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Written Testimony of the Connecticut Orthopaedic Society

Supporting SB 392 AN ACT CONCERNING HEALTH CARE PROVIDER NETWORK ADEQUACY

Insurance and Real Estate Committee – March 13, 2014

Senator Crisco, Representative Megna and distinguished Members of the Insurance and Real Estate Committee, Senator Crisco, on behalf of the more than 250 orthopaedic surgeons of the Connecticut Orthopaedic Society, thank you for the opportunity to submit written testimony to support the overall concept in SB 392, *AN ACT CONCERNING HEALTH CARE PROVIDER NETWORK ADEQUACY*.

As advocates for orthopedic surgeons and patients, the Connecticut Orthopaedic Society supports efforts to insure adequate networks of health providers in health insurance plans offered in the state. Furthermore, we also strongly support legislation that would provide for “any willing provider” status and inclusion of “any willing provider” in a health insurers network of providers. Qualified providers willing to meeting the terms and conditions of participation established by the health insurance plan, including fair and transparent performance criteria, should be offered participation. Requiring an adequate network, with appropriate penalties for failing to do so, will ensure that the public will not be subject to “bait and switch” practices in the health insurance arena, a practice that is appropriately scrutinized in other consumer markets. Patients attracted to a health plan based upon the quality and breadth of its provider network, are entitled to a reasonable degree of stability in the specific health care providers from whom they receive care.

The recent actions of United Health Care (UHC), dropping scores of physicians contracted in its Medicare Advantage insurance product during the enrollment period, emphasizes the importance of regulating these unfair consumer practices; most importantly for patients, but also for physicians. In United’s action, 20% of the orthopaedic surgeons in our state, many in urban areas (any impact in rural areas?), were dropped with no explanation, and thousands of patients were left scrambling to find new physicians in order to receive care. In many cases, patients needed to find several new physicians to treat multiple medical conditions. Most of the patients in the UHC situation were were not made aware before they purchased or renewed the insurance during open enrollment, that their doctor was no longer able to care for them because they had been dropped from the insurance network.

This bill would be an important start in protecting the substantial purchase consumers make when selecting a health plan. One could reasonably argue that for consumers, especially those with chronic medical conditions, the most valued aspect of any health plan is access to trusted physicians and other health care providers. In addition, we would strongly urge the Legislature to consider added protections by requiring a specific time period for insurers to update and change the online directories of physicians who accept specific insurance products offered by insurers. It is not uncommon for the provider listing the insurance company uses to market to consumers is outdated and inaccurate which is frustrating for the consumer who may have made the decision to enroll in a plan because their physician was listed as an “in network provider”.

Robust provider networks serve the interests of patients. Allowing for “any willing provider” to serve on health insurer panels will help insure the broadest access to qualified providers for patients and consumers. In addition it will provide stability to the doctor-patient relationship by preventing the wholesale dropping of doctors from networks based upon opaque criteria, that on their face do not further the interests of patients. The Society requests that the Committee support SB 392 and we welcome the opportunity to work with the sponsors of this bill to enhance the protection of the public, our patients, when purchasing health plans. Consumers have a right to know. Thank you.

Submitted by:

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