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**State Representative
Alicia Reece**

HB 536 Sponsor Testimony

Good morning Chairman Brinkman, Vice Chair Henne, Ranking member Boccieri and members of the House Insurance Committee, and thank you for allowing me to present testimony on HB 536, that will prohibit health plans from crafting policies that selectively cover emergency services.

I'd like to start this testimony by sharing a story. Brittany Cloyd, who lives just across the border in Kentucky, arrived at the emergency room last summer in extreme pain and with high fever. Her mother, a nurse, suggested it could be appendicitis. After multiple tests in the ER Brittany was diagnosed with ovarian cysts, not appendicitis like originally thought. The ER physician gave her pain medications, and ordered a follow up with gynecologist. A few weeks later, Brittany received a shock when a hospital bill arrived in the mail: \$12,500, because her insurance denied her visit.

In recent years, the second largest health insurer in the country, Anthem, has rolled out policies in multiple states that deny coverage for emergency services based on a final diagnosis. Essentially, they'll deny your ER visit if they deem it wasn't really an emergency. Unfortunately, that harmful policy has come to Ohio. HB 536 would put an end to a policy that that requires patients who are hurting and ill to self-diagnose and act as their own doctor, to determine if those chest pains are a heart attack or something more minor. If they guess wrong, they're on the hook. A 2013 study in the Journal of the American Medical Association found that there is a 90 percent overlap in symptoms in patients suffering from emergency and non-emergency ailments. This backwards restriction will discourage individuals with genuine emergencies from seeking lifesaving care. Many would go broke or lose their life savings in order to cover the costs of a denied visit.

While we haven't seen the diagnosis codes Anthem uses to deny coverage in Ohio, in Missouri the original list of nearly 2000 diagnoses that would result in denial include influenza (which has killed several people this year), ovarian cysts, 'unspecified injuries', and more. How do we expect patients who are suffering to determine whether what they are experiencing is life threatening when a study found that ER doctors and nurses often are unable to distinguish urgent from non-urgent visits without examining the patient. Six of the top ten reasons for unnecessary visits were also among the top 10 real emergency symptoms.

Last year, Anthem reported a 55% increase in net profits of \$3.84 billion dollars. Their CEO saw a 22% raise last year, earning \$16.5 million dollars, and the company saw a \$1.1 billion dollar tax benefit because of the federal tax bill. Anthem is making billions while at the same time denying emergency coverage in six states (Missouri, Georgia, Kentucky, Indiana,

New Hampshire, Ohio) and putting working people deep into debt. I don't know what Anthem thinks about Ohio and these other states but we need to send a strong message that this is not how business is done in the state of Ohio. I'd be happy to answer any questions on this bill.

