

Act Now

It will take you five minutes to tell your state government that you want the proposed regulations withdrawn.

Contact the New Jersey Department of Banking and Insurance (DOBI) through our web site and tell them that you want these proposed regulations withdrawn. The comment period will expire on April 2, 2007, get your comment in today.

It's fast and easy if you go the www.msnpjadvocacy.org and click on "Patients."

If you prefer paper, write to Mr. Melillo at the address below, they are required to respond to your letter:

Write to:

**Robert Melillo, Chief,
Legislative & Regulatory Affairs
20 West State Street
P.O. Box 325
Trenton, NJ 08625-0325**

E-MAIL: LegsRegs@dobi.state.nj.us
FAX: 609.292.0896



- **Who benefits? *Not patients.***

DOBI's own analysis concludes that this change "... will likely have a negative economic impact on covered persons." In the same statement, the department admits that "carriers will be positively impacted because they will pay less . . ."

Patients Will Pay More for Their Out-of-Network Healthcare under Proposed New Jersey Regulations

Turn this page and learn what the situation is and what you can do to fix it.

- **The problem.**

The Department of Banking & Insurance (DOBI) has proposed regulations that will increase the amount that you, our patient will have to pay directly, out-of-pocket, for out-of-network medical care. The Medical Society of New Jersey (MSNJ) opposes this regulation, since it will reduce your right to choose your doctor by making out-of-network care even more expensive. This will also cost you more if an in-network specialist can't be found. MSNJ believes this proposal is simply misguided, and we need your help to call for its withdrawal.

- **It will reduce your choice.**

The regulation will **limit your choice** by making you, our patient, pay even more out-of-pocket to go to an out-of-network physician. This will make it even more expensive to exercise this choice.

- **It will make you pay even more to see out-of-network physicians.**

You, our patient, pay higher premiums in order to get access to out-of-network doctors. This regulation creates a severe economic barrier to that choice, as **the costs shift from the insurance companies to you**. If you need to go out of network for specialized care, you could face delays in getting the treatment you need if you cannot afford it immediately. You will get very little coverage for your premium dollars, while insurance companies rake in even bigger profits and pay their CEOs huge salaries.

- **It does not provide greater transparency on fees.**

DOBI has told us that the intent of the proposed regulations was to make fees more transparent. If transparency is the goal, there needs to be greater access to fee information for you our patient and for physicians. **There should be full and free access to validated usual and customary fee schedules**. Changing to a Medicare fee schedule, as DOBI is proposing, makes nothing clear. While it is public, it takes a sophisticated knowledge of fee schedules and coding to make sense of it. We believe this change will lead to greater confusion among patients, not more transparency on fees.

- **Who benefits? Not patients.**

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Ask yourself, why do this? Who wins?