



Testimony in Opposition to House Bill 3011
to the
House Health and Human Services Committee
By Charles L. (Chip) Wheelen
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Thank you for this opportunity to express our reservations about the provisions of HB3011. We believe this bill would accomplish very little in the public interest, and instead would create an unreasonable burden for physicians, as well as questionable expenditure of health care resources.

Because most of our members are family physicians, they provide a diverse range of primary medical care services to their patients. A single "list for public disclosure of the health care provider's charges for certain and common health or medical care services" (lines 15-16, HB3011) would necessarily be rather lengthy. If the family physician would publish a complete list of all services he or she may provide to their patients of all ages, the publication would be the equivalent of a short book. Because of the subtle distinctions among the numerous codes contained in the International Classification of Diseases, the listing of ICD codes and corresponding charges would be confusing and useless to most consumers. The cost of printing such a list or booklet would be an added cost to the health care delivery system.

Medical practices are generally willing to provide information about the cost of a normal office visit. But that's not what most patients are interested in. Instead, they want to know whether the physician participates in their health plan. The patient knows that the health plan has already negotiated a specific payment rate for office visits and other services, and if the physician is a participating provider, the physician has agreed to accept the insurer's schedule of fees for services. There will be no additional cost to either the insurer or the patient, regardless of deductibles or co-payment requirements.

Obviously the uninsured patient, or the patient who has a high-deductible health plan, is more concerned about the cost of services. If they know in advance what their diagnosis is, and the appropriate medical care for that diagnosis, they can simply ask for the information regarding charges. Most medical practices employ staff who can respond to such inquiries. This allows the cost-conscious consumer of health care to make comparisons among health care providers.

Furthermore, if a consumer believes he or she has been overcharged for services provided by a physician, he or she has a method of recourse available to them. One of the many definitions of unprofessional conduct under the Healing Arts Act is, "Charging an excessive fee for services rendered." Another definition of unprofessional conduct is, "Performing unnecessary tests, examinations or services which have no legitimate medical purpose." In other words, consumers may file a complaint in the event of excessive or inappropriate charges for physician services.

Perhaps a more effective method of informing the public would be the posting and maintenance of a website that reports the usual and customary charge for each category of medical service within a region of the country. This would allow consumers to identify the service or procedure relevant to them and then compare the usual and customary rate with the amount charged by their physician or other health care provider. Of course there would be a cost for a subscription to the source of information as well as for website design and maintenance. And of course there would have to be a way of providing the information to consumers who do not have access to the internet.

Thank you for considering our testimony. We respectfully request that you recommend HB3011 not be passed.