

Written Testimony of the Connecticut Orthopaedic Society

Supporting *House Bill 6736 AN ACT PROHIBITING THE SETTING OF PAYMENTS BY HEALTH INSURERS AND OTHER ENTITIES FOR NONCOVERED BENEFITS*

Insurance and Real Estate Committee – February 24, 2015

Senator Crisco, Representative Megna and distinguished Members of the Insurance and Real Estate Committee, on behalf of the more than 250 orthopaedic surgeons of the Connecticut Orthopaedic Society, thank you for the opportunity to provide testimony in support of *House Bill 6736 AN ACT PROHIBITING THE SETTING OF PAYMENTS BY HEALTH INSURERS AND OTHER ENTITIES FOR NONCOVERED BENEFITS*

This bill is important as it prevents health insurers from negotiating rates on services and procedures that are not eligible for reimbursement through a patient's health plan. This extends to physicians similar provisions provided to dentists.

Insurers, when contracting with physicians, should not be allowed to dictate rates for services or procedures, where the insurer does not otherwise reimburse for the service or procedure. The usual and customary charge for such services and procedures should prevail. The Society agrees with the bill language that our patients should be made aware of, with posted or written notification, that they may receive services and procedures which are not a covered benefit under their health plan, might not be offered at a discounted rate. We do feel that pricing information should be readily provided to patients and we also feel that negotiation for these services between physician and patient are appropriate, as they are in any consumer transaction. Physicians should honor requests from patients for a treatment plan that would include each anticipated service or procedure to be provided and provide the estimated cost, based on usual and customary charges, of such services and/or procedures.

It is important for individuals and/or groups to be aware of services and procedures that are not covered under their plan and supports the statement in 1(c) in this bill that would require transparency by the insurers and suggest that the language be changed in the last sentence to, "... you SHOULD review your evidence of coverage document."

On behalf of the Connecticut Orthopaedic Society, I urge you to support this bill, which provides for a fair and reasonable consumer relationship between our physicians and their patients for services and procedures not reimbursed by health insurers.

Thank you.

Submitted by:
Ross Benthien, MD
Connecticut Orthopaedic Society –President
Hartford, CT