

Senate Health and Human Services Committee

Kyle Baker 271-2609

HB 329, establishing a committee to study balance billing.

Hearing Date: March 28, 2017

Time Opened: 2:00 p.m.

Time Closed: 2:15 p.m.

Members of the Committee Present: Senators Bradley, Avard and Gray

Members of the Committee Absent : Senators Hennessey and Fuller Clark

Bill Analysis: This bill establishes a committee to study balance billing by health care providers.

Sponsors:

Rep. Luneau

Rep. Myler

Rep. Wallner

Rep. Butler

Rep. Williams

Rep. Cahill

Rep. Knirk

Sen. Feltes

Who supports the bill: Sen. Dan Feltes, SD# 15; Rep. David Luneau; Julie Myers, Minuteman Health Insurance; Tyler Brannen, NH Insurance Department; Paula Rogers, Anthem; Matt Veno, Harvard Pilgrim; Deb Hulton, Cigna; Chris Kennedy, Centene; Heidi Kroll, AHIP

Who opposes the bill: None

Who is neutral on the bill: Paula Minnehan; NH Hospital Association

Summary of testimony presented in support:

Rep. David Luneau – Merr. 10

- Prime Sponsor of this bill
- This bill was introduced to establish a study committee to study balance billing, which is a predatory and deceptive practice. This passed the House commerce committee unanimously.
- If a patient receives out-of-network care even when receiving care at an in-network facility, they will have to pay for said care even if they did not know about it or agree to it
- These bill are typically hundreds of dollars but can go up into the several thousand dollar range.

- This is not something the patient expected or thought they had to pay.
- There are several policies that have been implemented in other states for the committee this bill would establish to study.
- In several meetings with doctors they have agreed that balance billing is not a good practice.
- This is a problem that can be solved, and a study committee is the first step towards that goal.

Julie Meyers - Minuteman Health

- Supports this bill.
- Covers 16,000 enrollees in affordable insurance.
- Balance bills can often cause a great deal of stress for patients who receive them, as they often do not expect these bills.
- Balance billing is different than surprise billing in that balance billing often occurs in emergency care, and surprise billing is when a patient inadvertently visits an out-of-network specialist without performing an eligibility check.
- Providers should have to perform eligibility checks to check if a patient is in-network, and provide the individual with an estimated cost of services.
- Several states have protections against balance billing.

Tyler Brannen, NHDOI

- Supports this bill.
- This is a complicated problem and the solution will not be easy, so for that reason we support a study commission.
- Sometimes the provider does not know which doctors are in-network or out-of-network.
- Ambulances are going to be a difficult problem to solve because the patient cannot choose which ambulance they get.
- Most proposed solutions involve some level of arbitration and fee scales.
- Another option is burdening the insurance providers but then the health care providers would benefit because they know they will receive all the money for care they provide, raising insurance premiums for everyone.

Sen. Gray- Should this committee study both in network and out of network providers?

Brannen- I would recommend keeping it focused.

Heidi Kroll, Americas Health Insurance Plans

- Support this bill.
- The committee has received a good overview of the problem and we agree with the testimony from today.
- Providers know they can balance bill so there is not much incentive to stop that practice.

- These steep costs underscore the value of provider networks.

Josh Luneau

- Supports this bill
- Very passionate about this problem.
- This billing is unavoidable, people can do all the research they can do for a medical procedure and still get balance billed.
- Consumers have no choice in the matter of balance billing.
- Consumers can do all the work to make sure they are using a in network facility and they are still charged for services due to out of network providers using balanced billing.
- Providers are not contracted by other providers, not by consumers.

Summary of testimony presented in opposition: None

Neutral Information Presented:

Paula Minnehan, NH Hospitals Association

- Neutral on this bill.
- We would strongly encourage language to be taken from the National Association of Insurance Commissioners model act. It is a strong framework to consider options for this committee.
- We question how significant this issue is in New Hampshire, but it is important to consider shrinking networks.
- Hospitals will not balance bill a patient after they have been paid by the carrier.
- Often positions such as anesthesiologists and radiologists are independently contracted through other insurance providers not through the hospital.

Future Action: Ought to Pass

KRB

Date Hearing Report completed: March 30, 2017