



State of Connecticut

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Insurance and Real Estate Committee
February 24, 2015

Testimony in support of H.B. 6736 - **An Act Prohibiting the Setting of Payments by Health Insurers and Other Entities for Non-covered Benefits.**

Senator Crisco, Representative Megna, Senator Kelly, Representative Sampson, and the entire membership of the Insurance and Real Estate Committee, thank you for allowing me to testify in support of *HB 6736 An Act Prohibiting the Setting of Payments by Health Insurers and Other Entities for Non-covered Benefits.*

Physicians are faced with contracts where some of their services may not be covered. The physician is then in a position to charge their patient treatment to conform to those services directly. Most physicians will have a conversation with their patients about the services not being covered and inform the patients about the charges for these services. Physicians are now faced with contracts which contain provisions that limit what they can charge for non-covered services. In their explanation of benefits (EOB) they go on to say that this non covered service must not be charged more than a certain set dollar amount. I have seen this happen in ophthalmology, ENT, and in my own practice. I strongly feel that if the service is not being covered by the insurer, then they should not have the authority to dictate the dollar amount of uncovered services.

This leaves the physician with 2 choices, one sign the contract with these unreasonable clauses or walk away from the contract and thousands of patients. I would request this committee to stop this practice by health insurers and disallow them from writing clauses in their provider contract that limits fees that healthcare providers can charge for non-covered services.

Thank you for your consideration in this matter.

Sincerely,

Prasad Srinivasan
State Representative, 31st District

