN: Yes.

SENATOR CRISCO: Yes, Representative Altobello.

REP. ALTOBELLO: Thank you, Mr, Chairman.

Good afternoon.

VIC VAUGHAN: Good afternoon.

REP. ALTOBELLO: Co-pays can range from -- well I guess it depends upon the plan. But what -- what's your end of the billing? And what's a typical visit? Is it half an hour, 45 minutes, an hour?

VIC VAUGHAN: It can be for -- for my practice it's 45 minutes to an hour. And reimbursement ranges anywhere from one -- one insurance contract, it's \$50 is the maximum, or capped on a number of our contracts. So, one insurance company, our cap is \$50. It can go all the way up to a higher level at some of the other insurances in the 90 to \$95 reimbursement range.

REP. ALTOBELLO: So 95 is your -- your max?

VIC VAUGHAN: It --

REP. ALTOBELLO: You've got to be doing better than that somewhere? I mean 50 bucks isn't going to make it.

VIC VAUGHAN: No, it doesn't actually. It's considerably less than my cost per visit.

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REP. ALTOBELLO: It is indeed. But you're making it up in the volume though?

VIC VAUGHAN: We average about \$90 a visit in our collections. By the time we finish collecting everything including co-pays and insurance payments.

REP. ALTOBELLO: Very good. Thank you. Thank you, Doctor.

Thank you, Mr. Chair.

VIC VAUGHAN: You're welcome.

SENATOR CRISCO: Thank you, Representative.

Any other questions? Any other questions?

Thank you very much, Sir.

VIC VAUGHAN: Thank you.

SENATOR CRISCO: Again trying to be cooperative as possible. Is David Donnelly here?

Or Maryann?

No. Nope. If not, then this public hearing will be concluded. Thank you all very much.



Quality is Our Bottom Line

Insurance and Real Estate Committee Public Hearing

Thursday, March 7, 2013

Connecticut Association of Health Plans

Testimony Regarding

S.B. No. 1029 AAC HEALTH INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS

H.B. No. 6546 AAC OUT-OF-POCKET EXPENSES FOR PHYSICAL THERAPY SERVICES

The Connecticut Association of Health Plans opposes SB 1029 which ties the autism insurance mandate to the "fourth" as opposed to the "most recent" American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*.

According to Autism Watch at www.autism-watch.org/general/dsm.shtml "The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* is the main diagnostic reference used by mental health professionals and insurance providers in the United States. The fourth edition, which was published in 1994, is commonly referred to as the "DSM-IV." The diagnosis of autism requires that at least six developmental and behavioral characteristics are apparent, that problems are evident before age three, and that there is no evidence for certain other conditions that are similar "

Requiring in statute that an insurance mandate be tied to professional criteria developed in 1994 is ill advised and imprudent. Criteria are updated in order to reflect the latest clinical research and treatment modalities and the legislature should not seek to override the protocols established by professional societies who have the knowledge and expertise to provide guidance on these matters.

With respect to HB 6546, health plan co-pays are subject to review by the Department of Insurance in accordance with the Affordable Care Act. With affordability of health care coverage paramount in the minds of employers, individuals, and frankly the state's Exchange, mandates that prohibit flexibility in benefit design are detrimental to the implementation of health care reform. We urge your opposition.

Many thanks for your consideration.

**STANDING
COMMITTEE
HEARINGS**

**INSURANCE AND
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PART 5
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2013



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**Testimony of Joan-Alice Taylor, Psy.D., P.T.,L.P.C., F.A.B.D.A., C.B.T.
President, Connecticut Physical Therapy Association
In Support of**

H.B. 6546, An Act Concerning Out-of-Pocket Expenses for Physical Therapy Services

Before the Insurance & Real Estate Committee

March 7, 2013

Chairman Crisco, Chairman Megna and members of the Committee, my name is Joan-Alice Taylor, Physical Therapist and President of the Connecticut Physical Therapy Association, as well as a private practice therapist I am here to speak on behalf of the members of the CPTA and for patients who are not able to access our services because of the high co-pays and out of pocket costs. I speak in favor of this legislation.

I have personal experience as well as reported knowledge of the difficulty patients have attempting to obtain physical therapy treatment. In fact just on Monday of this week a patient came for treatment to my practice and decided to cancel her treatment as well as the evaluation session because she could not afford to pay the \$25.00 co-pay. She had been treated by us last year for a different problem and did not have a co-pay at that time so she was taken aback to learn that she has a co-pay now and how much it is. Her husband is unemployed and she describes herself as a housewife who does not work outside the home. The \$25.00 each visit was more than she could manage.

It is important that you understand that physical therapy is not a one-time visit, but a series of visits usually two to three times a week depending on the condition and type of treatment Physical therapy is not like specialist medical care that might be a once a year visit, or if it is surgery related may have one co-pay and the rest of the visits come under the surgical procedure cost and the patient has one co-pay for the initial visit. Physical therapy is a treatment process where the co-pay is required for each visit.

It is common to see co-pays that are \$45.00 to \$50.00 per visit. The co-pays most often exceed the amount the insurance pays for its share of the visit. Patients tell us that they might be able to manage once a week treatment For much of the therapy if patients come only once a week they will either not improve or will improve extremely slowly. Patients with recent surgeries, lymphedema, joint replacements, and many other problems require hands-on treatment to resolve edema, or to release scar tissue binding and tightness that prevents movement. Patients are making decisions based on the out of pocket cost rather than what they need to restore their function. \$125.00 to \$150.00 per week out of pocket is an enormous expense for most people

I would like to offer a scenario regarding the effect high co-pays have on access and outcomes. A patient was in a very serious auto accident causing neck and back injuries and contusions and compression trauma to the left upper extremity. There was extensive soft tissue damage to the upper extremity requiring considerable hands-on treatment as well as pain relieving modalities. Her co-pay was \$45.00 per visit. Because of the accident she was out of work as a pre-school teacher, and she is a widow. She now has reflex sympathetic dystrophy in the upper extremity because she could not afford the co-pays to get the treatment needed early. Now her pain is intense, the arm is swollen and very sensitive to any contact and she does not use the arm because it hurts to move it and touch things. The treatment needed to resolve this is far more extensive and expensive than the cost and time for treatment had she been able to get treated consistently and regularly from the onset. She cannot return to work because she needs both of her arms to do her job. This is one small example of how high co-pays prevent access to appropriate and timely care.

I urge you to seriously ponder this bill and bring it to a positive outcome for patients who need to access physical therapy services. I look forward to working with you on this and other issues this legislative session.

Thank you for your attention.



Written Testimony
In Support of
**HB 6546-AN ACT CONCERNING OUT-OF-POCKET EXPENSES FOR PHYSICAL
THERAPY SERVICES**

Insurance and Real Estate Committee

March 7, 2013

Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee, on behalf of the more than 250 orthopaedic surgeons of the Connecticut Orthopaedic Society, thank you for the opportunity to submit written testimony in support HB 6546-AN ACT CONCERNING OUT-OF-POCKET EXPENSES FOR PHYSICAL THERAPY SERVICES.

The Connecticut Orthopaedic Society is writing as advocates for our patients to request your support of this bill. The current insurance system creates economic rationing for proper physical therapy care and treatment. Physical therapy services are essential and have long been an integral part of the quality patient care provided by orthopaedic surgeons. The high co-payments enacted by many insurers discourage patients from getting the physical therapy treatments they need in order to maximize their potential for complete recovery and rehabilitation.

Patients who undergo reconstruction of knee, ankle or shoulder must have physical therapy to regain range of motion and regain strength. Many simply can't afford co-pays that in many cases are as much or more than a typical office visit to the doctor. Many patients will go to the therapist twice a week. At \$50/visit this is an additional \$100 per week out of pocket expense for patients.

While physicians have been the target of insurance companies continually seeking ways to reduce physician payments in order to report greater profits to their shareholders, this relatively latest trend in care rationing by charging exorbitant copayments, deductibles or other out of pocket expenses for vital physical therapy treatments to our patients is harmful to their

Written Testimony Submitted by the Connecticut Orthopaedic Society – Support HB 6546

quality of life. Please join with us in supporting this bill to stop this egregious business practice of insurers while standing up for your constituents.

Thank you for your time and consideration of the orthopaedic community's concerns regarding the serious economic rationing of care currently happening in the health care payment industry and its adverse effect on Connecticut's patients. The orthopaedic community looks forward to your support as we work together to ensure access to quality care for Connecticut's residents.

Submitted by:

William G. Cimino, MD

President-Connecticut Orthopaedic Society



The Connecticut Occupational Therapy Association

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Testimony of Susan Goszewski, President

Re: Raised H.B. No. 6546

AN ACT CONCERNING OUT-OF-POCKET EXPENSES FOR PHYSICAL THERAPY SERVICES.

March 7, 2013

To the Honorable Members of the Insurance & Real Estate Committee:

As President of the Connecticut Occupational Therapy Association (ConnOTA), I am writing in support of HB 6546, which would prohibit individual and group health insurance policies from imposing a coinsurance, copayment, deductible or other out-of-pocket expense for physical therapy services rendered on each date of service by a physical therapist that is greater than a coinsurance, copayment, deductible or other out-of-pocket expense imposed for services rendered by a primary care physician or for an office visit to an osteopath.

While ConnOTA supports the intent behind this legislation, we ask that the bill before you be amended to specifically include occupational therapy services as well.

Through our services clients can gain both independence and improve function, and as a matter of policy, it makes sense for both physical therapy and occupational therapy to be treated equally under the law. This is particularly important for outpatient occupational therapy as the patient may receive multiple visits overtime and the high out of pocket expense may impact their ability to complete their course of treatment which negatively impacts outcomes and functional level of independence.

What Is Occupational Therapy?

In its simplest terms, occupational therapists and occupational therapy assistants help people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities (occupations). Common occupational therapy interventions include helping children with disabilities to participate fully in school and social situations, helping people recovering from injury to regain skills, and providing supports for older adults experiencing physical and cognitive changes. Occupational therapy services typically include:

- an individualized evaluation, during which the client/family and occupational therapist determine the person's goals;
- customized intervention to improve the person's ability to perform daily activities and reach the goals; and
- an outcomes evaluation to ensure that the goals are being met and/or make changes to the intervention plan.

Occupational therapy services may include comprehensive evaluations of the client's home and other environments (e.g., workplace, school), recommendations for adaptive equipment and training in its use, and guidance and education for family members and caregivers. Occupational therapy practitioners have a holistic perspective, in which the focus is on adapting the environment to fit the person, and the person is an integral part of the therapy team.

Why should the bill be amended to treat OT & PT equally?

Other states that have adopted (including Kentucky) or are considering (i.e. New York, Pennsylvania, Missouri, and New Mexico) this type of legislation are treating both physical therapy and occupational therapy professions as the same. In many cases OT and PTs collaborate while working with a patient. In these instances both service providers are critical to patient well-being and reestablishment of independence. It therefore seems inappropriate to discourage OT utilization by charging higher co-payments for our services than for PT services. Generally co-pays are designed to discourage people from over-utilizing medical care, but high co-pays can result in non-use of essential medical services and prescriptions. Higher co-payments for OT care over PT care will likely result in some consumers to opt out of seeking OT, even when necessary. As such, ConnOTA respectfully requests that the bill be amended in the appropriate places to also include "occupational therapy services rendered on each date of service by an occupational therapist licensed under chapter 376a of the general statutes".

I sincerely thank you for the opportunity to provide comment on this proposed legislation. Please do not hesitate to contact me at 203-430-0712 or @ president@connota.org should you require additional information.

Susan Goszewski MSM, OTR

Respectfully Submitted

Susan Goszewski, MSM, OTR

Did not speak

To: Insurance Members Committee

This letter is in regard to House Bill 6546 – an Act Concerning Out-of-Pocket expense for PT services.

As an outpatient physical therapist in Connecticut, I urge you to pass this bill for numerous reasons.

1. The high cost of copayments are driving down patient visits significantly. Most physicians prescribe physical therapy 2-3 times per week for a period of 4-6 weeks. Unfortunately, maximal physical therapy results are not obtained because most patients are attending 1x per week for 4 weeks, only 20% of the recommended visits.
2. Physicians are hesitant to prescribe physical therapy for patients because they are aware of the high copayments, which does patients a disservice and is hurts the small business practice. Physicians are more inclined to prescribe pain medication for musculoskeletal ailments, which is masking the symptoms and never addresses the cause of the pain, which is what a physical therapist is trained to diagnose and treat.
3. High copayments are preventing post-surgical patients from attending physical therapy, which is crucial to their success. There has been patients that are post-surgical Total Knee Replacement whom attended PT below recommended visits secondary to his/her high copayments, and their lack of attendance has led to manipulation and further physical therapy. The high copayments are preventing patients from obtaining the care they need to succeed.
4. High copayments are decreasing preventative care for patients, which will eventually lead to further expensive diagnostics and surgeries, driving up health care costs.
5. Numerous insurances do not have copayments required for "hospital based" physical therapy, however charge patients high copayments for "outpatient physical therapists," which is hurting small business practices and causing patients to travel further for PT services, which in turn decreases their visit frequency and increases noncompliance, leading to poor results.
6. Small businesses are being driven out of the state of Connecticut for numerous reasons, hurting our economy. Unfortunately, high copayments are limiting the prosperity of small physical therapy businesses, further leading the the demise of Connecticut.

Please consider the following reasons discussed above to lower copayments for patients. Make health care accessible for patients. Allow patients to receive physical therapy at an affordable cost. Improve patient's quality of life, function, and satisfaction by making it affordable to attend physical therapy. Help small businesses in Connecticut succeed.

Thank you for your consideration,

Maryann Mancini, DPT

Did not
Speak**ADVANCED PHYSICAL THERAPY_{LLC}***ORTHOPEDICS - SPINE - SPORTS MEDICINE*

3/6/2013

Dear Esteemed Members of the Insurance and Real Estate Committee,

I am writing in support of bill 6546 that will limit out of pocket copay expense for physical therapy. I own a physical therapy practice in Wolcott, Connecticut and over the past 10 years have seen copays steadily go up and reimbursement go down. I agree that copays are a good way of making patients responsible for part of their healthcare cost, however many people have copays that are more than half of what the physical therapy visit actually costs. This is because physical therapy visits are considered "specialist visits" under most insurance plans but are not reimbursed nearly as high as a visit to a surgeon.

Bill 6546 will help keep copays for physical therapy less than or equal to the copay that a patient has for the general, primary care physician. There are many advantages to this for everyone. First, patients will be able to better afford physical therapy care. Many patients need to come to physical therapy 2-3 times per week for 4-6 weeks in order to achieve the desired outcome. High copays for this service force many people to cut back on the number of physical therapy visits. This has an adverse effect on overall outcomes from physical therapy. Secondly, if patients can better afford physical therapy, they will use our services more regularly in order to avoid other more costly services down the road. A study published in the journal Health Services Research in September, 2011, found that patients who had direct access to physical therapy services resulted in a lower overall cost to the medical system.

Please vote to support this bill and help your constituents afford the physical therapy care that they are prescribed.

Sincerely,

David M. Donnelly, PT, CSCS

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