Adopted as amended

RESOLUTION 16-405

(Referred to Reference Committee D)

Subject: Protect Confidentiality of Dependents of Insurance Policyholders

Introduced by: Michael DellaVecchia, MD, on behalf of the Philadelphia County Medical Society

Author: Elisa Giusto, Medical Student, Philadelphia County Medical Society

WHEREAS, Healthcare providers, insurers, and healthcare systems have a legal and ethical obligation to protect patients’ privacy and ensure the confidentiality of their health information; and

WHEREAS, Healthcare providers, insurers, and healthcare systems have not implemented adequate policies, procedures, nor technical safeguards needed to protect the confidentiality of healthcare information related to the minor patients and young adults who are insured as dependents; and

WHEREAS, Explanation of benefits (EOBs) forms are sent by health insurance companies to policyholders after anyone covered under their policy, known as dependents, obtains care; with such forms identifying who received care, the date care was provided, the name of the healthcare provider, and the type of care provided; and

WHEREAS, Policyholders have virtually unfettered access to dependents’ healthcare information making it all but impossible for minor patients and young adults who are insured as dependents to obtain confidential care regarding sexual and reproductive health, mental health, and substance use; and

WHEREAS, Since March of 2016, 6.1 million uninsured young adults ages 19 to 25 have gained health insurance coverage because of the Affordable Care Act’s provision allowing them to be listed as dependent under their parent’s health insurance plan, affecting 27% of women of reproductive age and 20% of men of the same age; and

WHEREAS, Privacy concerns have a substantial impact on patients’ willingness to access healthcare services, as nearly 20% of women obtaining care at a family planning center do not plan on using their insurance coverage because of confidentiality concerns, 32% of minors and 24% of young adults did not use their insurance coverage to obtain contraceptive services due to confidentiality concerns, 60% of adolescents girls would forgo some or all sexual health services in the event of parental notification for prescribed contraceptives, and 14.3% of minor girls and 10.5% of minor boys have forgone needed healthcare due to confidentiality concerns; and

WHEREAS, 6 states (California, Colorado, Maryland, Massachusetts, Oregon, Washington) allow dependents to request confidential communications from their insurance provider via a written request; and

WHEREAS, 3 states (Massachusetts, New York, Wisconsin) allow insurers to mail an EOB directly to the patient instead of the policyholder and do not require insurers to send an EOB to the policyholder if there is no balance due; and

WHEREAS, 4 states (California, Connecticut, Delaware, Florida) have specific protections for minors seeking sexually transmitted infection treatment by not issuing an EOB; and therefore, be it
RESOLVED, That the Pennsylvania Medical Society seek legislation that requires health insurers to, upon request, to require insurers to communicate directly and confidentially with individuals insured as dependents of a parent or guardian's insurance policy who receive any medical services or treatment for which without parental or guardian consent is not required as authorized by law, including but not limited to the EOBs.

Fiscal Note: $2000 or determined by staff

Relevance to Strategic Plan

1.5 Represent the interests of physicians and their patients in legislative initiatives, legal proceedings, and insurer and regulatory processes; strategically communicate that perspective in discussions of health care transformation, health reform, and other matters that impact the practice of medicine in Pennsylvania.

PAMED Policy

190.997 Patient Confidentiality by Third Party Payers
The Society advocates for the imposition of sanctions against third party payers that breach the confidentiality of patient information provided to them by a treating or consulting physician. Sanctions should be legally imposed against third party payers that demand, for approval of or payment for medical services, the provision of information that would conflict with HIPAA regulations. Additional penalties should be imposed against a third party payer that inflicts onerous actions or sanctions against a provider who has declined to submit information that would violate HIPAA regulations. (Res. 410, H-2005)

190.998 Electronic Explanation of Benefits
The Society encourages the Health Care Financing Administration to include in its Medicare electronic claims submission program the reverse flow of electronic explanation of benefits to the provider. (Res. 36, H-88)

185.981 Disclosure of Health Care Benefits by Insurers
The Society shall use all means appropriate to ensure that insurers provide adequate information to consumers regarding their health plan coverage and its limitations. The Society shall continue to monitor and participate whenever possible in patient and subscriber education. (Res. 314, H-2002)

References:

