



Connecticut State Medical Society
Connecticut Chapter of the American College of Physicians
Connecticut Chapter of the American College of Surgeons
Testimony on

House Bill 5228 An Act Requiring Disclosure to Insureds of the Preventive Services Not Subject to Cost Sharing Requirements Pursuant to the Patient Protection And Affordable Care Act

Insurance and Real Estate Committee
March 1, 2012

Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee, on behalf of the more than 8,500 physicians and physician-in-training members of the Connecticut State Medical Society and the Connecticut Chapters of the American College of Physicians and the American College of Surgeons, thank you for the opportunity to provide this testimony to you today to raise concerns regarding **House Bill 5228 An Act Requiring Disclosure to Insureds of the Preventive Services Not Subject to Cost Sharing Requirements Pursuant to the Patient Protection And Affordable Care Act.**

This proposed legislation would require physicians that offer or perform a preventive service for which the U.S. Department of Health and Human Services has prohibited cost-sharing requirements on an insured, to provide a list of such preventive services to an insured prior to or at the time of such insured's appointment. At the outset, we must question the intent to place a mandate on physicians to inform patients of services for which their insurance plan is unable to require copayments or deductibles and for services that require claims to be sent to insurers prior to any determination of payment or copayment or deductible be made based on the insured's contract with the insurer.

Each patient who has health insurance has a plan description that outlines copayments and deductibles. Unfortunately, a physician may not know at the time of an office visit what services are authorized for a copayment or deductible. In such cases, it is not until the claim is submitted to the insurance company for processing and payment that the physician may find out if the service was, in fact, covered and what amount should be billed to the patient. Thus, unless the patient's insurance card lists a particular copay amount, placing a mandate on a physician to inform each patient about the intricacies of that individual's policies relative to that specific office visit is at best, unworkable.

As most of you know, Connecticut, like many other states, faces a severe shortage of primary care physicians, and has shortages in many other specialty areas. This puts our state in the unenviable position of competing with other states to attract and retain physicians. We fear that adding yet another administrative burden to our already overburdened medical offices will serve as a further deterrent to recruitment and retention of new physicians, as well as having a further negative impact on physicians already established in Connecticut.

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In addition, putting extra paperwork requirements for physicians into state legislation is very problematic, especially when these requirements appear to be redundant in part, with federal legislation. Furthermore, certain evaluation and management services eligible for no cost-sharing under preventive guidelines may not be indicated for certain patients based on their situation and their particular health and medical care needs. We fear that this could cause confusion among some patients, because such a notification may cause all patients to believe they are entitled to services not medically indicated and therefore not necessary for their condition. These services do cost money to provide and should only be provided to those patients that require those services and patients who require other services should receive those services, and not the preventive services that are not subject to cost sharing.

For these stated reasons, Connecticut physicians think it is more appropriate that language be developed that calls on the patient's insurer to inform the enrollee about his or her coverage and exemption from copayments and deductibles for certain services as outlined in their summary plan descriptions and plan documents. While we assume most physicians will quickly become aware of services within this category, we offer that educating physicians rather than requiring ongoing administrative burdens is an appropriate – and more effective - approach. Physicians will need real-time information from insurers in order for patients to be well informed and able to participate in decisions about the health and medical care services they should receive.

Thank you for the opportunity to present this testimony to you today.