

SB 1 AN ACT CONCERNING DIABETES AND HIGH DEDUCTIBLE HEALTH PLANS.

H.B. No. 5175 (RAISED) AN ACT CONCERNING DIABETES AND HIGH DEDUCTIBLE HEALTH PLANS

Good afternoon Senators Lesser, Kelly, Representatives Scanlon, and Pavalock-DAMato, and distinguished members of the Insurance and Real Estate Committee. I am Steve Thornquist, M.D., a board certified ophthalmologist and legislative chair of the CT Society of Eye Physicians. I come before you today on behalf of the physicians and the physician-in-training who are members of the above mentioned medical societies, representing over 1000 Connecticut physicians, and I thank you for bringing this important bill to public hearing, and for the opportunity to testify in support of Senate Bill 1 and HB 5175.

This critical bill focuses on two enormous public health issues:

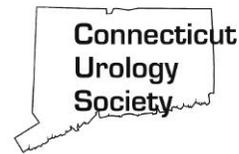
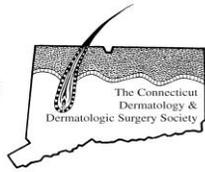
- Escalating costs of medicine for chronically ill patients, specifically with regard to insulin
- The gargantuan problem of high deductibles

Chronically ill patients, such as those with diabetes, often need the most assistance and support, and face enormous challenges. Last April the US. News reported testimony during a public hearing before the House Committee on Energy and Commerce on the escalating costs of insulin. Here is a link to an excerpt:

Real hardship for patients^[001]

<https://www.usnews.com/news/health-news/articles/2019-04-03/high-insulin-costs-come-under-fire-on-capitol-hill>

Christel Marchand Aprigliano, CEO of the Diabetes Patient Advocacy Coalition, has type 1 diabetes, which means she must take daily insulin to survive. She testified that in 2011, she paid a \$40 co-pay for that essential vial of insulin at the end of the year. The very next month when she went to pick up the same insulin from the pharmacy, she was charged \$1,269 because her family had switched to a high-deductible health plan. More recently, her husband was unexpectedly laid off from his job. She applied for a patient assistance program from her insulin manufacturer. They told her she didn't qualify, because the required paperwork relied on past income, despite the fact that her current income was zero. She appealed. They told her they would make a decision in four to six weeks, ignoring the fact that she cannot go a single day without insulin without risking life threatening complications.



There are more than just the immediate physical concerns. She worries whether she will have insurance from month to month; or if she can afford the insulin even with insurance. "It's psychological torture we go through every month," Ms. Aprigliano said of people who are dependent on insulin.

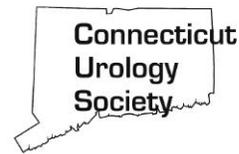
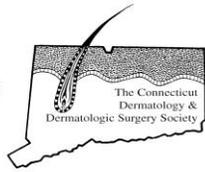
Unfortunately, Christel's story is not unique. Physicians hear stories like this every day about the hardships and extraordinary expenses of high deductible plans. Our patients have to choose, from paycheck to paycheck, whether to purchase their life saving (and vision saving) medications, or to pay their rent.

Here are some facts to consider when voting on this bill:

- The leading cause of blindness of working class individuals is Diabetic Retinopathy.
- Diabetes-related blindness costs the nation about \$500 million annually (according to the CDC).
- Blindness from Diabetic Retinopathy can usually be prevented by tight control of their diabetes with insulin and other medications.
- Diabetic retinopathy surgery is virtually non-existent in Canada, where diabetic patients have reliable access to insulin

Time will not allow me to talk about the myriad problems patients and physicians alike are facing with high deductibles. Cash flow management is the biggest challenge for medical practices, and I have appended testimony given last year to highlight the problems associated with high deductibles and their adverse impact to health care delivery.

Thank you for allowing me to share these vital issues and for your support of SB 1 and HB 5175.



Previous testimony on high deductibles (2019):

In theory, medical practice management seems as straightforward as 1, 2, 3::

1. Provide medical care
2. Submit bill to insurer
3. Collecting appropriate payment from the patient

In reality the complexities and expectations are stifling and threatening many physician practices.

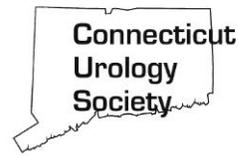
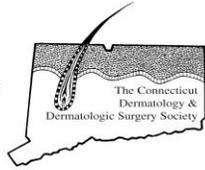
Physicians like myself are unnecessarily spending more and more precious time – and resources - trying to remain financially solvent. This negatively impacts the time we have to treat our patients in need. In fact, it is shocking and disappointing that our biggest legislative priority is to level the playing field, and request that the insurers (not the providers) collect deductibles from our patients.

High deductibles are a deterrent for patients seeking medical help – as they know each visit will be paid out of pocket. This is a crisis of monumental proportions as Physicians have been forced into the role of bill collectors and patients are forced to avoid seeking medical help. The insurers have unilaterally decided to increase the premium burden in the form of escalating deductibles, and have punted the unpleasant responsibility of collecting this money to the providers. More importantly they are negatively affecting the right of chronically ill people to seek appropriate care.

Insurance companies need to lower these High Deductibles and take responsibility for collecting them from the patient. Placing this burden on physician office staff is frankly unfair and unsustainable. Many patients refuse or cannot pay the deductible, and physicians are thus providing care without proper reimbursement. We then spend invaluable staff time and energy chasing bad debts instead of focusing on improving the care for our patients.

The healers of our community are battle weary, with many experiencing intolerable stress and burn out, leading some to abandon our noble profession. Even worse, they sometimes add to the sad statistics of the profession with the highest suicide rate in the country. The resultant gaps in the provider pool cannot be effectively filled with alternative providers.

Insurers must carry the load of collecting deductibles from patients and must make plans affordable to the chronically ill patients. The insurers created these plans and rules, they collect real dollar premiums up front from their patients, and they have the business expertise and acumen to collect these monies. With this current “physician collect deductible” setup, all we as physicians often receive is anger, defiance, and refusal of payment from our patients. This is simply not sustainable, nor is it fair to patients.



The solution: The pharmaceutical companies need to make medications more affordable and insurers need more affordable models. Insurers should be expected to pay the providers their agreed service charges, collect the “reasonable” deductible amounts from their clients.

Physicians are trained to diagnose and treat diseases, and to optimize our patients’ health and wellness. With innumerable other tasks and time-consuming burdens already cast upon us (State and Federal mandates, opioid prescription rules with double authentication and PMP verification, HIPPA and safety regulation, etc.).

We cannot also serve as bill collectors for inordinately high deductible amounts we played no part in determining. With the rising expenses of practicing medicine, reduced cash flow has deeply impacted many practices, and may even lead to their demise. The future of medical care will be impacted by these decisions today, and for the sake of the patients and providers of the State of Connecticut, we implore you to strongly consider making the necessary changes to stabilize a system which is failing

Thank you.