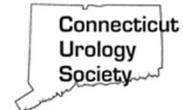




CONNECTICUT CHAPTER
of the American College of Surgeons
Professional Association, Inc.



**Connecticut State Medical Society Testimony on
House Bill 5039 An Act Protecting Health Care Fairness and Affordability
Insurance and Real Estate Committee
March 8, 2018**

Senators Kelly and Larson, 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 on **House Bill 5039 An Act Protecting Health Care Fairness and Affordability**.

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 legislation to place in our state statute the Essential Health Benefits provided through the Patient Protection and Accountable Care Act (ACA). We have been clear that simply providing an insurance card is not the same as access to care, nor does it guarantee care. For that reason, we welcome the opportunity to be involved in any discussions related to requirements for coverage contained in HB 5039 and whether or not they would improve access to care in Connecticut. Second, CSMS has supported a reasonable, unbiased, and actuarially sound review of all established and proposed patient protections in state statute. This includes physician and other clinician input and involvement, as it is critical that the clinical nature of these mandates, as opposed to purely financial considerations, be evaluated when examining the potential removal of an existing state mandate for coverage or care.

CSMS must **strongly** oppose language contained in Section 10(B)(3) of HB 5039 that would likely eviscerate patient protections that provide significant medical benefit to the citizens of Connecticut.

Public Act 15-146 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. While Public Act 15-146 extended appropriate protections to patients regarding exposure to the increasing costs of emergency services, it also provided a process for fair and equitable compensation to physicians required to provide services under the Emergency Medical Treatment and Labor Act (EMTALA). These physicians are compelled to see all patients who enter an emergency room regardless of insurance coverage or lack thereof, and without regard to the ordinary considerations that those entering a contract to provide service would ordinarily consider. HB 5039 would eviscerate this provision that provides protections to those providing medical care and treatment to patients in an emergency situation.

Further, Section 10 of HB 5039 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. Out of network providers should not be held to what a health insurer feels or believes or wants or dictates. Finally, the elimination of this provision removes incentives for health insurers to provide adequate networks. Connecticut’s existing statute provides a process for settling disagreements over compensation for out of network services that for the time it has been in place has seen little to no complaints from providers tied to this fair and equitable process.

Please oppose this language.