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Opposition Testimony to House Bill 21
House Insurance Committee
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Chairman Lampton, Vice Chair Craig, Ranking Member Tims and members of the House Insurance Committee, my name is Michelle Weiss, and I am testifying on behalf of the Ohio Hematology Oncology Society in opposition of House Bill 21, the Health Care Sharing Ministries Freedom to Share Act.

The Ohio Hematology Oncology Society (OHOS) represents over 220 oncology providers across Ohio. Our mission is to advocate for high-quality, accessible cancer care by identifying and addressing barriers that hinder timely, effective treatment.

Thank you for the opportunity to provide opponent testimony on House Bill 21. While we respect the rights of individuals to explore alternatives to traditional health insurance, we have serious concerns that House Bill 21, as currently written, fails to provide the necessary consumer protections for Ohioans, particularly those facing serious illnesses like cancer.

Key Concerns

1. Misleading Marketing and Lack of Transparency

Many Health Care Sharing Ministries (HCSMs) use deceptive marketing tactics that give consumers the false impression that they offer the same protections as traditional health insurance. Brokers and websites frequently advertise generous coverage, such as chemotherapy cost sharing up to \$2,000,000. However, hidden in the fine print are severe limitations—some capping critical treatments at just \$10,000. This bait-and-switch practice leaves patients dangerously underinsured at the moment they need coverage the most. Adding to the confusion, many HCSMs operate in ways nearly identical to insurance companies, requiring prior authorizations, claim forms, and medical coding for reimbursement—despite not being subject to the same regulations or consumer protections.

The disclaimer, as currently written, does not accurately reflect the full scope of the bill's language. While the disclaimer emphasizes that individuals are personally responsible for their medical expenses, it does not explicitly state that contributions to the Health Care Sharing Ministry (HCSM) are made without any assumption of risk or promise to pay.

Earlier in the bill, it is clearly stated in definition of HCSM, in R.C. 1716.01 division (H)(4) as introduced, (H)(5) as amended by AM0224 that [an HCSM]:

"Provides amounts that participants may contribute with no assumption of risk or promise to pay by the health care sharing ministry to the participants."

This definitional statement is distinct from the disclaimer. The disclaimer only addresses personal responsibility for medical bills but does not clarify the nature of contributions—specifically, that there is no guaranteed coverage or obligation to pay by the HCSM.

By excluding this language from the disclaimer, the full intent of the bill is not communicated to participants. Including this statement in the disclaimer ensures transparency and reinforces that contributions are voluntary, with no contractual or financial obligation on the part of the HCSM, not just another participant.

For these reasons, the disclaimer should be revised to include the language from earlier in the bill to prevent misinterpretation and to align with the bill's intent.

See the attached graphics from Altrua HealthShare and OneShare as examples—just two among many that demonstrate these misleading practices.

2. Lack of Financial Transparency

HCSMs are not required to operate under the same financial accountability standards as traditional insurers. They do not have to maintain reserves, and members have no legal guarantee that their medical costs will be covered. Without these safeguards, Ohioans could face devastating financial hardship if an HCSM fails to meet its obligations.

3. Exemption from Insurance Regulations Without Consumer Protections

House Bill 21 exempts HCSMs from state insurance laws, which means they can deny coverage based on pre-existing conditions, impose arbitrary limits on payouts, and refuse to share costs at their discretion. Unlike traditional insurers, HCSMs are not bound by state regulations to ensure fairness, non-discrimination, or financial stability. This exemption, coupled with House Bill 21's provisions allowing tax deductions, indirectly encourages participation without implementing safeguards to protect consumers.

4. Dispute Resolution Gaps

There are no mechanisms for independent arbitration or dispute resolution if an HCSM refuses to cover a member's medical costs. Consumers have no recourse when their claims are denied, leaving them with insurmountable medical bills and no legal pathway to appeal.

Recommendations for House Bill 21 Amendments

To address these concerns and ensure Ohioans can make informed choices, we strongly recommend the following amendments to House Bill 21:

1. Clear Disclosures

- Require all HCSMs to include a bold, conspicuous disclaimer in all marketing materials, websites, enrollment forms, and member communications stating that they are NOT insurance and participation does not guarantee payment.

2. Coverage Transparency

- Mandate that HCSMs clearly define what "sharing" means and provide comprehensive, easily understandable explanations of which medical expenses are eligible for sharing. This should include specific dollar amounts or percentage-based limits, rather than vague or misleading language that leaves consumers unaware of their actual financial responsibility.
- Currently, many consumers enroll in HCSMs believing they have extensive coverage, only to discover—often after their doctor submits the first claim—that their treatment is subject to unexpected caps, exclusions, or discretionary sharing decisions such as the treatment is too expensive. This is particularly harmful for high-cost medical treatments like cancer care, where patients assume full coverage, but later find that chemotherapy, radiation, or surgery is only shareable up to a small fraction of the total cost.
- To prevent these financial shocks, HCSMs should be required to disclose, in clear and accessible language, exactly how much will be shared for specific treatments and whether it is a fixed dollar amount, a percentage of the bill, or subject to other conditions. This information should be provided upfront, before a consumer enrolls or subscribes and is reinforced in all member materials to ensure fully informed decision-making.

3. Consumer Protections

- Implement measures to prevent misleading marketing practices by brokers and online platforms.
- Ensure that consumers are fully informed about coverage limits, exclusions, and potential financial risks before enrolling.
- Ensure that consumers are fully informed that the contributions to an HCSM does not constitute a promise to pay for their healthcare services, even if they are a listed benefit.

4. Dispute Resolution Mechanism

- Establish a formal dispute resolution process, including independent arbitration, to protect consumers when “sharing” requests are unfairly denied.

Conclusion

We are not opposed to faith-based health care sharing or alternatives to traditional insurance. However, House Bill 21, in its current form, fails to provide essential safeguards against misleading marketing, financial instability, and lack of consumer recourse. If Ohio is to provide legal recognition and tax benefits to HCSMs, it must also ensure that Ohioans are not left vulnerable to financial ruin when they need care the most. We urge this committee to amend House Bill 21 to include stronger consumer protections before advancing the bill.

We urge the committee to consider the significant risks posed by this bill and to implement the proposed amendments to protect Ohio consumers. Patients should not have to choose between life-saving treatments and financial ruin, and we believe that with the right protections in place, health care sharing ministries can operate more ethically and transparently.

Thank you for the opportunity to provide this testimony.