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State Representative Adam Holmes

97th House District of Ohio

House Bill 160 Sponsor Testimony

Chairman Brinkman, Vice Chairman Lampton, Ranking Member Miranda, and members of the House Insurance Committee, thank you for the opportunity today to provide sponsor testimony on House Bill 160. House Bill 160 brings free market principles to healthcare services by improving price transparency for non-emergency medical treatment. The intent is to empower Ohioans by giving them the tools to find the best quality care for the best possible price. The bill accomplishes this in the following ways:

First, the bill requires the providers generate price estimates for patients prior to performing non-emergency medical treatment. The provider can generate these estimates internally or submit the necessary information to the patient's insurance plan. These price estimates empower patients by giving them the ability to budget for medical expenses in advance. Knowing the cost of treatment upfront also allows patients to shop for the best price and quality, something we already do for a variety of other services.

Second, the bill sets standards that ensure that these price estimates are clear, easy to understand, accurate, and timely. Under this bill, written price estimates must be clearly titled, written in large font, limited to one page as much as possible, and easy to understand. The estimate must state the patient's anticipated out of pocket costs and the anticipated amount the health plan will cover. The bill also sets reasonable time limits for providers and health plans to generate these estimates. Providers have 24-36 hours depending on the circumstances, and health

plans have 48 hours. Standardizing these estimates is key to empowering patients to conduct cost analysis and price comparison.

Third, the bill provides flexibility to both providers and health plans in generating these estimates. There are exceptions for medical emergencies or situations where the provider believes the delay caused by generating an estimate would result in harm to the patient. Providers are held harmless for unanticipated costs arising during treatment and are only required to update their estimates if new information changes the projected total price by more than 10%. If a health plan is generating the cost estimate, the plan will not be at fault if the patient provides inaccurate contact information. These provisions are included because the intent of this bill is not to place greater regulatory burdens on providers or plans. The sole purpose is getting consumers the information they need to make informed decisions.

In a time of precipitously rising healthcare costs, the need to empower patients is greater than ever. House Bill 160 does this by providing patients with clear, accurate, and standardized price information just like they already receive for so many other services in daily life. The result will be a health care system that is more transparent, more respondent to market shifts, and less intimidating to the consumer. Increased transparency will also improve provider-patient relations by increasing communication and eliminating some of the uncertainty that comes with the cost of medical treatment. Thank you again for the opportunity to provide sponsor testimony on this bill, I am happy to answer any question you have.