Reforming our Health Care System

Over 750,000 Connecticut residents went without health insurance at one point during 2007 or 2008. Healthcare costs everyone more each year and taxpayers pay more to supplement the people who do not have it. This year, Democrats took major steps towards reforming our broken health care system with the passage of two historic healthcare bills:

**ConneCtiCut HealtHCare PartNersHiP**
- Opens the state health plan to small businesses, non-profits, and cities/towns
- Provides at least $70 million savings to the state, when we need it most
- Reduces taxes with improved bargaining power and lower administrative costs
- Helps small businesses access quality, affordable health care for employees
- Takes an important first step toward streamlining health care state-wide

*(pa 09-147 | sb 646)*

**SustiNet Plan**
- Provides a framework for expanding high quality coverage to more residents
- Establishes a nine-member board of healthcare providers and experts
- Creates new affordable public health insurance options
- Allows Connecticut to take full advantage of Obama’s federal reforms

*(pa 09-148 | sb 6600)*

These bills help make Connecticut “Obama-ready” – for federal reforms that provide affordable, quality care for all.

Governor Rell vetoed these important bills thus rejecting an opportunity to provide relief for families and businesses fighting high health care costs. We were able to override the Governor’s veto to pass SustiNet.
**Health Insurance for Autism Spectrum Disorder**

Autism is a complex neurobiological disorder that typically lasts throughout a person’s lifetime. It is part of a group of disorders known as autism spectrum disorders (ASD). Currently, the Centers for Disease Control estimate that 1 in 150 individuals are diagnosed with an ASD, making it more common than pediatric cancer, diabetes, and AIDS combined. It occurs in all racial, ethnic, and social groups. Expanding on 2008 legislation, the General Assembly passed legislation this session that requires insurance coverage for people with autism.

**Banning Bisphenol-A in Children's Products & Food Product**

Bisphenol-A (BPA) is an industrial chemical used to make plastics found in such products as beverage containers, protective food can linings, and plastic dinnerware. It has been shown in laboratory studies to be harmful to child developmental processes and adult reproductive systems. Connecticut will ban the sale, manufacture, and distribution of infant formula and baby food stored in containers made with bisphenol-A and reusable food and beverage containers made with bisphenol-A. By providing these treatments and therapies to a person with ASD early in life, the results will be a higher functioning life for the individual and a decrease in the lifetime costs of treatment and services. This will result in an overall cost saving for medical and special education costs.

**The Availability Of Automatic External Defibrillators In Schools**

When a person falls victim to a heart attack, using an automatic external defibrillator (AED) during those first crucial moments can mean the difference between life and death. An AED is a portable automatic device used to restore normal heart rhythm to people having heart attacks. This bill extends immunity from damages arising out of a person using, providing, or maintaining an AED. This will ensure that a person would make every attempt to use the AED to save a life without the fear of prosecution. It specifies that immunity does not apply to gross, willful, or wanton negligence.

**Prescription Eye Drop Refills**

Patients may need refills sooner than insurers are willing to provide them. This bill benefits patients by prohibiting certain health insurance policies that provide prescription eye drop coverage from denying coverage for prescription renewals when (1) the refill requested by the insured less than 30 days after the date the original prescription was given to the insured or (2) the prescribing physician indicates on the original prescription that additional quantities are needed and the refill requested by the insured does not exceed this amount.

**Caring For Our Seniors**

Faced with an aging population, the General Assembly adopted three very important acts that improve the lives of seniors so they may be healthy, safe and financially secure.

The first creates an emergency notification system similar to the Amber Alert system, used for missing children, called Silver Alert. This new program allows law enforcement agencies to broadcast public alerts for missing seniors. The second bill expands provisions of the Connecticut Statewide Respite Care Program that provides short-term relief for family members caring for people with Alzheimer’s or related diseases. We increased the annual income limit from $30,000 to $41,000 and also increased its asset limit from $80,000 to $109,000.

The General Assembly also made the financial security of our seniors a top priority this session. For example, nursing homes can no longer solicit donations or gifts as a condition of admission to their facility.

We also prohibit anyone directly or indirectly involved in securities sales from falsely expressing or implying they have special training, education, or experience in providing financial advice or services to seniors unless the person meets certain education requirements.

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**The Use Of Long-Term Antibiotics For The Treatment Of Lyme Disease**

Beginning July 1, 2009, this bill allows a licensed physician to prescribe, administer, or dispense long-term antibiotic therapy to a patient diagnosed with Lyme disease. This bill makes that the patient has Lyme disease or symptoms consistent with the disease and the physician documents the diagnosis and treatment in the patient’s medical record. Also beginning July 1, 2009, the bill prohibits the Department of Public Health from initiating disciplinary action against a physician and the Connecticut Medical Examining Board from taking disciplinary action, solely because the physician prescribed, administered, or dispensed long-term antibiotic therapy to a patient diagnosed with Lyme disease.

**Prescription Eye Drop Refills**

Many people with glaucoma and other eye conditions require therapeutic eye drops to manage their disorders. Because eye drops can be difficult to administer, the one or three month supplies that prescription insurance policies pay for may not last through the next refill date. Patients may need refills sooner than insurers are willing to provide them. This bill benefits patients by prohibiting certain health insurance policies that provide prescription refills requested by the insured does not exceed this amount.

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