Many insured Americans, particularly young adults, minors, and victims of domestic violence, are forgoing essential medical care out of fear that their insurance policyholder (their parent or their abuser) will find out. They will either choose to postpone their treatment or seek care at a free clinic. Postponing treatment causes conditions to worsen, risking the individual’s health, and increasing the cost of treatment when he or she eventually seeks care. Utilizing free clinics eats away at public resources meant for uninsured and underinsured. This bill will ensure that all insured Massachusetts residents can access and receive confidential health care coverage.

■ The Bill
H.871: An Act to protect access to confidential healthcare

■ Elevator Speech
Hi, we’re Riayn Rosenstock, Emma Farber, and Kaitlin Wang, and we are student at Brandeis University concerned about our and our peers’ ability to access essential medical services. We have seen first hand that despite doctor-patient confidentiality laws, medical confidentiality is threatened, particularly for us as young adults on our parents’ insurance plans. Minor and young adults on family health plans, such as college students like us, routinely forego vital health services because our parents can access all of our supposedly confidential health information. The problem is that our peers are putting themselves at risk by not seeking the proper testing and treatment for STDs, reproductive issues, substance abuse, mental health issues, and sexual assault, all because they’re afraid of their parents finding out. In order to address this privacy gap, we are advocating for H.871, An Act to Protect Access to Confidential Healthcare. This bill would allow for the patient (not the insurance policyholder) to choose how and to whom insurance forms are delivered, giving them control over their own health information. Insurance forms will also use more generic terms that don’t divulge all of our medical details. If you believe in protecting healthcare confidentiality, we ask that you support H.871 and vote this bill favorably out of the Financial Service committee.
Hello Representative Dempsey and other members of the Ways and Means Committee, we are Emma Farber, Riayn Rosenstock, and Kaitlin Wang, and we are students from Brandeis University. We have been working with NARAL and Health Care for All to advocate for H.871, an act to protect access to confidentiality in health care. As young adults still on our parents’ health insurance plans, we understand the relationship between privacy and access to vital health services. Even as minors, we expected our healthcare providers to protect our private health information and not reveal it to our parents without our consent. However, the insurance company shares that information with the policyholder through a form known as an Explanation of Benefits, or EOB. This form is only sent to the primary policyholder of the health insurance policy, and lists the specific services that someone on their health insurance policy received, whether the services were covered by health insurance or not. It is meant to provide transparency in health care billing, but it inadvertently created privacy concerns because someone besides the person listed on the form can view that form to learn about someone else’s health conditions. As a result, many young adults choose to forgo essential medical care because they know their insurance policyholder can access their health information.

This problem affects everyone under a health insurance policy, which is mandatory to have in Massachusetts. The groups most affected by this issue are minors and young adults on their parents’ health insurance, people with substance abuse or mental health issues, people with reproductive health concerns, and victims of domestic abuse. One in three insured dependents cite confidentiality concerns as their primary reason to not use their health insurance. Similarly, about one in five insured women obtaining care at a family planning center stated that they were not planning to use their insurance coverage because of confidentiality concerns. Let’s say, for example, that one of your children had a substance abuse problem and wanted to seek treatment, but didn’t want you, the parent, to find out about it, either because they don’t want you to worry about them or they are nervous about how you would react. They would discover this confidentiality issue with health care billing and be forced to make a choice: either they get the health services they need through their insurance and risk you finding out about it when the Explanation of Benefits arrives at your address, as you are their health insurance policy holder, or avoid using their insurance altogether and rely on alternative health options like public clinics. In the worst-case scenario, they cannot get treatment at all and risk their issue getting worse because they cannot afford it and no other alternative options exist.

They are forced into making a choice that harms their health in order to protect their privacy as long as this gap exists.

This bill would add more confidentiality between the patient and the insurance company, and would allow more people to feel comfortable about using their insurance. First, if the patient does not owe any money for the treatment, the insurance company will not have to send the EOB. Second, if they do have to send an EOB, the patient can choose the method by which they receive it, whether it be to a new address or electronically. And third, the EOB will use general language for sensitive treatments rather than highly specific language, which would prevent outside people from figuring out exactly what medical care they received. These added stipulations would allow for less risk of exposure of someone’s health care services to unwanted parties, and would make people feel they can use their health insurance without having to worry about a confidentiality breach.

My name is Riayn Rosenstock and I am writing you because I am passionate about my health care remaining a private matter between my health care provider and myself. I am working other passionate students of the Brandeis community who can relate to or have experienced the challenge of dealing with private health issues. I believe every person deserves privacy in regards to their personal health. Insured minors and young adults still are reluctant to use their insurance because they fear being stigmatized or harmed. I am sure this is an issue within your beloved Waltham Public Schools because I know that it is an issue in other districts, such as Concord, where my cousins attend high school. In 1996, the Federal Health Insurance Portability and Accountability Act (HIPPA) was established, ensuring confidentiality of health care information for insured dependents, however, medical confidentiality is still not completely guaranteed. I am writing to ask for your help with passing Bill H.871, An Act Relative to Protecting Access to Confidential Health Care. By passing this bill, minors and young adults can be provided with the privacy they deserve.

I spoke with a representative, JoJo, from the Sidney Borum Jr. Health Center, a clinic that provides safe, non-judgmental care for young people ages 12–29 who may not feel comfortable going anywhere else. He explained how mostly every patient of the center is insured, but chose to come to the clinic to receive treatments they did not feel comfortable receiving from their own doctor. He shared a story about a young woman who did not want to have a
child, but her husband was adamant about it, so she did not seek birth control under their combined health insurance plan, because he would find out. It is a shame that this woman felt that she could not use her insurance, and had to go to Sidney Borum instead. He also explained that Sidney Borum, like most public clinics, survives off of public dollars, in addition to some private money, therefore, when one goes to a free clinic when he or she is already insured, it defeats the purpose of having health insurance, and uses up public dollars that could be used to help uninsured patients. I can understand how, as a member of the Joint Committee on Ways and Means, you would want people to make choices for their health that represent a responsible investment. Our bill is one important step in ensuring such an investment.

This bill would bridge the confidentiality gap between patients and health plans in the following ways. First, if the patient does not owe any money for the treatment, the insurance company will not have to send an explanation of benefits [EOB], which details the treatments that the patient received. Second, if they do have to send an EOB, the patient can choose the method by which they receive it. And third, the EOB will use general language for treatments rather than highly specific language such as “Doctor Visit” or “Medical Treatment,” which prevents others from figuring out what treatment they received.

Although this legislation may seem costly, as insurance companies will have to restructre current practices and a third party auditor may be necessary for the billing process due to the loss of transparency between policyholder and provider, the long-term effects of this legislation will offset these costs. By detecting diseases and illnesses early on, insured individuals and hospitals will not incur more severe, long-term costs from diseases that have worsened over time.

With your help, all residents of Massachusetts can be confident that their health care privacy will not be violated. By voting to pass bill H.871 in the House, you will allow everyone in Massachusetts to utilize the health care guaranteed through their insurance provider without fear.

■ Excerpts from Campaign Journals

Emma

On April 2nd, Riayn, Kaitlin and I met with Alyssa Vangeli at Healthcare for All, one of the coalitions working on our bill. Riayn had been referred to Alyssa when she reached out to Health Care For All with questions about our bill earlier in the semester. The meeting took place in the Health Care For All office in Boston. We reached out to Health Care For All in order to get more answers for our longstanding questions about the bill: how will this act deal with insurance billing issues? What costs will insurers incur? What savings will public clinics experience?

Alyssa was extremely helpful in discussing these questions with us. She was able to answer our questions about billing issues better than anyone else we had met with, which was relieving because it was an issue we had been grappling with all semester. She did not have a lot of information about the costs to insurers and cost savings to the public, but we had found some statistics about public clinics and we were actually able to provide valuable information to Health Care For All, which will continue to do research on the costs and cost savings.

Riayn

Emma and I met with Hailey Magee, an Organizing Manager at NARAL Pro-Choice, in Einstein’s located in the SCC [at Brandeis]. The purpose of our meeting was to better understand the context of our bill and to develop a list of legislatures that we should contact and meet with on our visits to the State House. We also wanted to develop a connection with one of our coalitions early on so we could better connect with/access the coalition throughout the semester. Meeting with Hailey early on in the semester worked out well because we were able to work with her to understand specific details about our bill and she provided us analyses/ratings of legislatures that we used during both of our State House visits. What we could have improved on is we should have emailed her our questions ahead of time so she could have spoken with NARAL and received direct answers before she met with us. Additionally, it could have been more productive if we met Hailey in the NARAL office because when we met in Einstein’s we had many interruptions by other students in our class and friends that said “hi” when they saw us in passing.

Kaitlin

We contacted Senator Bradley and were told to drop by. Emma chose Senator Bradley because he had supported domestic violence-related bills in the past. We spoke with his staff member, Anestis Kalaitzidis. He hadn’t heard of the bill but figured that Senator Garrett Bradley would be interested because he worked with anti-domestic violence bills. What went well was that because he didn’t know of the bill, and we had more practice with presenting the bill, we could present it to him easily and we focused on the domestic violence piece, which I knew a lot about because of Caitlin’s capstone. It would have been better if we could have met with the senator, so he would know about it directly. We left him with HCFA’s fact sheet and our contact information, and he gave us his.
Update

As of September, the official record noted that a hearing on the bill was scheduled for July 21, 2015.

For more information

Health Care for All Massachusetts
hcfama.org