



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
INSURANCE AND REAL ESTATE COMMITTEE  
Thursday, March 18, 2021**

**SB 1048, An Act Concerning Reimbursements For Certain Covered Health Benefits**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 1048, An Act Concerning Reimbursements For Certain Covered Health Benefits**. CHA opposes the bill.

SB 1048 requires health insurers to reimburse healthcare providers for evaluation and management (CPT E/M), assessment and management (CPT A/M), or drug infusion services at the same rate notwithstanding whether the service is provided in a physician office or a hospital-based facility, known as “site-neutral” payments. In addition, SB 1048 requires the Department of Insurance (DOI) to set the rate for any such services.

CHA opposes site-neutral payments. Connecticut residents rely on hospitals for access to care 24-hours-a-day, to serve as a safety net provider for vulnerable populations, and to have the resources needed to respond to medical and public health emergencies and disasters. These roles are not funded explicitly; instead, they are built into a hospital’s overall cost structure and supported by revenues received from providing direct patient care.

The Medicare program recognizes the difference between a hospital setting and other settings. It has set forth specific criteria to determine when the provision of that service is hospital-based and when it is simply a physician office service. When it meets the tests to be hospital-based, the service is entitled to a higher level of Medicare funding, which is accorded in recognition of the fact that the hospital is held to a higher regulatory standard and must be prepared for all emergencies.

Since early 2020, Connecticut’s hospitals and health systems have been at the center of the global public health emergency, acting as the critical partner in the state’s response to COVID-19. Hospitals expanded critical care capacity, stood up countless community COVID-19 testing locations, and are a critical component of the vaccine distribution plan. Through it all, hospitals and health systems have continued to provide high-quality care for everyone, regardless of ability to pay. This tireless commitment to the COVID-19 response confirms the value of strong hospitals in Connecticut’s public health infrastructure and economy and reinforces the need for a strong partnership between the state and hospitals. SB 1048 “site-neutral” payment proposal does not recognize this important role of hospitals.

SB 1048 also proposes that the DOI set rates for CPT E/M, CPT A/M, and drug infusion services. Government-set rates underfund critical hospital services. For example, hospital rates are currently set in both the Medicaid and Medicare programs. Currently, hospitals aren't reimbursed anywhere close to what it costs them to provide that care in these programs. In Connecticut, Medicare and Medicaid underpayments total nearly \$1.7 billion each year. In 2019, Connecticut hospitals incurred just over \$899 million in Medicare losses, nearly \$795 million in Medicaid losses, and spent more than \$233 million on charity care. Connecticut hospitals cannot withstand additional rate-setting of services by the state or federal government.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.