



HOUSE COMMITTEE ON
CORPORATIONS

2016

WITNESS SHEET

Bill # 2016 – **H - 8004** DATE: **4/12/2016**
SPONSOR: **Representative Craven**

SUBJECT: Provides for a dispute resolution process for emergency services and surprise bills for medical services performed by nonparticipating (out-of-network) health care providers

- **ALL WRITTEN TESTIMONY MUST BE HANDED TO COMMITTEE CLERK FOR DISTRIBUTION PRIOR TO START OF MEETING.**
- **CONTACT INFO REQUESTED**

NAME/Represent	CONTACT INFO	PRO/CON
✓ <u>STEVE DETOM</u> Rep. BOB CRAVEN	<u>RI MEDSIC</u>	<u>PRO not speak</u>
✓ <u>Tarah Provencal</u>	<u>OHIC</u>	<u>support w/ amendments</u>
✓ <u>Patrick Quinlan</u>	<u>RI Soc. of Anesthetists</u>	<u>Support Letter</u>
✓ <u>Shawn Downhise</u>	<u>Blue Cross Blue Shield RI</u>	<u>Support NAIC Ver</u>
✓ <u>Kyla Peechia</u>	<u>RI DMS</u>	<u>Support</u>



OFFICE OF THE
HEALTH INSURANCE COMMISSIONER
STATE OF RHODE ISLAND

April 12, 2016

The Honorable Brian Patrick Kennedy
Chair, House Committee on Corporations
State House
Providence, RI 02903

Re: H 8004 An Act Related to Insurance – Surprise Bills for Medical Services

Dear Chairman Kennedy:

The proposed legislation provides for a dispute resolution process when there is a dispute over a bill for services or surprise billing. The Office of the Health Insurance Commissioner (OHIC) would be responsible for establishing and regulating the dispute resolution process.

OHIC strongly agrees that the issue of surprise billing needs to be addressed and that it is necessary for the State to work towards a solution to protect patients. R.I. Gen. Laws § 23-17.13 (The Health Plan Act) focuses on ensuring quality of care, access to care and continuity of care. Though this section of the laws does not fall under OHIC's jurisdiction, we do believe that this is an area of the law we can start with to work towards regulating surprise billing.

The proposed legislation adds § 27-81-4 Billing and Reimbursement. The proposed language in this section is duplicative of RI Gen. Law § 27-18-76 and Federal law 42 USC 300gg-19a, which address the fact that health insurance carriers must provide coverage for emergency services without the need for a prior authorization determination, even if the emergency services are provided on an out-of-network basis. In addition, both the federal and RI laws state that co-payments for such emergency services should be equal whether a person seeks services in-network or out-of-network.

The proposed legislation provides a process for the patient to dispute a bill for a service from an out of network provider. However, we need to do much more than just provide a dispute process – we need to go much further in managing this problem. OHIC is very interested in understanding how the dispute resolution process has worked in other states, specifically New York. In addition, we would like more information on which areas of practice are most affected by surprise billing (e.g. providing anesthesia).

OHIC would be interested in working with other state agencies, sponsors of the proposed legislation and other stakeholders to work towards a solution for surprise billing.

Thank you for your consideration.

Sincerely,

Kathleen C. Hittner, M.D.

Kathleen C. Hittner, M.D.
Health Insurance Commissioner

Cc: Honorable Robert E. Craven, Sr.
Honorable Members of the House Committee on Corporations
Richard Raspallo