

House Insurance Committee  
Dr. Bryan Graham - Proponent

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 substitute House Bill 270. My name is Dr. Bryan Graham and I am here on behalf of the Ohio Chapter of the American College of Emergency Physicians (Ohio ACEP) that represents over 1,600 emergency physicians across the State. I currently serve as the President Elect of Ohio ACEP and I am a practicing emergency physician at the Cleveland Clinic, who has also provided written testimony in support of this bill.

About a year ago, this committee heard from Dr. Ryan Squier on behalf of our organization in support of this bill. I am not going to repeat all of the points he raised in this testimony, but I do encourage you to review his comprehensive remarks on the importance of this legislation.

Instead, I would like to start by highlighting the work we have done over the last year on this bill. I personally have attended 3 interested party meetings on this legislation hosted by the bill sponsors. What has been presented to this committee as a substitute bill represents good faith changes to address some objections raised, not only in those meetings, but also by some of the committee members. The legislation has been simplified, but still achieves the goal of helping to protect patients from retroactive denials of their emergency medical claims, that can result in an unexpected bill for those services.

Patients who come to the emergency department should feel relief when after their emergency medical exam, their emergency concern turns out to be something that is not life threatening, can be readily treated, and they're subsequently discharged home. However, that sigh of relief can turn to panic when their insurance coverage fails to be there for them when they needed it most. This legislation will ensure that insurers are not unilaterally denying coverage or reducing patients' benefits without first reviewing a claim and considering presenting symptoms, not just an algorithm of diagnosis codes.

These instances are not theory or hyperbole. We know that an insurer with a strong footprint in Ohio was ordered by a federal arbitrator to pay millions of dollars to healthcare providers for their unlawful payment practices when it comes the coverage of emergency services. Providers should not have to go to court to ensure insurers are following applicable state and federal laws when it comes to required emergency medical coverage. Patients and businesses purchase insurance so that they can see a physician when they are ill and get peace of mind. Emergency medicine physicians complete years of training in order to develop the skills to diagnose and treat an emergency, asking a layperson to do the same or face financial consequences despite carrying insurance does not make common sense. By passing HB 270, you will strengthen Ohio's law on this topic and also help ensure our healthcare safety net is there for every Ohioan when they need care the most.

**President**  
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We understand the need to try and control “healthcare costs”. Opponents of this bill will likely tell you these retroactive denials are to encourage patients to get the right care at the right place at the right time. We don’t disagree with that, and we absolutely promote and understand the value of primary and preventative care. However, retroactively denying claims at the expense of the patient without even reviewing the chart is not the appropriate way to do this.

Further, once a patient has made the determination that they need care in an emergency department, they have clearly demonstrated they have concern for a possible medical emergency. They undergo an emergency medical exam, and are appropriately treated, which often includes diagnostic and therapeutic interventions to conclude whether or not those presenting signs and symptoms are indicative of an emergent condition.

Insurance companies wiping their hands of responsibility to cover that care is not an effective mitigation strategy. However, to address this objection to the legislation, a provision was added to this substitute bill that part of the claim review by the insurer can consider repeated emergency department utilization by the patient.

We also understand business groups will likely oppose this bill because of their members’ frustration with increased insurance premiums. Their frustrations are justified. Reports have estimated that insurance coverage premiums have increased as much as 47% in the last decade. But these increases are not the result of emergency department visits. Insurance companies raise premiums because they can. We have also seen a proliferation of high deductible plans that put more financial obligation on the covered individuals and families.

To add insult to injury, despite premiums rising, in the scenario we are outlining patients are stuck with the bill. So not only are patients paying more out of pocket each year for coverage, but their insurance company is then forcing them to pay out of pocket for these acute episodes of care – again, despite having insurance.

I can assure you, physician reimbursement rates have not increased at the rate of your premiums, and in fact our rates don’t even keep up with inflation. But at the end of the day, we just don’t see why holding insurance companies accountable for actually covering what a policy purports to cover should increase premiums. Isn’t that why you tolerate the increase in premiums each year, to have coverage when you need it?

House Bill 270 is about protecting patients. House Bill 270 is about protecting the healthcare safety net, so that it is always there when you, your families, and your neighbors need us. Please support this important legislation. I’d be happy to answer any questions you might have.

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