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Health Reform Weekly

A weekly compilation from Aetna of health care-related developments in Washington, D.C. and state legislatures across the country

Week of April 28, 2008

The U.S. Senate last week unanimously approved the [Genetic Information Nondiscrimination Act](#) (see below), a significant piece of health care legislation that is expected to pass easily in the House and be signed by President Bush. The bill would bar health insurers from using genetic information to determine enrollment eligibility, and it would prohibit employers from using it in hiring, firing and promotion decisions. Aetna has long supported the general thrust of this bill and recognizes the industry has an obligation to protect the confidentiality of individually identifiable health information, including genetic information. In fact, Aetna broke new ground in 2002 when it formulated an influential set of guidelines for health insurers, defining appropriate and inappropriate uses of individuals' genetic information. Aetna built on this effort in 2007 when it began offering members confidential telephone and web-based cancer [genetic counseling services](#) as part of benefit plans that cover genetic testing. It now appears the time has arrived for legislative action on this important, futuristic sphere of health care.

Federal

The Senate passed its Genetic Nondiscrimination bill on Thursday by a vote of 95-0. The Senate bill is a modified version of the House-passed bill from 2007. Specifically, Aetna worked with staff to assure that underwriting for manifest disease would be permitted in the individual and small group market, and that insurers could continue to provide disease management and wellness programs. The bill will now need to be passed by the House (in its amended form) before it can go to the President for final approval.

In an effort to push the Senate version of mental-health

parity (rather than the problematic House version), Senators Edward Kennedy and Pete Domenici hosted a health "expo" to highlight and demonstrate innovations in behavioral health and in health information technology for the benefit of Senate and House staff members. On April 22, several health insurance companies participated in the event in one of the Senate Committee rooms; Aetna demonstrated innovations in both arenas -- Dr. Michael Golinkoff for Aetna Behavioral Health and Nivedita Stella for ActiveHealth Management. After his opening remarks, Senator Domenici spent considerable time with Dr. Golinkoff learning first-hand about Aetna's programs. This event was well received and may prove important, since the House is about to release its response to the Senate compromise offer of March 30.

States

COLORADO: In the past week, three new and problematic bills have been introduced in Colorado. A prohibition on provider inducements bill would prohibit inducements to health care providers to deny, reduce, limit, or delay specific medically necessary and appropriate services to a covered person. The prohibition does not apply to incentive plans that involve general payments such as capitation payments or certain shared-risk arrangements. A colorectal cancer screening mandate bill would require that health plans cover colorectal cancer screenings, with cost sharing limited to 10 percent of the cost. A third proposal would use both newly created remedies and changes to existing law to allow increased penalties to be exercised by the Commissioner of Insurance for certain activities of insurers.

CONNECTICUT: Rep. Chris Donovan's proposal for adding municipalities and small businesses to the state employees' health insurance purchasing pool passed in the House last week. The amended bill makes participation by municipalities and small businesses voluntary, not mandatory. The bill also was amended to add Municipal Shared Risk Grouping, permitting towns and cities to collaborate to purchase health insurance locally rather than joining the state employee pool. The estimated premium per family to join state employees would be \$23,000. The significant cost will prove daunting for most small businesses. The House also approved a bill mandating coverage for autism spectrum disorder therapies. These bills now await action in the Senate, which is likely to happen this week. In other action, the Finance Committee did not act on legislation creating a tax credit for employers of 50 or fewer employees who provide wellness benefit programs, effectively killing the bill.

FLORIDA: Last week, Aetna joined with Governor Charlie Crist

at a press conference in [support of his uninsured initiative](#), **Cover Florida.** While Aetna did not agree to participate in the voluntary plan, we praised the Governor for his efforts and pledged to continue to work with him. Cover Florida is a voluntary program for the uninsured who cannot gain access to coverage through their employer or other means. It is guaranteed issue and requires coverage for certain benefits, but it also allows health plans to create plans with limits on benefits, as well as lifetime and annual limits.

MICHIGAN: The Republican-led Senate Health Policy Committee has one week to pass an individual market reform bill to the full Senate. There is strong disagreement among Republican senators on the matter. Majority Leader Mike Bishop is convening a small group of senators and one representative each from Blue Cross Blue Shield of Michigan, the insurer coalition, and the HMO Association to negotiate a compromise. Aetna opposes the implementation of a high-risk pool that is redundant to BCBSM's role as insurer of last resort, medical underwriting by non-profit Blues, and a proposed medical loss ratio of 75. At a hearing last week, numerous groups testified against the Blue's individual market reform strategy. The UAW, for example, testified that a high-risk pool would cause rate increases, while the Alliance of Health Care Workers said the pool could result in 100 to 200 percent increases for the group's members. The most powerful testimony came from the Consumers Union, the publisher of *Consumer Reports* magazine, which called the BCBSM-sponsored package of legislation a "de facto" conversion and explained to the committee how the State of Michigan would lose a valuable asset.

NEBRASKA: The Legislature recently adjourned without discussion of any major health care reform. However, several significant pieces of legislation were filed that died during the process, including bills that would have mandated coverage of hearing aids and prosthetic devices as well as a bill that would require health plans to disclose to large groups (51 or more employees), upon request, the group's claims history for the past 12 months.

NEW JERSEY: Aetna hosted a conference call on April 18 with New Jersey Assemblyman Herbert Conaway and representatives from the Council for Affordable Quality Healthcare to discuss issues impacting physician credentialing. Conaway, a practicing physician, is seeking to improve the overall time in which it takes to complete the process. After the call, Assemblyman Conaway indicated he was determined to lead an effort resulting in a mandate for, or widespread voluntary

adoption of, CAQH as the single-standard for physician credentialing statewide.

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