

*Connecticut*  
State Medical Society  
FOUNDED IN 1792



2021

# Legislative Report



# Session Overview



In the 2021 Legislative Session, the Connecticut State Medical Society continued to advocate for its physician and physician-in-training members, and the patients that they serve. Over the past year, we were faced with unprecedented times and resulted in a historic fully remote legislative session.

CSMS' legislative priorities were developed with a focus on the realities currently facing the state of the healthcare delivery system in Connecticut. We promoted efforts to strengthen the healthcare system, protect the interests of physicians and their patients, and ensure that the highest quality of care is available and able to be delivered.

CSMS submitted numerous pieces of written testimony to ensure our voice was heard at the Capitol, and many of our physicians presented oral testimony in front of legislative committees such as Public Health and Insurance and Real Estate.

How health care fared during the 2021 Connecticut legislative session – a look at policies impacting physicians, patients, and the practice of medicine in our state.

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## CSMS President's Message

This year's legislative session was unlike anything in Connecticut history. The COVID-19 pandemic required the legislature to develop new and innovative ways of hearing public testimony and conducting committee meetings. Despite the obvious challenges presented, The Connecticut State Medical Society (CSMS) tracked well over 100 legislative bills that impacted the practice of medicine in Connecticut.

As the legislative session began, four overarching issues emerged as priority issues for the legislative leadership: a "public option" in healthcare, elimination of the non-medical exemption for childhood vaccinations, telehealth, and legalization of recreational marijuana.

CSMS had a virtual seat at the Zoom table in discussions surrounding the public option. While strongly supporting the notion that access to affordable healthcare is critical for all patients in Connecticut, CSMS was clear in our message that in order to provide meaningful access to care, a public option must have a robust physician network.

*"This year's legislative session was unlike anything in Connecticut history"*

This includes network adequacy standards, elimination of narrow networks and fair payment rates for physicians, established through meaningful negotiation and contract review. The public option bill failed to advance this legislative session, ultimately getting dragged down by differences of opinion between key legislators. The concept of the public option is likely to be raised in future legislative sessions, and CSMS will have a strong and vocal presence protecting the interests of our physicians and the patients they serve.

Perhaps driven by the COVID-19 pandemic, the removal of the non-medical exemption for childhood vaccines took front and center in the Public Health Committee this legislative session. CSMS was a strong and outspoken advocate in favor of the legislation that was ultimately codified in Public Act 21-6.

Vaccine preventable diseases (VPDs) pose a real threat to both individual and public health.



Studies show that childhood vaccination rates are declining in Connecticut. The benefits of vaccination have been proven many times over, and Public Act 21-6 protects Connecticut’s youngest and most vulnerable patients. The passage of Public Act 21-6 is a win for science, public health and the physicians and patients of Connecticut.

The COVID-19 pandemic pushed telehealth to the forefront of many of our conversations. Faced with lockdowns and public health concerns, physician offices in Connecticut quickly and efficiently turned to telehealth to be able to care for their patients in the midst of this crisis. The pandemic highlighted existing racial, economic, and geographic disparities that can hinder access to medical treatment. Telehealth has the potential to improve access to care for marginalized groups faced with challenges of limited resources and limited access to care. CSMS dedicated a lot of time and resources to fighting for telehealth expansion in Connecticut, including parity in payment and use of audio-only telehealth. Public Act 21-9 essentially codified the telehealth executive orders for two years and represents a victory for CSMS, our physicians and Connecticut’s patients.

Facing pressure and taking a page from neighboring states such as Massachusetts and New Jersey, legalization of recreational marijuana was at the top of Governor Lamont’s legislative agenda. CSMS worked to inform Connecticut’s policymakers about the health ramifications of legalized marijuana.

Physicians base their opinions on science, data from peer-reviewed observations, and patient interaction—which is why we believe the recreational use of marijuana is bad science, bad policy, and dangerous to Connecticut’s public health. We spent countless hours working with our legislators urging them not to ignore the harmful, even devastating effects that the legalization of recreational marijuana will have—especially on our younger populations. While strongly supporting and recognizing the need for decriminalization efforts and reduced penalties for marijuana offenses to combat wide racial disparities, we are committed to more effective ways to combat social and racial inequities other than legalization of recreational marijuana. Unfortunately, this was an uphill battle from the start that we ultimately lost. However, we are committed to working with our legislative body on appropriating state funds that will be necessary to address the inevitable long-term effects that will arise from the legalization of recreational marijuana, such as detrimental impacts on mental health, brain health, and the health consequences of driving while impaired.

While these four issues dominated much of this past legislative session, a lot of other important issues also rose to the top of CSMS’ legislative efforts. A key theme in CSMS’ messaging this session was on the negative impact High Deductible Health Plans (HDHPs) have on both patient health and on the quality of the physician-patient relationship. Numerous studies have shown that HDHPs cause patients to forego needed medical care because of the high out-of-pocket expenses. As patients are responsible for more of the health care dollar, we see significant delays in accessing care that in the long run result in more expensive care and hospitalization.

*"The pandemic highlighted existing racial, economic and geographic disparities that can hinder access to medical treatment"*

*"HDHPs cause patients to forego needed medical care..."*

The passage of Senate Bill 1003, which prevents insurance companies from using copay accumulator programs, begins to chip away at HDHP by allowing patients to reach their out-of-pocket deductibles faster. This is a step on CSMS'

pathway to reforming the HDHP. We are steadfast on continuing to focus efforts on reducing the burden that HDHPs place on both physicians and patients.

As with any other legislative session, a lot of the work CSMS did was playing defense on proposed legislation that would be detrimental to the practice of medicine. This session we saw legislative proposals to require a Certificate of Need for many types of physician practice acquisitions, to mandate physicians perform even more medical services during physical exams, and to require additional standards for all office medical equipment. We feel strongly that the legislature should not be practicing medicine. All of these proposals are examples of legislative overreach and were defeated by CSMS efforts. It is important to remember that our successes are not measured only by legislation that we endeavor to have introduced and passed, but also on legislation that we prevent from even making out of Committees.

We had legislative success this session related to step therapy, prior authorization procedures, restrictions on drug formularies and transparency in patient insurance identification cards. All important issues as we look to put the practice of medicine *back into the hands of physicians* and away from the insurance companies, who all-too-often invasively intrude into the physician-patient relationship.

On a personal note, in the legislative arena, medicine often collides with politics. When faced with an issue, we must take all aspects of a position into consideration and decide where to spend our finite political capital and resources. I know that we will never make every CSMS member happy with the decisions we make and the positions we take, but I do know that we remain solely focused and steadfastly committed to improving healthcare in Connecticut for our physicians and patients. CSMS' ability to continue to provide a respected voice on behalf of our members depends on the relationships we grow, develop, and foster with our elected and appointed political leaders. The legislative process and the accompanying political issues are messy and never easy. I appreciate the faith that the CSMS membership put in me as President of this organization and in our leadership and staff to make the best decisions to protect our members and their ability to provide high quality care in Connecticut. Thank you to each and every one of you who has supported CSMS this legislative session. We are doing great things for our physicians, and I am proud to be the leader of this organization.

Gregory L. Shangold, MD  
CSMS President

*"...the legislature should not be practicing medicine"*

*"...we remain solely focused and steadfastly committed to improving healthcare in Connecticut for our physicians and patients"*

# Priority Legislation

## HB 6423, An Act Concerning Immunizations

### Public Act No. 21-6

✓ CSMS Supported   ✓ Bill Passed   🏆 CSMS Win

Eliminates the religious exemption from immunization requirements for individuals attending public and private schools, including higher education institutions and childcare centers and group and family day care homes.



*Pictured: Senator Mary Daugherty Abrams, Senate Chair of the Public Health Committee and supporter of the legislation.*

**Why is this important?** There has been a steady increase in the number of religious exemptions for childhood vaccines in Connecticut. Beginning in September 2022, children who have not previously claimed a religious exemption will no longer be able to claim one. The bill also requires the DPH commissioner, by October 1, 2021, to develop and post on the department's website, a certificate for use by medical providers that states that the provider believes that a required vaccination is medically contraindicated for an individual based on their physical condition. This law grandfathers in children in K-12 who previously submitted religious exemptions to continue to attend school with their unvaccinated status. There will also be an Advisory Committee established on Medically Contraindicated Vaccinations within DPH to advise the Commissioner on issues concerning medical exemptions.

## HB 5596, An Act Concerning Telehealth

### Public Act No. 21-9

✓ CSMS Supported   ✓ Bill Passed   🏆 CSMS Win

This legislation extends for two years the telehealth provisions that Governor Lamont issued in March 2020 due to the COVID-19 pandemic, including parity in payment for services and the allowance of audio-only telehealth. The legislation requires the Department of Public Health to study the benefits and implications of expanding telehealth services in the state by 1/1/22.



*Pictured: Governor Lamont Signs An Act Concerning Telehealth*

**Why is this important?** Telehealth has become an integral component of the practice of medicine. Telehealth can save money and time for patients who do not have access to reliable transportation, have childcare responsibilities, or cannot take time off work. Public Act 21-9 requires insurers to reimburse telehealth services at the same level as in-person services and permits audio-only telehealth visits for in-network physicians. Audio-only telehealth is especially critical for behavioral health services and where increased access is vital for at-risk and underserved populations. This is an important step forward in improving the access of medical care provided to Connecticut's patients.

## Self Funded vs. Fully Insured Coverage Identification (included in)

SB 1202: An Act Concerning Provisions Related to Revenue & Other Items to Implement the State Budget for the Biennium Ending June 30, 2023 *\*Special Session*

 CSMS Introduced  Bill Passed  CSMS Win

Included in the budget implementer bill is a provision that requires health carriers or third-party administrators to prominently display on an individual's health insurance card whether the coverage is fully insured or self-insured. This concept was introduced by CSMS.

**Why is this Important?** This requires health insurers to disclose on the patient's insurance card if an individual has a self-funded or fully insured plan. Currently, health care providers do not know what kind of coverage the patient has. This new law will create better ways for physicians to provide better care options for their patients and provide more transparency in coverage.

## SB 1003, An Act Prohibiting Certain Health Carriers and Pharmacy Benefits Managers From Employing Copay Accumulator Programs

### Public Act No. 21-14

 CSMS Supported  Bill Passed  CSMS Win

Prohibits health insurance carriers and pharmacy benefit managers from using copay accumulator programs. A copay accumulator is a strategy used by health insurance companies and pharmacy benefit managers that stop manufacturer copay assistance coupons from counting towards a patient's deductible and maximum out-of-pocket spending limits.

**Why is this important?** Addressing the detrimental impacts of high deductible health plans (HDHPs) is a top priority of CSMS. This legislation underscores the concerns about the use of HDHPs and the tactics taken by insurers to increase out-of-pocket costs for patients and put dollars back in the patient's hands where they belong instead of the insurance companies. HDHPs have exacerbated problems over the affordability of prescription medications, often leaving the patients paying hundreds of dollars out-of-pocket, possibly leading to delays in care. This is a critical first step in the battle against HDHPs and CSMS is committed to fighting for additional reforms, including shifting the collection of the deductible to the insurer.



*Pictured: Chairwoman of the Insurance and Real Estate Committee Rep. Wood and Rep. Arora debating SB 1003 on the House Floor*

## HB 6622, An Act Concerning Prescription Drug Formularies and List Covered Drugs Public Act No. 21-96

✔ CSMS Supported ✔ Bill Passed 🏆 CSMS Win

Limits the circumstances in which a health insurance carrier may remove a prescription drug from a drug formulary or list of covered drugs or move a prescription drug to a different cost-sharing tier during a plan year.

**Why is this important?** When health plans change their formularies during the plan year, it can leave a patient without a suitable drug alternative or having to pay a much higher out-of-pocket cost for necessary drugs. Physicians, not insurers, should determine which medications their patients take. This important legislation helps to ensure that physicians are able to prescribe the appropriate medications for their patients without being subject to the formulary change games that insurers often play.



*Pictured: Sen. Tony Hwang and Sen. Saud Anwar speaking in support of the legislation.*

## SB 895, An Act Concerning Changes to Various Pharmacy Statues Public Act No. 21-192

✔ CSMS Supported ✔ Bill Passed 🏆 CSMS Win

Requires methadone for the treatment of a substance use disorder to be reported to the Prescription Drug Monitoring Program (PDMP), consistent with any federal law restrictions.

**Why is this important?** The Connecticut PDMP collects patient-specific data on various controlled prescription medications and enables physicians, prescribers, and pharmacists to access this information. The PDMP is a valuable tool to improve patient safety and health outcomes. It is critical that physicians have access to the most robust patient information in the PDMP. This information is vital for care coordination and to reduce any negative drug interactions, including potential fatalities.



*Pictured: President of CSMS, Dr. Shangold testifying in support of SB 895.*

## HB 6355, An Act Concerning Risk Protection Orders or Warrants and Disqualifies for Firearm Permits and Eligibility Certificates

### Public Act No. 21-67

✓ CSMS Supported    ✓ Bill Passed

This legislation expands Connecticut’s “red flag” laws, which enables courts to issue risk warrants for police to seize firearms from potentially violent or suicidal individuals. The legislation, among other things, expands existing law to include concerns raised by household members and medical professionals—including physicians—who could provide evidence to a Superior Court judge for the seizure of guns. Previous law only granted this power to police officers.

**Why is this important?** Research has shown that Red Flag Laws help protect patients with mental health issues from self-harm. By extending this law to physicians, we are further protecting the patients of Connecticut by empowering physicians to intervene and avert potential tragedies.

## SB 1201: An Act Concerning Responsible & Equitable Regulation of Adult-Use Cannabis *\*Special Session*

✗ CSMS Opposed    ✓ Bill Passed

This bill legalizes the recreational use and possession of cannabis for adults 21 and up.

**Why is this important?** CSMS vehemently opposes the legalization of recreational marijuana. There are significant concerns about the lack of scientific evidence that supports recreational use by adults. Marijuana is an addictive drug that can have significant adverse public health impacts when legalized. CSMS supports and recognizes the need for decriminalization efforts and reduced penalties for cannabis offenses, as we have seen wide racial disparities related to convictions for marijuana possession. We will continue to inform Connecticut policymakers about the health and social ramifications in future legislative sessions.



*Pictured: Rep. Bill Petit speaking against the legislation on the House floor.*

## SB 285, An Act Allowing Medical Assistants to Administer Vaccines

✔ CSMS Supported ❌ Bill Died

Allows medical assistants to administer vaccines, under certain conditions, in any setting other than a hospital.

**Why is this important?** Allowing properly trained medical assistants to administer vaccines will help facilitate these critical health services in physician offices. This will permit medical assistants to practice within their training and allow physicians to devote more time to patient care. The administration would occur under the direct supervision of a physician or an APRN after the physician or APRN determines it is appropriate and safe to administer the vaccine. CSMS will continue the fight on this issue, and we are committed to working with the legislature to ensure passage in coming legislative sessions.

## Standards in Contracting (included in)

SB 1202: An Act Concerning Provisions Related to Revenue & Other Items to Implement the State Budget for the Biennium Ending June 30, 2023 *\*Special Session*

✔ CSMS Supported ✔ Bill Passed 🏆 CSMS Win

This provision requires health insurers to disclose that material changes to in-network contracts must be given 90-days advanced written notice as well as define what is considered a material change. In addition, health insurers must provide a right to appeal any change to the documents, provider manuals or policies incorporated by reference into an in-network contract.

**Why is this important?** For far too long health insurers have utilized tactics to unilaterally amend in-network physician contracts. This provision builds on legislation championed by CSMS several years ago and adds further protections and standards for in-network physician contracts.

### Department of Insurance "Surprise Billing" Legislation

Prior to the session, the CT Department of Insurance submitted proposed legislative language that would have drastically removed safeguards for emergency reimbursement for out of network services that CSMS passed in 2016.

CSMS advocated strongly to remove this proposal and, due to advocacy, this language was not brought by the Insurance and Real Estate Committee during the 2021 legislative session.

**CSMS  
WIN**

# Submitted Testimony

Public testimony is an important part of the policymaking process. It is a critical way that legislators hear from physicians on issues of importance and took on even more significance during the remote session. Below is testimony that CSMS submitted during the 2021 Legislative Session.

BILLS	PASS?
<b>COMMITTEE ON PUBLIC HEALTH</b>	
<b>SB 1</b> <i>An Act Equalizing Comprehensive Access to Mental, Behavioral &amp; Physical Healthcare In Response to the Pandemic</i>	 <b>Yes</b> <i>Public Act No. 21-35</i>
<b>SB 285</b> <i>An Act Allowing Medical Assistants to Administer Vaccines</i>	 <b>No</b> <i>Did not get a vote in the Senate</i>
<b>SB 1022 &amp; HB 5596</b> <i>An Act Concerning Telehealth</i>	 <b>Yes</b> <i>Public Act No. 21-9</i>
<b>SB 1028</b> <i>An Act Concerning Physician Assistants' Scope of Practice</i>	 <b>No</b> <i>Died in Committee</i>  <b>Yes</b> <i>Passed modified as SB 1070</i>
<b>SB 1087</b> <i>An Act Concerning the Recruitment and Retention of Healthcare Providers in the State</i>	 <b>No</b> <i>Did not get a vote in the Senate</i>
<b>HB 5597</b> <i>An Act Concerning Opioids</i>	 <b>Yes</b> <i>Public Act No. 21-13</i>
<b>HB 6298</b> <i>An Act Concerning Accessibility of Medical Diagnostic Equipment</i>	 <b>No</b> <i>Died in Committee</i>
<b>HB 6423</b> <i>An Act Concerning Immunizations</i>	 <b>Yes</b> <i>Public Act No. 21-6</i>
<b>HB 6425</b> <i>An Act Concerning Aid In Dying For Terminally Ill Patients</i>	 <b>No</b> <i>passed in the Public Health Committee referred to Judiciary and did not get a vote</i>
<b>HB 6449</b> <i>An Act Expanding Economic Opportunity In Occupations Licensed by the Department of Public Health</i>	 <b>No</b> <i>Did not get a vote in the House</i>

**COMMITTEE ON INSURANCE & REAL ESTATE**

<p><b>SB 1003</b>  <i>An Act Prohibiting Certain Health Carriers and Pharmacy Benefits Managers From Employing Copay</i></p>	<p> <b>Yes</b>  <i>Public Act No. 21-14</i></p>
<p><b>SB 1041</b>  <i>An Act Concerning Health Care Sharing Plans and Health Care Sharing Ministries</i></p>	<p> <b>No</b>  <i>Did not get a vote in the Senate</i></p>
<p><b>SB 1045</b>  <i>An Act Concerning Step Therapy, Adverse Determination and Utilization Reviews, and Health Insurance Coverage for Children, Stepchildren, and Other Dependent Children</i></p>	<p> <b>No</b>  <i>Did not get a vote in the House</i></p>
<p><b>SB 1048</b>  <i>An Act Concerning Reimbursements for Certain Covered Health Benefits</i></p>	<p> <b>No</b>  <i>Did not get a vote in the Senate</i></p>
<p><b>HB 6447</b>  <i>An Act Creating the Covered Connecticut Program to Expand Access to Affordable Health Care</i></p>	<p> <b>No</b>  <i>Did not get a vote in the House</i></p>
<p><b>HB 6622</b>  <i>An Act Concerning Prescription Drug Formularies and Lists of Covered Drugs</i></p>	<p> <b>Yes</b>  <i>Public Act No. 21-96</i></p>

**COMMITTEE ON GENERAL LAW**

<p><b>SB 895</b>  <i>An Act Concerning Changes to Various Pharmacy Statutes</i></p>	<p> <b>Yes</b>  <i>Public Act No. 21-192</i></p>
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**COMMITTEE ON PLANNING AND DEVELOPMENT**

<p><b>HB 6105</b>  <i>An Act Concerning Access to Original Birth Certificates by Adult Adopted Persons</i></p>	<p> <b>Yes</b>  <i>Public Act No. 21-21</i></p>
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**COMMITTEE ON HUMAN SERVICES**

<p><b>HB 6472</b>  <i>An Act Concerning Telehealth</i></p>	<p> <b>Yes</b>  <i>Incorporated into PA 21-9</i></p>
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**COMMITTEE ON FINANCE, REVENUE & BONDING**

**SB 1107**

*An Act Concerning the Taxation of Ambulatory Surgical Center Services*

 **No** *Did not get a vote in the Senate during the regular session*

 **Yes** *Some relief passed in budget implementer*

**APPROPRIATIONS COMMITTEE**

**HB 6662**

*An Act Declaring Racism as a Public Health Crisis and Establishing the Commission on Racial Equity in Public Health*

 **Yes**  
*Concept was put into SB 1*

**JUDICIARY COMMITTEE**

**SB 888**

*An Act Responsibly and Equitably Regulating Adult-Use Cannabis*

 **No** *Did not get a vote in the House during the regular session*

 **Yes** *Passed in special session*

**HB 5125**

*An Act Concerning the Provision of Immunity From Civil Liability for Entities That Have Operated Pursuant to Health & Safety Guideline During the COVID-19 Pandemic*

 **No**  
*Died in Committee*

**HB 6465**

*An Act Concerning the Reduction of Economic Damages in a Personal Injury or Wrongful Death Action for Collateral Source Payments Made on Behalf of a Claimant*

 **No**  
*Died in Committee*





# Take Action!

The expertise, experience, and perspective of physicians practicing in Connecticut is crucial to helping inform our advocacy on your behalf. And, it is often crucial in helping to inform legislators' decision-making on policy being debated at the state and federal levels.

Your questions and feedback help us shape our policy agenda in partnership with the Connecticut General Assembly, state and federal agencies, and our legislative team.

We need to hear from you! Reach out to us with your questions and ideas.

If you are not a member of CSMS, we need you now more than ever! The stronger we are, the more impactful our legislative efforts can be. Visit our website to join today!

**CSMS physicians stepped up to the plate to have their voices heard!**



Over 800 messages this session were sent to legislators through CSMS' Voter Voice campaigns on issues of critical importance to physicians and their patients.

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