SB 905, An Act Concerning Surprise Billing And Reimbursements For Emergency Services Provided By Out-Of-Network Facility-Based Providers

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning SB 905, An Act Concerning Surprise Billing And Reimbursements For Emergency Services Provided By Out-Of-Network Facility-Based Providers. CHA opposes the bill.

Before commenting on the bill, it’s important to point out that Connecticut hospitals and health systems provide high quality care for everyone, regardless of their ability to pay. By investing in the future of Connecticut’s hospitals, we will strengthen our healthcare system and our economy, put communities to work, and deliver affordable care that Connecticut families deserve.

Current Connecticut law, which became effective as recently as July 1, 2016, includes specific reimbursement rules for what an insurance company must pay for emergency services rendered to a patient at an out-of-network facility, or at an in-network facility but by out-of-network providers. These statutory requirements are meant to protect the patient from excessive or surprise bills and also to provide a fair process for payment to providers who deliver emergency care.

SB 905 would replace those statutory rules, insert a new mediation mechanism, and substitute one of the three possible reimbursement amounts with a new method of calculating payment. CHA is unaware of any issues with the current process for reimbursement for emergency services and does not believe it needs to be replaced. (It has not even been three years since the current mechanism was established.)

CHA urges extreme caution in this area to ensure that we do not create a statutory scheme that erodes Connecticut’s “prudent layperson standard” and inadvertently discourages patients from receiving what could be life-saving emergency care.

SB 905 also adds facilities to specific billing and collection prohibitions found in in Section 20-7f that are expressly meant to apply to individual providers. CHA believes this change is unnecessary and will cause confusion.
Finally, Congress is actively working on federal legislation to address the surprise billing issue, and action may come as soon as this year. Given that we have a process currently in place to address the issue, we should not make any changes until we see the outcome of those discussions, and then reevaluate whether other changes are needed on the state level.

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