SB 2494

Measure Title: RELATING TO PERSONAL INJURY PROTECTION BENEFITS.

Report Title:

Motor Vehicle Insurance; Personal Injury Protection Benefits;

Reimbursement; Drugs, Supplies, and Materials

Ensures personal injury protection benefits remain consistent with

Description:

prepaid health care plans by clearly specifying requirements for the

reimbursement of drugs, supplies, and materials.

Companion:

HB2584

Package:

None

Current Referral:

CPN, WAM

Introducer(s): BAKER



NEIL ABERCROMBIE GOVERNOR

SHAN S. TSUTSUI

STATE OF HAWAII OFFICE OF THE DIRECTOR DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

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TO THE SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

TWENTY-SEVENTH LEGISLATURE Regular Session of 2014

Wednesday, February 5, 2014 9 a m.

TESTIMONY ON SENATE BILL NO. 2494 – RELATING TO PERSONAL INJURY PROTECTION BENEFITS.

TO THE HONORABLE ROSALYN H. BAKER, CHAIR, AND MEMBERS OF THE COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs ("Department"). The Department opposes the bill, and submits the following comments:

This bill proposes to conform charges by health care providers for drug prescriptions associated with covered motor vehicle injuries to those reimbursable under prepaid health care plans.

Under HRS §431-10C-308.5, the motor vehicle insurance fee schedule adopts the workers' compensation supplemental fee schedule, which governs the charges and frequency of treatments and their reimbursements. Personal injury protection ("PIP") benefits are, therefore, intimately and uniformly linked to the motor vehicle insurance and workers' compensation supplemental medical fee schedules and not to the individual reimbursement tables of multiple health plans.

We thank the Committee for the opportunity to present testimony on this matter.



Pauahi Tower, Suite 2010 1003 Bishop Street Honolulu, Hawaii 96813 Telephone (808) 525-5877

Alison Powers
Executive Director

TESTIMONY OF MIKE ONOFRIETTI

SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Rosalyn H. Baker, Chair
Senator Brian Taniguchi, Vice Chair

Wednesday, February 5, 2014 9:00 a.m.

SB 2494

Chair Baker, Vice Chair Taniguchi, and members of the Committee, my name is Michael Tanoue, counsel for the Hawaii Insurers Council, a non-profit trade association of property and casualty insurance companies licensed to do business in Hawaii. Member companies underwrite approximately one third of all property and casualty insurance premiums in the state.

Hawaii Insurers Council <u>supports</u> this bill. The bill adds a new section regarding the reimbursement of drugs, supplies, and materials under the personal injury protection benefits part of the motor vehicle insurance law in order to contain costs, prevent overprescribing, and prevent price gouging.

We believe by implementing this process, there will be a clear understanding by all involved in the prescribing, delivery, and payment of drugs, supplies, and materials of what is allowed and the rate of reimbursement. This measure will benefit consumers because the minimum statutory personal injury projection limit is \$10,000 and by containing the cost of drugs, supplies, and materials, there will be more benefits available to the injured for other types of treatment.

Thank you for the opportunity to testify.



Government Employees Insurance Company

■ GEICO General Insurance Company

■ GEICO Indemnity Company

■ GEICO Casualty Company

TIMOTHY M. DAYTON, CPCU, GENERAL MANAGER

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Senate Committee on Commerce and Consumer Protection

Conference Room 229 State Capitol
Wednesday, February 5, 2014, 9:00 a.m.
SB 2494 – Relating to Personal Injury Protection Benefits

Chair Baker, Vice-Chair Taniguchi and Members of the Senate Committee on Commerce and Consumer Protection:

My name is Tim Dayton and I am General Manager for GEICO, Hawaii's largest insurer of motor vehicles. GEICO supports SB 2494 which would help to control the costs in motor vehicle insurance Personal Injury Protection (PIP) coverage by specifying requirements for the reimbursement of drugs, supplies, and materials associated with Personal Injury Protection benefits.

Overprescribing of prescription drugs and drug price gouging has had a growing impact on the limited PIP benefits available to motorists. This results in Hawaii consumers exhausting their PIP coverage benefits on charges that are unnecessary, unreasonably price inflated or on repackaged drugs with even higher prices. This deprives consumers of the intended benefit of their coverage. Excessive charges will impact the cost of motor vehicle insurance in the future.

As currently written, Senate Bill 2494 aids in maintaining the current affordable premium levels by taking the excessive profit motive out of prescription dispensing and ensuring that charges for prescriptions are reasonable. This is not currently the case. I would like to cite dispensing of Speed Gel as one specific example. As you can see from the attached, GEICO was billed \$832.02 for two (30ml) tubes of this homeopathic spray. I purchased the same product in over the counter form for \$17.99 (50 ml). The only active ingredients found in the Rx version that were not in the over-the-counter version were ginger and Colchicinum. Colchicinum is indicated for patients who are suffering from gout which is unlikely to occur as a result of a motor vehicle injury.

SB 2494 would have a positive impact on GEICO's policyholders and would enable them to receive the intended benefit of the coverages that they have paid insurance premiums to receive. GEICO urges this committee to pass SB 2494.

Thank you for the opportunity to submit this testimony.

Timothy M. Dayton, CPCU

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GEICO

PO BOX 509119 **HEALTH INSURANCE CLAIM FORM** APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 02/05 SAN DIEGO, CA 92150 PICA MEDICAID TRICARE CHAMPVA GROLE OTHER | 12. INSURED'S I.D. NUMBER 1- MERICARE (For Program in Item 1 (For Program (n item 1) 1. MEDICARE TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA GROUP
HEALTH PLAN
(SSN or ID) FECA LIKEUNG X (ID) 12, INSURED'S I.D. NUMBER OTHER (Medicare #) (Medicald #) 2. PATIENT'S NAME (Last Namo, First Namo, Middle Initial) S. PATIENT'S RIPT SEX Name, First Name, Micidia Initial) 6, PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS (No., Street) Self X Spouse Child Other STATE 8. PATIENT STATUS CITY STATE ΗÏ Single Married Other X ZIP CODE TELEPHONE Include Area Code) TELEPHONE (Include Area Code) ZIP CODE Employed X Full-Time Part-Time 96797 (808) 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: 11. INSURED'S POLICY GROUP OR FECA NUMBER A OTHER INSURED'S POLICY OR GROUP NUMBER SEX a. EMPLOYMENT? (Current or Previous) d. INSURED'S DATE OF BIRTH YES F b. OTHER INSURED'S DATE OF BIRTH b. AUTO ACCIDENT? b. EMPLOYER'S NAME OR SCHOOL NAME SEX PLACE (State) X YES ПН ом c. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME c. OTHER ACCIDENT? YES X NO d. IS THERE ANOTHER HEALTH BENEFIT PLAN? d. INSURANCE PLAN NAME OR PROGRAM NAME 10d. RESERVED FOR LOCAL USE YES NO if yes, return to and complete item 9 a-d. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE, I colliterize the release of any medical or other information necessary to process tritle claim, I also request payment of government benefits either to myself or to the party who accepts assignment below. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below, SIGNATURE ON FILE 10/1/2012 SIGNATURE ON FILE SIGNED -DATE 14. DATE OF CURRENT:

MM | DD | DD | RIVER | ILLNESS (First symptom) OR |
INJURY (Accident) CR | PREGNANCY (LMF) 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. 18. DATES PATIENT UNABLE TO WORK IN CURRENT MM I DD I YY FROM 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a, FROM MM 175, NPI TO 19. RESERVED FOR LOCAL USE 2D. OUTSIDE LAB? The electronic rignature below constitutes certification the 431:10C and Hawall Administrative Rules Chapter 16-23. YES NO 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate flores 1, 2, 3 or 4 to flore 24E by Line) 22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 10 25. PRIOR AUTHORIZATION NUMBER $x \rightarrow x A$ DATE(S) OF SERVICE D. PACCEOURES, SERVICES, OR SUPPLIES C. J. RENDERING From DIAGNOSIS (Explain Umusual Circumstances) ψ. S CHARGES YY SERVICE EMG MODIFIER POINTER PROVIDER ID. # 50436907201(\$297.15) Speed Gel Rx Pain Relief Gel 30ml 29 12 9 29 12 11 J8499 832 02 | 60 1 NP ΝPi NPI NPI SSN EIN 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30, BALANCE DUE 6. PATIENT'S ACCOUNT X YES 102 X \$832 \$0 00 832 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the property of the reverse pade a part shereof.) 33. BILLING PROVIDER INFO & PH # (888) 788-4771

SIGNED

9/29/2012

DATE

<u> 1-205973047</u>