Ohio ACEP
American College of Emergency Physicians
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Chairman Brinkman, Vice Chairman Lampton, Ranking Member Miranda and members of the House Insurance Committee, thank you for the opportunity to give proponent testimony regarding House Bill 270. My name is Dr. Ryan Squier and I am here on behalf of the Ohio Chapter of the American College of Emergency Physicians (Ohio ACEP) that represents over 1,500 emergency physicians across the State. I currently serve as the President of Ohio ACEP.

House Bill 270 will strengthen Ohio's prudent layperson standard, require insurers to conduct an emergency physician review of a claim before denying or reducing reimbursement for an emergency services claim and require insurers to inform and educate their enrollees about their coverage of emergency services.

As you heard from the bill sponsors last week, emergency departments and emergency physicians practice under the federal law known as EMTALA (the Emergency Medical Treatment and Labor Act). EMTALA requires that any patient who presents to an emergency department receive a medical screening exam and any care needed to stabilize that emergency. This care is provided regardless of insurance status or ability to pay. If EMTALA is violated penalties may include: Termination of the hospital or physician's Medicare provider agreement. Hospital fines up to $104,826 per violation ($25,000 for a hospital with fewer than 100 beds). Physician fines of $50,000 per violation, including on-call physicians. This is what makes hospital emergency departments the true healthcare safety net. We are there for all patients, at all times, with no exceptions.

As you also heard last week, Ohio currently has a prudent layperson standard law. This means that if a person with average medical knowledge believes they have an emergency medical condition, that visit to the emergency department should then be considered a medical emergency. Most times symptoms overlap many possible diagnoses. These symptoms could be caused by a serious and life-threatening condition or something less critical. The prudent layperson standard is critically important to allow patients access to emergency care and not be put in the position to make a differential diagnosis on their own.

As an emergency physician, I underwent four years of undergraduate premedical education, four years of medical school, followed by three years of additional training in an emergency medicine residency program. I spent thousands of hours, and years of my life, being trained in assessing the undifferentiated patient with an acute complaint and learning to identify and treat life threatening emergencies. Patients can't be expected to determine what is or is not an emergency, without the tools of the emergency department and the years of training that allows me to deliver this standard.

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It was asked last week if the bill contemplates access to other locations for patient care. It does not necessarily. Patients have many options to receive healthcare, whether from their primary care physician, a visit to an urgent care or other options. Many times, that is what patients do. However, if a patient presents to an urgent care and diagnostic testing is needed to determine the cause of an acute condition, the patient will likely end up in the emergency department anyways. There are also barriers to accessing a primary care physician should the condition manifest in the evening or on the weekend when most doctor's offices are closed. The emergency department is the only place that is open 24/7/365. And furthermore, when you think you're having an emergency, and you're concerned about your life and wellbeing, going online to find the closest urgent care should not be the first priority.

We do not want patients who need emergency care to delay seeking help. This can lead to worst outcomes. We saw this during the early days of the COVID 19 pandemic, when ED visits dropped dramatically over fear of leaving the home and limited access to office-based providers. Patient's attempted to self-diagnose, and subsequently mortality rates skyrocketed amongst all disease categories and we saw complications of missed heart attacks, strokes and so many other diseases that we have not seen in YEARS.

Here is an example from one of our members about a patient that demonstrates just how dangerous denial of emergency care can be:

> The patient was a woman in her 60s who had previously come to the ED for a complaint that ended up being non-urgent: leg pain. She was concerned for a blood clot because she looked up symptoms on the internet. Her ultrasound ended up being normal and she was sent home. Her insurance would not pay her ED bill because she was diagnosed with leg pain. The physician only knew this, because of what happened the next time she was in the ER months later....
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> She came in and was diagnosed with a completely different problem: a stroke. She had arm and leg weakness and was afraid to come back to the ED "in case it was nothing", stating that she would not be able to pay the bill if her insurance would retroactively deny her claim again. This woman sat at home for 2 days having a stroke because she was afraid to come to the ED due to the fear that her visit would not be covered again. Instead, she will now have a disability that will forever burden her and will end up costing her insurance company far more than one ED visit. This could have been treated and the symptoms reversed if she had presented in a timely manner. It's unfair to people to expect them to self-diagnose when they are unable to, and this is a way of punishing them and putting them in the middle.

Ohioans and employers purchase health insurance to protect them financially when care is needed. Patients expect that when an emergency happens, their insurance will cover that care. All plans are required to cover emergency services, however, in many cases, that coverage is not there. The legislature did significant and important work to protect patients from a surprise bill if they see an out-of-network provider in an emergency. We see the retroactive denials of care as a surprise bill as well. These patients have insurance. They were seen and treated by an in-network provider. The care has already been delivered and complete. And then the denial comes, leaving the patient with a bill they did not expect. In fact, this is surprise lack of coverage.

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Many times, that bill is never paid, leaving the hospital and physician to write off the care as bad debt or charity care. And if the patient is able to pay the bill, since the care was denied by the insurance, it won't even go towards the insurance deductible.

It is important to note, that HB 270 does not prohibit an insurer from ever denying a claim. It only requires that a full and appropriate review of that claim is completed before it is denied or the benefit is reduced. It also makes clear that the claim cannot be denied or reduced based on the patients final diagnosis. The full medical record must be taken into account, including presenting symptoms.

We believe that this is an important bill to protect patients and ensure access to care.

Mr. Chairman, members of the Committee, thank you for the opportunity to testify today. I will do my best to answer any questions you may have regarding this important legislation.

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