

Testimony in support of H.B. No. 5247: An Act Concerning Explanations of Benefits

My name is Rahul Shah; I am a physician who has completed pediatric residency at Yale–New Haven Children’s Hospital, and am now a pediatric emergency medicine fellow at Connecticut Children’s. Please note that the expressed views below are that of my own and do not represent the perspective of any medical center.

In the fast-paced, high-stakes environment of the emergency department, it is necessary to quickly gain trust from patients to provide them with optimal care. This is particularly true for vulnerable patients – including those who have been sexually exploited, physically abused or who have a sexually transmitted infection. One barrier that impedes the foundation of this trust is the concern that information provided to healthcare providers may be disseminated to another person.

Indeed, studies have shown that adolescents and young adults are less likely to seek critical health services when there is concern that their confidentiality will be breached [1, 2]. While providers can protect confidentiality within the physical walls of their healthcare setting, third parties - such as insurance companies, regularly mail documents to the primary insurance holder that divulge sensitive information. This information may allow the primary insurance holder to learn what types of services were rendered for their dependents. In some instances, when the primary insurance holder is a perpetrator of abuse against one of his or her dependents, an already vulnerable person is in imminent peril. Given this concern, some high-risk people in need of medical and mental health care are apprehensive about disclosing critical information, which leads to suboptimal care.

I have taken detailed social histories for countless patients to learn about their personal safety, substance use and sexual activity, and have seen firsthand how concerns of confidentiality breach limit care. Imagine the following hypothetical scenario: A 19-year-old woman comes to you for abdominal pain. When you exam the patient, you notice some subtle bruises on her neck. Reviewing her chart, you notice she has come to the emergency department twice in the last six months, each time for injuries that she vaguely reported were from her 'falling.' You're worried that someone is

harming this patient, and you want to speak with her alone – but she is accompanied by her husband. When he steps out, you ask about how things have been going at home. However, she is aware that her insurer will mail a statement to her home and is concerned that any services or referrals offered to her will allow her husband to infer that she is seeking help. Fearing reprisal, she subsequently denies any history of abuse in an effort to protect herself.

The realistic case above highlights how patient safety can be hindered by such mailings. By allowing patients to state how they would like to receive such statements, including via email, they may be assured that these documents may not fall into the hands of someone else. This proposal will improve patient safety by allowing them to state where they would like their explanation of benefits to be sent.

This issue has received significant attention among some medical professionals, patient advocates and legislators, and there is ongoing discussion of optimal strategies to protect patient privacy [3, 4]. In the proposed legislation, patients must initiate requests on changing how their explanation of benefits would be mailed. This has logistical shortcomings, and it is unclear how many patients would truly be aware of the potential significance of doing so [5]. Still, while novel solutions to this complex problem are being established, this bill would be a significant step forward in maintaining patient privacy.

Please protect your constituents and allow medical professionals to offer them their best care by supporting H.B. No 5247, specifically its provisions that limit the distribution of explanation of benefits to individuals other than those seeking care. Your doing so will save lives.

Respectfully,



Rahul Shah, MD

1. Moore, K.L., Jr., et al., *Do confidentiality concerns impact pre-exposure prophylaxis willingness in emergency department adolescents and young adults?* Am J Emerg Med, 2018.
2. Loosier, P.S., et al., *Young Adults' Access to Insurance Through Parents: Relationship to Receipt of Reproductive Health Services and Chlamydia Testing, 2007-2014.* J Adolesc Health, 2018. 63(5): p. 575-581.
3. *Confidentiality Protections for Adolescents and Young Adults in the Health Care Billing and Insurance Claims Process.* Pediatrics, 2016. 137(5).
4. Wisk, L.E., S.H. Gray, and H.C. Gooding, *I Thought You Said This Was Confidential? - Challenges to Protecting Privacy for Teens and Young Adults.* JAMA Pediatr, 2018. 172(3): p. 209-210.
5. Sedlander, E., et al., *Options for assuring access to confidential care for adolescents and young adults in an explanation of benefits environment.* J Adolesc Health, 2015. 56(1): p. 7-9.