

Legislative History for Connecticut Act

PA 15-110

SB253

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2015**

**VOL.58
PART 20
6610 – 6943**

/ks/rc
HOUSE OF REPRESENTATIVES

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May 30, 2015

Calendar. The Majority Leader and the Republican Leader have been working on this a good part of the day. So I hope we can be expeditious and get some business done, and then return to our regular work. So with that warning in mind, Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you very much, Mr. Speaker. Mr. Speaker, I'd like to move the following items on to the Consent Calendar.

DEPUTY SPEAKER GODFREY:

Proceed, sir.

REP. ARESIMOWICZ (30th):

It would be House Bill 5110, which is Calendar 78; House Bill 6967, which is Calendar 340; House Bill 7031, Calendar 454; Senate Bill 926, Calendar 560 as amended by Senate Amendment "A;" Senate Bill 253, Calendar No. 548 as amended by Senate Amendment "A;" Senate Bill 360, Calendar No. 475; Senate Bill 870, Calendar 511; Senate Bill 862, Calendar 422. Thank you very much, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, sir. Does anybody object to any of these items being placed on the Consent Calendar?

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HOUSE OF REPRESENTATIVES

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Hearing no objection, they are moved to the Consent Calendar. We're now going to proceed to some additional bills that will be requiring some amendments but then be placed on the Consent Calendar after any amendments are possibly passed. So Mr. Clerk, let's start with Calendar 372.

[pause]

DEPUTY SPEAKER GODFREY:

Mr. Clerk, 372, please.

CLERK:

House Calendar 372, Favorable Report of the Joint Standing Committee on Government Administration and Elections. House Bill 6843, AN ACT MAKING MINOR REVISIONS TO VARIOUS BOARDS AND COMMISSIONS STATUTES.

DEPUTY SPEAKER GODFREY:

Representative Jutila.

REP. JUTILA (37th):

Thank you, Mr. Speaker. I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

DEPUTY SPEAKER GODFREY:

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(Chamber at ease.)

DEPUTY SPEAKER GODFREY:

Mr. Clerk, I believe we are going to proceed to the Consent Calendar. Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you very much, Mr. Speaker. Mr. Speaker,

I move passage of the bills on today's Consent

Calendar.

HB 5110 HB 6967 HB 7031

HB 6843 HB 6935 HB 6285

DEPUTY SPEAKER GODFREY:

HB 6047 HB 6951 SB 253

If we can get them up on the board, please SB 926 SB 862
SB 360 SB 870
call the Consent Calendar. Very good, there we are.

Okay. Question's on acceptance and passage of the bills on the Consent Calendar. Staff and guests, please come to the Well of the House. Members, take your seats. The machine will be open.

CLERK:

The House of Representatives is voting by
roll. The House of Representatives is voting by
roll. [bell ringing] Will members please return to
the House immediately.

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HOUSE OF REPRESENTATIVES

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[bell ringing] The House of Representatives is voting on the first Consent Calendar of the day. Please report to the Chamber immediately.

[pause]

DEPUTY SPEAKER GODFREY:

Have all the members voted? Have all the members voted on the Consent Calendar? So the machine'll be locked. Clerk will take a tally.

And the Clerk will announce the tally.

CLERK:

Consent Calendar No. 1 for 5/30/2015

Total Number Voting 141

Necessary for Passage 71

Those voting Yea 141

Those voting Nay 0

Absent and not voting 10

DEPUTY SPEAKER GODFREY:

All items on the Consent Calendar are passed.

[gavel] Mr. Clerk, Calendar 219, please.

CLERK:

House Calendar 219, Favorable Report of the
Joint Standing Committee on Judiciary. Substitute

HB 6683

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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2015**

**VOL. 58
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SENATE

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CLERK:

On page 36, Calendar 187, Substitute for Senate Bill No. 408, AN ACT CONCERNING YOUTH HOMELESSNESS, Favorable Report of the Committee on Housing.

THE CHAIR:

I think this was a PR'd item. Senator Duff, can you just check? I mean, I apologize but --

CLERK:

Yes. It was.

THE CHAIR:

It is a PR item. Can we go on to the next one, Mr. Clerk? Oh, I'm sorry. Senator Duff. Do you have --

SENATOR DUFF:

Thank you, Madam President. Madam President, the Clerk should now be on Calendar Page 40, Calendar 307, Senate Bill 253 and follow that is Calendar Page 41, Calendar 308, Senate Bill 998.

THE CHAIR:

Mr. Clerk.

CLERK:

On page 40, Calendar 307, Substitute for Senate Bill No. 253, AN ACT CONCERNING PAYMENT TO AN AMBULANCE SERVICE, Favorable Report of the Committee on Public Health.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

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Thank you, Madam President. Madam President, I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

Motion's on acceptance and passage. Will you remark?

SENATOR GERRATANA:

Yes. Madam President, I have a strike-all amendment. So if the Clerk would please call LCO No. 7328 and I be allowed to summarize.

THE CHAIR:

Mr. Clerk.

CLERK:

LCO No. 7328, Senate "A," offered by Senators Looney, Duff, et al.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President. I move adoption.

THE CHAIR:

Motion's on adoption. Will you remark?

SENATOR GERRATANA:

Yes. Madam President, the amendment before us is a strike-all amendment as I said. And it changes the underlying bill and modifies it in a variety of ways.

This is because working with both the ambulance providers, as well as Senator Kelly and others, we have come up with language that we think strikes a good and fair resolution to what we are trying to accomplish. I believe it is still a good pro-consumer bill, puts some protections in there so that ambulance

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services cannot go and bill patients immediately, if you will, for their services. And - but does allow them to collect a copayment or a deductible or any other coinsurance.

And also, of course, ambulances are covered and mandated in the state. They have a guarantee of being paid for their service by and large under existing law, which is a mandate. So this puts in a little consumer fairness, I believe. And I thank you, madam.

THE CHAIR:

Thank you. Will you remark on this bill - on this amendment? Will you remark? Senator Kelly.

SENATOR KELLY:

Thank you, Madam President. I rise in support of the amendment and do thank Senator Gerratana for working diligently on this.

It is a practical approach. It provides both - not only the patient and consumer protections but also gives the ambulance service the ability to collect a co-pay or coinsurance at the time that the services are rendered. So I think this is a very good approach and fully support the amendment. Thank you.

THE CHAIR:

Thank you, sir. Will you remark on the amendment? Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Madam President, speaking in support of the amendment which does, in fact, become the bill. I wanted to thank Senator Gerratana very much and the Public Health Committee for working on this and also Senator Kelly for his comments and support.

This issue arose from the concern that had come to me regarding a constituent, who had been transported to the hospital by ambulance. And the ambulance company attempted to immediately begin to collect payment

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directly from the constituent - from the patient prior to receiving any response from the patient's insurer or prior to even making an inquiry of the patient's insurer as to whether there were - was coverage. And that - apparently the ambulance company may already in fact have known that the patient was insured but still attempted this hyper-aggressive collection method.

So I think that this amendment is a refinement on the original bill. It preserves the purpose and does make sure that, obviously, the ambulance service can still certainly collect the co-pay and pursue the claim if, in fact, there is not insurance coverage. But prevents the immediate dunning of the actual patient at the time immediately after the service has been provided.

It's a good consumer protection bill, especially for those who are obviously in some cases of ill or have suffered a - perhaps a serious health crisis that required them to have to have the ambulance transportation and then are immediately pursued in their highly vulnerable or victimized state immediately afterwards. So I think that the bill and this amendment really is an important protection against that kind of aggressive conduct and exploitation and would urge support of the amendment. Thank you, Madam President.

THE CHAIR:

Thank you, sir. Will you remark on the amendment? Will you remark on the amendment? If not, I'll try your minds. All those in favor of Senate "A," please say aye.

SENATORS:

Aye.

THE CHAIR:

Opposed? Senate "A" passes. Senator Gerratana.

SENATOR GERRATANA:

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Thank you, Madam President. If there is no objection, I would like this item placed on our Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir - ma'am. At this time, I know there is a point of personal privilege that was asked for. Senator Kennedy.

SENATOR KENNEDY:

Thank you, Madam President. I appreciate you calling on me and I rise for a point of personal privilege.

THE CHAIR:

Please proceed, sir.

SENATOR KENNEDY:

Many of you in the Chamber have been following a young Connecticut gentleman named Nick Fradiani, a constituent in my district, of the Town of Guilford. He's the hometown hero of the Town of Guilford and really represents a Connecticut story that we can all be proud of, that all of us here can really realize our dreams. He has incredible talent.

For those of you who watched American Idol last night, you know that this is a young man that's destined for greatness and he's - his hometown - he's lived throughout the New Haven area but he's proud to call New Haven home. He came back two weeks ago and had a concert in - on the Guilford Green. And again, it's with enormous pride that all of us on the shoreline and all of us in Connecticut should have for this incredible young man and the career that lies ahead of him.

So I would like to ask my colleagues and stand and just, although Nick's not here, and really send forth a great Connecticut thank you and welcome and cheer for our young friend, Nick Fradiani. Thank you so much.

[applause]

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THE CHAIR:

Mr. Clerk.

CLERK:

Consent Calendar No. 2, page 5, Calendar 182, Senate Bill 964; page 6, Calendar No. 193, Senate Bill 1024; page 19, Calendar No. 420, Senate Bill 999; page 19, Calendar No. 429, Senate Bill 1033; page 31, Calendar 95, Senate Bill 925; page 33, Calendar No. 142, Senate Bill 1015; page 35, Calendar No. 178, Senate Bill 319; page 36, Calendar No. 181, Senate Bill 940; page 36, Calendar No. 197, Senate Bill 428; page 40, Calendar No. 307, Senate Bill 253; page 41, Calendar 308, Senate Bill 998; page 41, Calendar No. 325, Senate Bill 454; and page 49, Calendar No. 184, Senate Bill 934.

THE CHAIR:

Correct. Mr. Clerk, will you please call for a roll call vote on the second Consent Calendar. The machine'll be opened.

CLERK:

An immediate roll call vote has been ordered in the Senate. An immediate roll call vote has been ordered in the Senate.

[pause]

THE CHAIR:

If all members have voted, all members have voted, the machine will be closed. Mr. Clerk, will you please call the tally.

CLERK:

Consent Calendar No. 2

Total Number Voting	33
Necessary for Adoption	17
Those voting Yea	33
Those voting Nay	0

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SENATE

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May 14, 2015

Absent/not voting 3

THE CHAIR:

Consent Calendar passes, [gavel] Senator McLachlan, do you stand for a personal privilege - a personal announcement, sir?

SENATOR MCLACHLAN:

Thank you, Madam President. I stand for a point of personal privilege.

THE CHAIR:

Please proceed, sir.

SENATOR MCLACHLAN:

Thank you. A notation for the, [clears throat] excuse me, a notation for the Journal and notification that, [clears throat] excuse me, I was out of the Chamber for legislative business and missed the vote on Consent Calendar No. 1 and would like to register an affirmative vote for Consent Calendar No. 1. Thank you, Madam President.

THE CHAIR:

So noted, sir. Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Once again, it was mentioned earlier but we wanted to wish Senator Slossberg a very, very happy 22nd anniversary of her 28th birthday. And for spending the entire day with us here rather than with her family and - but we wanted to wish her the best and we did have a cake, which her husband was - graciously provided earlier in the day. So again, congratulations and happy birthday.

THE CHAIR:

Happy birthday.

[applause]

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 7
2788 – 3109**

2015

Testimony of Barry J. Wojtcuk, Vice President
American Ambulance Service, Inc.

Proposed S.B. No. 253 AN ACT CONCERNING PAYMENT TO AN AMBULANCE SERVICE

Public Health Committee, Wednesday, March 11, 2015

Senator Gerratana, Representative Ritter and Distinguished Members of the Committee.

My name is Barry J. Wojtcuk. I am a Vice President of American Ambulance Service, Inc. I would like to offer testimony in **opposition** to S.B. No. 253.

I have managed the billing for American Ambulance Service, Inc. for more than 10 years and have an understanding of the intricacies of this portion of the provision of emergency medical services, an already complex and involved service.

Let me start by saying we would much prefer to bill any insurance directly.

Typically, an ambulance request for service is received, screened, resources are committed to handling the request, and available information, if any, is received and the processing has started. Once the call is completed, the information is reviewed, and again the available information is processed and verified, or the investigation period begins. **IF** insurance information is available and able to be verified, the insurance is then billed. If no information is available, and attempts to obtain it from the facility that had patient involvement are unsuccessful, attempts to contact the patient are made, and if successful, insurance is billed. If not, as a last resort, a patient is billed in an attempt to either get information or payment.

There are situations where it is generally known that the insurance will not pay (perhaps to a location that is not the closest accepting facility, or patient convenience, or in the case of Medicare even to Doctor's offices), and the patient is responsible for those services. We often do bill for a denial in those cases, but that can negatively impact cash flow, and possibly incorrect reasons for denial or even misleading instructions regarding patient responsibility.

There are instances where it is clear an ambulance is not required and the patient or family wants that level of services (piece of mind, or for patient comfort). This bill would put an unnecessary delay in payment for the service provided. While payment responsibility would not be disputed, this bill would mandate billing a payor, waiting for a denial, and then billing the party that had agreed to the responsibility prior to the service being received. This could add a substantial delay billing the willing responsible party.

We encounter many patients that are not from the local area and after an incident and initial treatment and stabilization, wish to be transported closer to their residence for additional treatment. If that patient is transported out of the local area, the chance of collecting payment decreases once the transportation is provided, as not all insurers will cover transportations to more distant locales. This proposed bill could have the affect of not allowing even partial billing (the portion that would not be covered for any of a

number of reasons – such as “excess mileage”) until the transportation (and costs associated with it) were provided, and then collections often become difficult with “out of area” residents.

We encounter some instances where non-contracted insurers are billed, and the services are covered, and payments are made, but to the patient, not the provider of services. If the patient has received a bill, called with insurance information, they are made aware a payment may come to them to pay the service, expediting payment processing. Connecticut needs a strong “direct payment” law (where the provider of services is paid directly).

Many times, information regarding insurance coverage is not available or incomplete or inaccurate at the time of emergency service. Insurance cards are often not available. A patient may assume the information has been provided and is complete and accurate; billing a patient to get them to call in their information is the only tool available to provide this information.

We do experience instances in auto related accidents that claims are NOT filed by the parties involved. Seeking information from the insurance companies even when known, is often an exercise in futility, as if no claim has been filed, they are unwilling to discuss medical coverage on those policies.

Timely filing of claims also can surface as a result of a delay in obtaining insurance information, which is obtained only after the patient has received a bill and calls in that information. It is not uncommon to have information requests get ignored for periods of time by the patient as they do not want to file a claim, until they receive a bill.

Existing Connecticut Statute, C.G.S. 19a-193a “Liability for emergency medical treatment services or transportation services provided by an ambulance service or paramedic intercept service”, assigns liability for payment to the person receiving treatment/transport.

Billing insurance providers for claims of their customers is our preferred practice. People buy insurance to provide for these services. Unfortunately, where ambulance services are often conducted without an ability to prescreen, the risks of non payment are high, and that adversely affects everyone. In this time of budgetary constraint and reductions, further impeding the cash flow of ambulance services may have the undesired side affect of restricting resources and the provision of some services. A time delay in having to wait to receive a denial before being able to bill a patient could impose a cash flow to a point that would leave no option other than service reductions. I am opposed to this proposed bill, SB253 and urge you to **defeat this proposal.**

Thank You for your consideration.



Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

**Testimony of Victoria Veltri
State Healthcare Advocate
Before the Public Health Committee
In support of SB 253 & SB 687
March 11, 2015**

Good afternoon, Representative Ritter, Senator Gerratana, Senator Markley, Representative Srinivasan and members of the Public Health Committee. For the record, I am Vicki Veltri, State Healthcare Advocate with the Office Healthcare Advocate ("OHA"). OHA is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

Thank you for the opportunity to comment on SB 253, AAC Payment To An Ambulance Service and SB 687, AAC Notice To Patients Of Costs For Routine Health Services. Both proposed bills advance fairness and transparency in healthcare billing.

SB 687 requires health care providers to inform patients of the cost for routine medical treatment and services. As consumers increasingly take on more responsibility for the cost of their care, with large health insurance deductibles and sharing an increased amount of the cost of a service, providing as much information as possible concerning that liability is crucial. Information concerning the actual charges for a service is necessary for consumers to make informed decisions about where and with whom to receive treatment.

Of course, the charges only reflect one component of the costs of a consumer's healthcare experience. True transparency requires that consumers receive advance notice of the allowed amount, or the discounted rate that each provider has agreed to accept from the health plan in return for plan participation, for each service. Consumer cost sharing for in-network treatment is based not on the total charge, but on this discounted rate.

Massachusetts recently enacted legislation promoting this transparency, requiring health plans as well as providers to provide real time estimates concerning the cost of a given service. Given the exorbitant costs of many common medical services, an accurate estimate of what a service will cost has become a necessity for consumers to fully evaluate the most appropriate course of treatment for their individual circumstances. In nearly every other segment of society, consumers have information concerning cost, quality, reviews, and more about a product or service on which to rely before making important and expensive decisions. Why should healthcare be any different?

A similar principle is promoted by SB 253, which requires that ambulance companies to only begin billing consumers for the service after the insurer has issued a denial. What this bill proposed affirms is the variation in consumer cost sharing. By requiring these companies to allow the consumer's claim to be processed for payment by the health plan prior to billing for the services, SB 253 acknowledges the differences in the allowed amount among health plans and ambulance providers. However, simply waiting for a denial of coverage does not necessarily mean that the consumer's liability has been established, although there will be much more clarity following the health plan's review of the claim. Consumers also have a robust appeal mechanism available to challenge any adverse determination by the health plan.

Both of these proposed bills promote transparency, consumer protection and principles of fairness and equity, and enhance the information available to consumers as they make important decisions about their health care. Thank you for providing me the opportunity to deliver OHA's testimony today. If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.



State Of Connecticut

SENATE
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

SB 253
SB 249
SB 954
HB 6938
SB 808
SB 807
SB 249

March 11, 2015

Good afternoon Sen. Gerratana, Rep. Ritter and members of the Public Health Committee. As you know, over the interim we were involved with you in a highly productive roundtable on hospitals and healthcare. As a result of information we learned from the roundtable hearings, we proposed nine bills, seven of which are in this committee and are being heard today. These bills represent subject areas that we believe should be addressed to assist our state better regulate the new landscape of hospitals and healthcare. We look forward to working on these topics with your assistance. Specifically the bills we will discuss today are:

SB 809 AN ACT CONCERNING FACILITY FEES.

SB 810 AN ACT ESTABLISHING A SPECIAL COMMISSION ON PROVIDER PRICE VARIATION AND REFORM.

SB 811 AN ACT CONCERNING PARITY IN HOSPITAL SALES OVERSIGHT.

SB 812 AN ACT CONCERNING ELECTRONIC HEALTH RECORDS AND HEALTH INFORMATION EXCHANGE.

SB 813 AN ACT CONCERNING HEALTH CARE PRICE, COST AND QUALITY TRANSPARENCY.

SB 814 AN ACT PROMOTING ACCOUNTABLE CARE COLLABORATIVES.

SB 815 AN ACT CONCERNING HEALTH CARE POLICY AND COST CONTAINMENT.

I will also add my own comments in support of several additional bills on the agenda today.

and reduce payment disparity. Among other things it requires hospitals to negotiate separately even if commonly owned, and requires insurers to include site neutral payment policies that provide equal reimbursement to all providers for common outpatient services.

SB 808 AN ACT CONCERNING SURPRISE BILLING would prevent out of network providers from billing consumers for services when the consumer had no notice of the providers out of network status.

I would also like to offer my support for SB 253 AN ACT CONCERNING PAYMENT TO AN AMBULANCE SERVICE, SB 249 AN ACT CONCERNING DISPUTES BETWEEN HOSPITALS AND INSURERS, SB 954 AN ACT CONCERNING TRANSPARENCY OF EXECUTIVE PAY IN CERTAIN HOSPITAL TRANSACTIONS, and SB 6938 AN ACT CONCERNING THE DELIVERY OF QUALITY HEALTH CARE AND MODERNIZATION OF HEALTH CARE FACILITIES.

I learned from a constituent who had been transported to the hospital by ambulance that the ambulance company attempted to collect payment directly from the patient prior to receiving a response from the patient's insurer. In my constituent's case, the ambulance company knew the patient was insured but still attempted this hyper-aggressive collection method. It is unclear whether AMR reimburses the patient if it receives payment from both the patient and the insurer. SB 253 would prohibit the ambulance company from attempting to collect from the patient until it has received a rejection from the insurer.

SB 249 would require binding arbitration to resolve disputes between hospitals and insurers. There have been several situations over the last few years in which contract disputes between hospitals and insurers put patient care at risk. Both the hospitals and the insurers have