

5395

Testimony of the
Connecticut State Society of Anesthesiologists
before the
Insurance and Real Estate Committee
On
Proposed House Bill 5395
“An Act Increasing Penalties For
Balance Billing”

Mister Chairmen. Members of the Committee. My name is Thomas Halaszynski, MD. I am a Board Certified Anesthesiologist, President of the Connecticut State Society of Anesthesiologists and a practicing physician at Yale-New Haven Hospital in New Haven, CT. I am submitting testimony today in opposition to Proposed House Bill 5395, “An Act Increasing Penalties for Balance Billing.”

Proposed House Bill 5395 amends an existing statute to make it an unfair trade practice, in violation of the Connecticut Unfair Trade Practices Act, if a health care provider bills a health plan enrollee for the cost of service, excluding the deductible of co-payment, not covered by the patient’s health insurer.

This is particularly problematic for hospital-based physician practices such as anesthesiologists, pathologists, radiologists and emergency room physicians. These physicians have no or little control over patient mix and the insurance coverage available. We are charged with attending to any patient admitted to our health care institutions. In the vast majority of cases, the hospital and physician have a contract with the insurer providing coverage for the patient at a reasonable and customary fee. In certain instances, however, insurers seek contracts with fees for services that are so low that health care providers will not contract with these insurers. The legislation that you have before you today clearly states that physicians and

hospitals will have to accept whatever a health insurer independently decides to pay for services if there is no contract with the provider. Providers will not be allowed to bill patients for the difference between their usual charges and what they receive from the health insurer.

I have to ask, under this measure, what incentive will health insurers have to contract with any physician or hospital that must treat a patient when he or she comes into their offices or facility? We are an integral part of the overall health care system in this state. We do not ration health care to our patients on an ability to pay basis. We render services and only ask to be compensated at "reasonable" rates. To give a health insurer, which we have no contract with, the ultimate authority over our fees, without recourse to patient billing, sends us down a road that may limit the future operating capacity of our healthcare institutions.

I urge you to vote against this misguided bill.