December 17, 2019

High Deductible Health Plan Task Force Committee
c/o Ms. Koss
State of Connecticut
Office of Healthcare Advocate
450 Capitol Avenue
Hartford, CT 06106

Dear Members of the High Deductible Health Plan Task Force Committee,

On behalf of the 260 orthopaedic surgeon members of the Connecticut Orthopaedic Society (COS), we submit the following to the attention of the State’s High Deductible Health Plan Task Force Committee members for public comment.

The Society appreciates the work of the Task Force to date and the opportunity to share the negative impact High Deductible plans have on our patients and the doctor-patient relationship. As per the charge of the Task Force, our comments and suggested resolution will be focused on High Deductible Health Plans in Connecticut and not health reform in general nor HSAs.

High deductible health insurance plans are becoming more commonplace as health insurance premiums skyrocket. More patients are seeking the lowest cost option in order to ensure some form of health insurance coverage which really amounts for many to being functionally uninsured. These plans have severely undermined the physician patient relationship as they force physician offices to become bill collectors creating embarrassing situations for patients who are not able to pay the high deductible portion of their insurance and jeopardizing their health and their family’s health.

Our patients come to us for care and many are embarrassed that they are not able to pay the high deductible responsibility of their health insurance and oftentimes decide to forego necessary testing and treatment, rationing their care and their children’s care. When patients are forced to obtain care due to emergency situations they may not be able to pay the high deductible before their insurance coverage begins. These patients may not come back for important follow up because they know they cannot afford to pay for the additional treatment or care. It is particularly disheartening as orthopaedic surgeons to see patients try to forego post-operative rehabilitation which threatens the success of their outcome.

As noted by our physician colleagues serving on the Task Force, there are several negative consequences to the insurance industry’s high deductible policies all of which adversely impact the physician patient relationship as more and more physicians and their practices are put in
the position of debt collector. It is important to note that physicians and their practices are not equipped to assume the financial risk of a for profit industry, nor should they be. We as physicians do not require the insurance company to assume any of our responsibility or risk to care for our patients. However the insurance industry is transferring the risk of their high deductible insurance products to physicians, eroding the physician-patient relationship and adding significant costs to the health care system both within our practices and by patients who do not receive appropriate care or treatment because they can not afford their deductible. The insurance industry reaps the profits while our patients suffer and our practices underwrite the insurer’s cost of doing business.

It is imperative that the current High Deductible insurance market be reformed, particularly the collection process, to mitigate any further erosion of the physician-patient relationship and stop the self-imposed rationing of care by our patients. Conversely, once the high deductible is met, patients may seek unnecessary care, worried that if their symptoms increase in subsequent years they may not be able to afford it. This patient mindset created by high deductibles increases costs to the health care system and potential patient morbidity. During the last months of the calendar year, many of the Society’s members have difficulty accommodating the large influx of patients seeking surgeries now their deductible is met or convincing patients that they really do not need the MRI they are requesting.

Our Society was pleased to join in the support of Senator Martin Looney’s bill before the 2019 legislature, as an important first step to addressing one of several unintended consequences of high deductible plans; failure to pay for care and treatment. Building on the initial bill introduced by Senator Looney in the 2019 session, our Society proposes the Task Force consider a 2020 Legislative Session statutory change as proposed below.

_Given the current state of affairs as described above, the Connecticut Orthopaedic Society proposes legislative action to ensure:

**Any commercial medical insurance company licensed to do business in the State of Connecticut shall take full responsibility to collect their own policy Co Pays, Co insurances and deductibles from their insured clients whether they be individual policies or group business policies.**

**Any commercial medical insurance company licensed to do business in the State of Connecticut must reimburse physicians, health care facilities, laboratories and imaging centers and/or any other health care delivery service with whom they have a contractual relationship with and have negotiated a fee schedule, the full fee for service at the full negotiated fee rate and follow all state statutory requirements pertaining to prompt payment and pre certification.**

As advocates for our patients, we strive to preserve the doctor-patient relationship and removing the High Deductible payment barrier within the physician’s office by rightfully requiring the insurance companies to collect high deductible payments as easily as they do their monthly insurance premiums is an important first step in our State.

Thank you for your consideration.

Sincerely,

Michael Aronow, MD
President
Connecticut Orthopaedic Society