

To: Chairman Stephen M. Casey, Chair of the House Health & Human Services Committee  
Members of the House Health & Human Services Committee

From: **Jack Rusley, MD, MHS**

Date: March 1, 2021

Re: **Support for House Bill 5370**

On behalf of the **Rhode Island Health and Privacy Alliance (RIHPA)**, we appreciate this opportunity to express our **strong support for House Bill 5370, which will protect patient privacy regarding sensitive healthcare services.**

My name is Jack Rusley and I am a co-chair, along with Dr. Joanna Brown and John Wesley, of RIHPA. The Alliance is a diverse and cross-sector coalition of groups working to protect Rhode Islanders from privacy violations related to health care and insurance. Our members range from domestic violence survivor advocates, substance use policy advocacy organizations, ACLU, reproductive health advocates, college health providers, the RI Medical Society as well as RI chapters of national health care provider organizations representing pediatricians, family doctors, and OB/GYNs. Please see below for a list of our member groups.

I am also an adolescent medicine physician, and a primary care clinician for adolescents and young adults here in Providence. While I am a member of the American Academy of Pediatrics and the Society of Adolescent Health and Medicine. I work at Hasbro Children's Hospital and the Alpert Medical School of Brown University as an Assistant Professor of Pediatrics. I am also an adjunct faculty member in the Department of Health Services, Policy, and Practice at the Brown School of Public Health.

RIHPA supports H 5370 because we believe it will help protect the privacy and improve the health of Rhode Islanders.

In certain situations, explanation of benefit forms (EOBs) can violate the privacy of Rhode Islanders, and protections must be put in place to prevent these violations. As a physician, privacy is important to my patients because it gives them confidence that they can seek out the care they need without fear. This includes care related to domestic violence, mental health, substance use, sexual and reproductive health. There is a significant amount of evidence to support this bill in the medical and public health research literature.

Examples include:

<https://www.guttmacher.org/report/confidentiality-individuals-insured-dependents-review-state-laws-and-policies#>

[https://www.chlpi.org/wp-content/uploads/2013/12/Confidentiality-and-Explanation-of-Benefits\\_issue-brief\\_August-2016.pdf](https://www.chlpi.org/wp-content/uploads/2013/12/Confidentiality-and-Explanation-of-Benefits_issue-brief_August-2016.pdf)

<https://nahic.ucsf.edu/resources/protecting-adolescent-confidentiality-under-health-care-reform-the-special-case-regarding-explanation-of-benefits-eobs/>

A very brief summary of this research and analysis is this: when people feel confident their privacy is protected, they will seek out and receive needed health services, and when they are not confident their privacy will be protected, they will delay or forgo necessary care altogether. This is especially true for vulnerable people seeking sensitive services, such as survivors of domestic violence.

H 5370 is focused on creating a process for patients to use a “confidential communications request” (CCR) form to ask for the insurance company to redirect their EOB to an alternative address or email. This is one very important piece of the puzzle, and a reasonable first step for the legislature to take.

**We think it is important that the bill does the following:**

- **requires** insurers to create a **process** for their members to submit a CCR form
- **requires** insurers to make this process **visible and clear** to their members, and process these forms in a **timely manner**
- clarifies that the EOB can be **redirected to whatever mailing address, email, or phone number they wish** (instead of to the policyholder)
- **requires** the Department of Health (DOH) to **assist health care providers** in helping patients complete this form (i.e. creating best practices, increasing awareness, creating a process to have forms available in clinics and how to submit them)
- **allows** the DOH and Office of Health Insurance Commissioner (OHIC) to work together to create regulations to implement this process.

Based on our conversations with colleagues in other states who have worked on this issue for many years, including California and Massachusetts, **we recommend the sponsors and the committee consider adding elements to the bill that would strengthen it’s efficacy and implementation:**

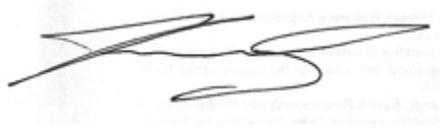
- **Require insurers to mask or suppress sensitive services from the EOB (i.e. evaluation for domestic abuse, mental health counseling, or STD testing)**
- **Require insurers to suppress the EOB for all services that there is zero balance on the claim.**
- **Require the protection against EOB’s sent to a person who is not the policyholder should occur ON THE DAY OF SERVICE, not 7 or 14 days later.**
- **Create an oversight and monitoring committee, which:**
  - o would allow DOH, OHIC, and other state agencies (i.e. Attorney General) to ensure the implementation and uptake of the CCR process.
  - o should include representatives from the above agencies, the insurers in RI, and members of our Alliance.
  - o should report back to the legislature regularly.
- **Allocate funding, in order to:**
  - o allow DOH and OHIC the necessary resources to implement, monitor, and collect data on this process, and
  - o ensure the process is working to protect privacy and provide evidence to improve the process.

We are happy to support this proposed legislation, because we think it will help remove barriers to people seeking needed health services and will allow us and our partners provide the highest quality, comprehensive, confidential, and longitudinal care to Rhode Islanders.

I strongly urge you to approve H 5370 by voting it out of committee.

Thank you for your time and for your consideration to this important issue.

Signed,

A handwritten signature in black ink, appearing to read 'Jack Rusley', is centered on the page. The signature is fluid and cursive, with a prominent horizontal stroke across the middle.

Jack Rusley, MD, MHS

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### **Member Organizations of the Rhode Island Health and Policy Alliance (RIHPA)**

Co-chairs: Joanna Brown, John Wesley, Jack Rusley

American Civil Liberties Union (ACLU) – RI Chapter

Planned Parenthood of Southern New England (PPSNE)

American Academy of Pediatrics (AAP) - RI Chapter

American College of Obstetrics and Gynecology (ACOG) - RI Chapter

Rhode Island Coalition Against Domestic Violence (RICADV)

Rhode Island Medical Society (RIMS)

Tri-State Consortium (College and University health professionals)

Substance Use Policy Education & Recovery PAC