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STATE REPRESENTATIVE

Chairman Lampton, Vice Chairwoman Craig, Ranking Member Hall and members of the Ohio House Insurance Committee thank you for allowing me to present sponsor testimony on House Bill 390, legislation that would shift the responsibility of collecting patient cost-sharing amounts—copays, deductibles, and coinsurance— from physicians to health insurers.

Under the current system, doctors are forced into uncomfortable financial conversations that compromise trust and interfere with patient care. Right now, physicians and their staff are responsible for chasing down copays and deductibles—even when patients are unable or unwilling to pay. This creates tension, damages trust, and places providers in the unethical position of having to choose between continuing care or enforcing payment. These conversations don't belong in the exam room.

Patients sign contracts with insurers, not with physicians. The insurer determines the patient's financial obligations and has tools to enforce those obligations—such as suspending coverage for nonpayment. Physicians, on the other hand, have no meaningful recourse beyond collections or denying future care, neither of which aligns with ethical medicine.

Medical practices aren't designed to function like billing companies. Insurers already send patients Explanation of Benefits (EOBs), manage premium payments, and track policy compliance. Centralizing cost- sharing collections with insurers avoids duplicative billing efforts and confusion for patients who now receive separate bills from every provider they see.

Insurers often prohibit providers from collecting copays upfront or denying care for nonpayment, yet they expect doctors to recover those amounts after the fact. If insurers want to dictate how payment is handled, they should assume responsibility for enforcing it.

Insurers may argue this will increase their costs, but they already benefit from uncollected patient cost-sharing, which doctors absorb as losses. Physicians collect only a fraction of what patients owe—particularly under high-deductible plans. Insurers, with greater resources and infrastructure, are far better positioned to pursue collections efficiently. And by removing administrative burden from thousands of practices, we will reduce system-wide waste.

House Bill 390 will alleviate these illogical administrative inefficiencies and improve patient outcomes. Physicians are trained to provide care—not send invoices or deny treatment over unpaid bills. This bill lets doctors do what patients expect of them: listen, diagnose, and heal. Patients frequently delay or avoid medical visits because they owe a balance and don't want to

confront billing staff. If insurers handle cost- sharing directly, patients can receive care without that barrier. This improves outcomes and avoids unnecessary escalation of health issues.

Ohio has an opportunity to lead the nation in modernizing healthcare finance in a way that puts patients and providers first. Legislators who value patient access, administrative efficiency should embrace that opportunity and return the focus of healthcare to healing. I appreciate your time and look forward to your support.