Senate Bill 198: Out of Network "Surprise" Medical Bills Steven Wagner, Executive Director Universal Health Care Action Network of Ohio <u>swagner@uhcanohio.org</u> 6 November 2019

Chairman Hackett, Ranking Member Craig, and members of the Committee, thank you for the opportunity to submit this proponent testimony from the Universal Health Care Action Network of Ohio (UHCAN Ohio). UHCAN Ohio is a statewide nonprofit organization uniting consumers and their allies to assure everyone has access to quality, affordable health care. We are a member of Advocates for Ohio's Future, the umbrella health and human services coalition for the state of Ohio.

Providing consumers protection from unanticipated out-of-network care addresses a major health care affordability issue. UHCAN Ohio supports SB198 as a great measure to protect consumers.

A 2019 survey of Ohio adults examined how prevalent surprise bills were among Ohio residents. About one-third of privately-insured Ohio adults received a medical bill they were not expecting. About three-quarters (74%) of privately-insured Ohio residents who received a surprise bill made an effort to resolve the bill before paying it. As a first step, 27% of bill recipients contacted their doctor, hospital or lab and 25% contacted their insurance plan to resolve their unexpected medical bill. A third of unexpected medical bills were not resolved satisfactorily; many remain unresolved. Additional information on the experiences of Ohio consumers is available in the attached data brief from Altarum's Consumer Health Value Hub.

UHCAN Ohio supports that consumers will only be responsible for the cost-sharing amounts they would pay if they received in-network care. Please consider clarifying that consumer payments must count toward in-network deductibles and out-of-pocket maximums.

It is important that this bill protects consumers in both emergency situations and where the consumer has no choice. The informed consent process in Section 3902.511 is a good way of assuring that consumers are fully aware of the costs. Consider adding a timeframe of 48 hours to the requirement of advance when the provider is out of network. That will assure that consumers aren't forced into last minute decisions on care.

Thank you for your work: please make these critical consumer protections part of Ohio law.