



February 15, 2018

The Honorable Joshua Miller
Chairman
Rhode Island State Senate Committee on Health and Human Services
85 Smith Street
Providence, Rhode Island 02903

Dear Chairman Miller:

The American Osteopathic Association (AOA) and the Rhode Island Society of Osteopathic Physicians and Surgeons (RISOPS) are writing to express concerns regarding S 2235. This bill relates to payment of out-of-network health care providers. While we appreciate the bill's goal of protecting patients from unexpected medical bills, we are concerned that some aspects of the bill may lead to diminished access to quality, timely health care for patients.

The AOA represents 137,000 osteopathic physicians (DOs) and medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs and is the accrediting agency for osteopathic medical schools. More information on DOs/osteopathic medicine can be found at www.osteopathic.org. RISOPS is a professional medical organization that represents over 300 DOs providing patient care in Rhode Island.

This bill protects patients from bills in excess of applicable in-network cost-sharing amounts for non-emergency health care services rendered by an out-of-network provider at an in-network facility, during a service or procedure performed by an in-network provider. It also protects patients from bills for emergency services delivered by an out-of-network provider. It establishes various methodologies for determining appropriate payment for out-of-network providers, and creates a binding dispute resolution mechanism for providers and insurers.

The AOA and RISOPS appreciate the bill's requirement that the "usual and customary" rate be used to determine payment for emergency services rendered by an out-of-network provider. **We remain concerned with the following, however:**

- Billing restrictions that limit physicians' ability to receive appropriate payment for services delivered to patients that could lead to decreased access to care.
- Prohibiting in-network providers from requesting payment from enrollees, even in the event of insurer nonpayment or insolvency.
- Establishment of a binding dispute resolution mechanism for providers and insurers and requiring the provider to bear the entire cost of the dispute resolution if the insurer prevails.

- Using in-network rates as a benchmark for payment to out-of-network providers at an in-network facility, when those providers never agreed to those rates.

We believe that:

- The inability of providers to establish or agree to contracted rates for services and receive payment in those amounts places an undue burden on physicians providing care to patients in need.
- Insurers should pay the ‘usual and customary’ rate for health care services delivered by out-of-network providers at an in-network facility, during a service or procedure performed by an in-network provider.
- It is the responsibility of the insurer to provide accurate information to enrollees regarding which providers and facilities are in-network with regard to the enrollee’s particular health plan.
- Out-of-network providers should be allowed to submit a request for payment to a patient, along with the Payment Responsibility Notice below (in the same or substantially similar language), and accept payment if the patient elects to pay the balance:

“The service[s] outlined below was [were] performed by a facility-based provider who is out-of-network with your health care plan. At this time, you are responsible for paying your applicable cost-sharing obligation – copayment, coinsurance or deductible amount – just as you would be if the provider is within your plan’s network. With regard to the remaining balance of this out-of-network bill, you have three choices: 1) you may choose to pay the balance of the bill; OR 2) you may send the bill to your health care plan for processing pursuant to the health carrier’s out-of-network facility-based provider remittances process; OR 3) you may rely on other rights and remedies that may be available in your state.”

We appreciate your efforts to protect access to necessary and timely health services for Rhode Island patients and thank you for your consideration of our concerns regarding S 2235. Should you need any additional information, please feel free to contact Raine Richards, JD, Director of State Government Affairs at rrichards@osteopathic.org or (312) 202-8199.

Sincerely,



Mark A. Baker, DO
President, AOA



Gregory G. Allen Jr., DO
President, RISOPS

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