



## *Michigan Association of Health Plans*

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Testimony of Thomas Petroff, D.O., Chief Medical Officer of  
McLaren Health Plan and Chair of the MAHP Medical Directors  
Committee

House Health Policy Committee  
June 2, 2009

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Good Morning Mr. Chairman and Members of the Committee. My name is Thomas Petroff. I am the Chief Medical Officer of McLaren Health Plan and Chair of the MAHP Medical Directors Committee. I am here to discuss H.B. 4183 (H-1)

Your unenvied challenge continues to be how to enact the right balance of legislation that addresses both the issues of access and affordability with the cost of health care. We appreciate the dialogue and opportunity to meet with various supporters of the proposed legislation to identify our concerns and am pleased that some of our suggestions from last year continue to appear in the current drafts of this legislation including the introduction of concept of evidence based medicine—a principle that most of the medical management decisions rely, although we would prefer to see this principle established in a much more forceful manner than simply referenced to peer reviewed research.

However the current draft (H-1) of H.B. 4183 (and we would assume similar provisions in H.B. 4476) continues to contain provisions that we believe add costs to insurance coverage while limiting the ability of health plans to implement or coordinate the management of care. **MAHP will not be able to support the legislation until these concerns can be address.** Our concerns specifically include:

1. Many of the definitions are too broad, including that of Autism Spectrum Disorder which includes the following closing provision: “...and pervasive developmental disorder not otherwise specified.” This wording makes it possible for any

practitioner to provide service for almost any child with a developmental delay. This definition, coupled with the absence of strong language regarding the licensure or certification of professionals providing the services, creates significant cost and accountability issues.

2. No consideration for an age limit on the benefit—i.e., ages 2-6.
3. No provisions for limitation on overall costs as the proposed “cap” do not apply to services for the therapies.
4. No inclusion of language requiring the prescribing physician to supply documentation supporting compliance with required protocols or provisions for authorization, similar to that required of other services. Without these tools, the ability of health plans to managed care is significantly limited.
5. No requirement that services be provided by licensed or certified therapists or consideration of the credentialing requirements that health plans must maintain for their provider networks in order to sustain national accreditation with such groups as NCQA.
6. Inappropriate provision that the decision regarding determination of care that is medically necessary is made by a non-physician provider (licensed psychologist).

Finally, we have several additional recommendations and observations: First, we believe that interested parties should consider expanding Children Special Health Care Services and provide that Autism become a qualifying condition for eligibility. In this way, programs would be specifically targeted to meet the needs of children and the legislature can make annual determinations regarding the costs of this benefit rather than increasing the cost to those currently with insurance.

Second, it is not clear from the language if Medicaid Health Plans (licensed Health Maintenance Organizations) will fall under the requirements of the legislation—or even if this is intended—if intended, this will increase the requirements for actuarial soundness that are under current revision as a result of the executive reductions.

Third, because of the extraordinary cost burden of health insurance in the individual and small group markets, any new mandates, such as that contained in this bill, should be only applied for coverage of those with over 50 employees.

We appreciate the opportunity to appear before the committee and hope that our comments are taken in the spirit of helping to generate the best possible legislation that will serve the needs of Michigan citizens.