I am writing about SB 97. I do not feel the proposed legislation is comprehensive enough. Why limit this statue to pre-approved visits and scheduled visits (7 days in advanced)? The health care providers have many signed agreements with insurers, and in each of the signed agreements is the agreed upon charges/payment by services codes. So the health care provider has, or can have embedded in their computer network, both the price they will charge for an uninsured patient and what they will charge the insured patient according to the applicable insurer's plan. Hence the health care provider should be able to provide a walk in patient the same 'good faith estimate' as they do the schedule visit patient; absent the amount the insurer will pay on behalf of patient. Most patients know what % or co-pay or deductible they are responsible to pay, so the piece absent from the good faith estimate on the walk in cases is less relevant. Walk in patient would be defined as anyone visiting a health care provider/hospital/emergency room inside the 7 day window defined for scheduled visits.

My personal story of health care injustice is: This past spring my daughter, attending Miami University in Oxford Ohio, had a severe sore throat the day before mid terms started. She had been to the student walk in clinic a couple of times prior to this and the cost had been $100 dollars or so on our high deductible plan. However, on this visit she made the mistake of going into the emergency room entrance. This entrance is 300 feet or so from the entrance she had gone to in past visits, and is all a part of the same building. Why did she do this? I do not know for sure, but she was looking for a quick fix or was just an unknowing 19 year old. Obviously, she was feeling miserable and wanted to feel better so she could study for mid terms. She made a mistake and the bill was $2000 dollars for similar services previously costing $100 dollars. They took advantage of a stressed out 19 year old. She walked into the hospital ER and it was practically empty at 10 am. A lady behind the desk asked her if she needed help. She responded, yes, I have a sore throat and want to see a doctor about a prescription. She was told to have a seat. No one informed her that she was in the ER and that she needed to walk around the corner and go to the walk in clinic. She waited 10 minutes and then was led to a room. She waited another 10 minutes and the doctor came in. 3 minutes later the doctor gave her a prescription for meds and she left the facility. Why did no one have the common sense to inform an unknowing 19 year old that she was making a mistake? Would a good faith estimate have alerted her to the huge costs she was about to incur? Yes. Why will the hospital not acknowledge this honest mistake and cut us a break and take some responsibility? I guess, this is why we need legislation and statues. A very sad set of circumstances when we have legislate everything to force non-for- profit organizations to do the right thing.

Thank you for the consideration, Jackson