

THE OHIO COUNCIL OF

Retail Merchants
The voice of retail since 1922

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November 11, 2019

The Honorable Scott Oelslager, Chairman
Ohio House Finance Committee
Statehouse
Columbus, OH 43215

Dear Chairman Oelslager and Members of the Committee,

On behalf of the over 7,000 members of the Ohio Council of Retail Merchants, I write to express our support for House Bill 388 and its approach to determining appropriate coverage for surprise out-of-network provider billing.

Employers are deeply concerned about the burden that unexpected medical bills from out-of-network providers place on employees and their families. We share the goal of many organizations to protect patients from surprise medical bills without undermining network participation or increasing health care costs for all consumers.

We recognize and underscore that not all providers are contributing to the problem of surprise medical billing. Most doctors work hand-in-hand with hospitals and insurance providers to ensure that American families receive quality, affordable care. Yet there is a small but increasing number of out-of-network specialty providers charging exorbitant rates for medical services. A lack of meaningful patient choice in selecting these specialized providers allows the providers to charge excessive rates by staying out-of-network, generating surprise bills. This constitutes a market failure that limits the benefit of networks in controlling costs for patients and employers.

Our decision to support House Bill 388 lies with its reasonable approach to determining out-of-network provider reimbursement, with arbitration as the last resort. Experience from other states that have enacted mandatory binding arbitration statutes has shown that it is not effective in protecting patients from surprise medical bills. Two years ago, New York passed a bill with mandatory binding arbitration provisions and to date, they still lead the nation in surprise medical bills for planned services at in-network facilities for patients enrolled in large group health plans.

The appeals process laid out in House Bill 388 allows for reimbursement at the greater of three separate established rates, which provides greater certainty for providers and payors alike. It also prohibits balance billing the patient for any difference between the amount billed and the plan's reimbursement, providing certainty for patients as well.

Council Affiliates

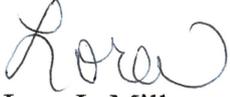
 Ohio Association of Wholesaler-Distributors



Focus
on Ohio's Future

Thank you for your efforts to resolve the problem of surprise medical bills for the employees of our member companies and their families and thank you for your favorable consideration of House Bill 388.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lora L. Miller".

Lora L. Miller

Director of Governmental Affairs & Public Relations