



Testimony in Opposition to
Senate Bill 905 An Act Concerning Surprise Billing And Reimbursements For Emergency
Services Provided By Out Of Network Facility Based Providers
Insurance and Real Estate Committee
February 27, 2019

Senator Lesser, Representative Scanlon and members of the Insurance and Real Estate Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS) and the organizations listed above, thank you for the opportunity to present this testimony to you today in opposition to **Senate Bill 905 An Act Concerning Surprise Billing And Reimbursements For Emergency Services Provided By Out Of Network Facility Based Providers**

First and foremost, CSMS has been consistent in our position that every resident of our state should have access to affordable and cost-efficient health care coverage. We have supported safeguards and requirements both at the Federal level through the implementation of the Accountable Care Act (ACA), as well as action taken at the state level, including the passage of Public Act 15-146. Public Act 15-146 put into place important protections for patients who unexpectedly receive services from out of network providers. It appropriately limits the liability for patients to out of pocket costs which would have been required should the provider had been in network. However, it also established certain protections for physicians and other health care providers and professionals required to provide emergency services who, for any reason, are not in-network providers of the plan providing coverage for the patient. The decision to participate with an insurance company occurs many times with coercive techniques. Because there is no realistic option to have fair negotiations, the final arrangement undervalues the 24/7 care provided by emergency physicians to the 1.75 million patients each year. While Public Act 15-146 extended appropriate protections to patients regarding exposure to the increasing costs of emergency services, it provided a process for fair and equitable compensation to physicians required to provide services under the Emergency Medical Treatment and Labor Act (EMTALA). **Senate Bill 905 would eviscerate this provision protecting those providing medical care and treatment to patients in an emergency.**

Further, **Senate Bill 905 removes any incentive for health insurers to enter into or even offer fair contracts or fair payment for services rendered to physicians.** It allows health insurers to determine what is considered a "usual and customary" reimbursement for those required to provide these services. Physicians and other health care professionals set their charges based on what they determine are appropriate for the work, medical decision making training, skill and care required to provide the service. A physician's usual and customary rate is what they determine they charge and not the insurer who is required to pay, but does not have, and may not want, that physician in network. If insurers want a physician or a provider of medical care in their network, they should negotiate with them for the services and the associated reimbursement.

The establishment of a mediation process is of no value. Costs not only associated with the mediation in addition to the value of staff and physician time to participate in the process in many situations will far exceed the disputed difference in reimbursements. This will serve to deter physicians from seeking fair reimbursement for their services.

Out of network providers should not be held to what a health insurer feels or believes or wants or dictates. Connecticut's existing statute provides for a process if there is a disagreement in an out of network setting and it has only been in place a short time, yet there have been little to no complaints from providers tied to how this fair and equitable process works.

Please oppose Senate Bill 905