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Testimony
Senate Bill 31
ON
AN ACT CONCERNING SURPRISE MEDICAL BILLS FOR LABORATORY SERVICES
BY Milton Armm, M.D.

Insurance and Real Estate Committee
February 7, 2019

Senators Lesser, Kelly, Representatives Scanlon, and Pavalock-DAmato, and other distinguished members of the Insurance and Real Estate Committee. On behalf of the physicians and physician-in-training members of the above mentioned medical societies, representing over 1000 physicians I thank you for the opportunity to testify on Senate Bill 31. I am Milton Armm, a board certified urologist and past president of the CT Urology Society. I am here in careful support of SB28.

I say careful support because we have participated in Public Hearings on a number of bills brought out in both the public health and insurance committees over the past 2 years on the subject of surprise bills for emergency services, including SB808 which passed in 2015. In fact, we became part of a working group lead by Senators Fasano and Looney that helped craft the language which addressed surprise billing in emergency rooms settings in a fair and acceptable way for patients, hospitals and physicians who may be participating or non-participating providers alike. The bill before you today would be an add-on of sorts to this important statute.

Although SB 808 was not perfect because we did not have time to establish the mechanism for which disputes on reimbursement for services were resolved. It should be noted that several states like NY have dispute resolution processes in place and have a mechanism to fairly determine appropriate reimbursements for those providers who may be non-participating plan providers covering emergency rooms and dispute the reimbursement offered by the carrier as to which payment fee schedule is the higher, we were pleased at the fairness of this landmark piece of legislation.

We appreciate and understand the need to include laboratory fees in the existing statute, but caution the general assembly not to alter the reimbursement mechanisms this statute has established. We would also like to suggest the following protocols for resolution of payment



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disputes involving emergency care, which we believe would strengthen the statute if this bill moves forward.

Our suggestions are as follows:

- The health care provider may submit a dispute to an independent dispute resolution entity, possibly the Office of Health Care Access, which must then make a binding determination within 30 days of submission and one based on the higher fee schedules of the plans participating provider rate, the current Medicare reimbursement rate or the usual and customary reimbursement fee for that service in that geographic area. Additionally, the fiscal responsibility should shift to the consumer's health plan if the state incurs any cost for the dispute resolution. It will be then be an incentive for the insurer to pay the bill based on the establishment of the highest of the three options outlined in PA at the time of submission.

Again, thank you for allowing us to voice our concerns and wiliness to participate in the process as this bill moves forward