



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
PUBLIC HEALTH COMMITTEE
Friday, February 17, 2017**

HB 6015, An Act Protecting Patients Against Surprise Out-Of-Network Medical Bills

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 6015, An Act Protecting Patients Against Surprise Out-Of-Network Medical Bills**.

Before commenting on the bill, it's important to point out that Connecticut hospitals provide high quality care for everyone, regardless of ability to pay. Connecticut hospitals are finding innovative solutions to integrate and coordinate care to better serve patients and communities, as well as achieve health equity. These dynamic, complex organizations are working to build a healthier Connecticut. That means building a healthy economy, community, and healthcare system. By investing in the future of Connecticut's healthcare and hospitals, rather than continuing to cut away at them, we will strengthen our economy, put communities to work, and deliver affordable care that Connecticut families deserve.

HB 6015 requires certain healthcare providers, insurers, and health maintenance organizations to provide patients with access to healthcare price and healthcare quality information by the following methods: (1) Creating pretreatment transparency obligations for hospitals, ambulatory surgical centers, healthcare practitioners providing non-emergency services in such facilities, insurers, and health maintenance organizations; (2) posting on the entity's Internet web sites the average payments and payment ranges received for bundles of healthcare services defined by the American Health Care Association; (3) providing written, good-faith personalized estimates of charges upon request; (4) publishing information regarding financial assistance policies and procedures; (5) creating online methods for patients to estimate out-of-pocket expenses; (6) publishing by diagnostic imaging centers owned by a hospital but located off of the hospital premises of charges for services; and (7) providing an itemized bill to a patient not later than seven days after discharge or request for such bill.

HB 6015 strives to increase a patient's access to quality and pricing information. PA 15-146 created specific requirements for all providers, including hospitals and health insurers, to provide patients with significant quality and cost information. These requirements went into

effect in 2015, 2016, and some as recently as February 1, 2017. The new requirements and process have been in effect for only approximately seven months. CHA believes it is premature to make changes to requirements that are in some cases less than a month old.

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