



**Joseph Tagliaferro, M.D.**  
**The MetroHealth System**  
**HB 99 -Proponent Testimony**  
**House Insurance Committee**  
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Chairman Lampton, Vice Chairman Barhorst, Ranking Member Miranda and members of the House Insurance Committee, thank you for the opportunity to testify in support of House Bill 99 (“HB 99”), a bill that would provide much needed parameters for how insurers administer coverage and reimbursement for emergency services in Ohio.

My name is Joseph Tagliaferro and I am an Emergency Medicine Physician at MetroHealth in Cleveland. We are the safety-net health system for Cuyahoga County, caring for the most under-resourced members of our community. MetroHealth’s more than 8,200 employees provide care at four hospitals, four emergency departments, plus a network of 23 community-based health centers and more than 40 additional sites throughout Northeast Ohio. In the past year, MetroHealth has served more than 300,000 patients during almost 1.5 million visits in its hospitals and health centers, 75 percent of whom are uninsured or covered by Medicare or Medicaid. Last year, 3,000 babies were delivered at MetroHealth. The health system is also home to Cuyahoga County’s most experienced Level I Adult Trauma Center, verified since 1992, and Ohio’s only adult and pediatric trauma and burn center.

We appreciate that work that has been done by the bill sponsor and stakeholders since the legislation was introduced in the last General Assembly. Unfortunately, the issues that caused the bill’s introduction have not gone away. At MetroHealth, we still have millions of dollars of outstanding emergency department claims that are being disputed by insurers and more payers are deploying downgrading strategies. Downgrading will pay the claim but because of a diagnosis or procedure code reported on the claim the insurer will pay a reduced rate. The only remedy providers have is to go through a complex appeal process where the burden of proof falls on the provider.

HB 99 would make important changes to the prudent layperson standards that protect patients in vulnerable situations. The bill updates the definition of emergency medical conditions and emergency services. Many patients visit the emergency department because they believe they are in an emergent situation. The distinction between different levels of emergency care is not something the average patient thinks about when faced with an immediate crisis. Pregnant women or individuals with a mental illness are often disproportionately impacted by current rules about what is or is not an emergency event. The bill protects patients from facing significant out-of-pocket expenses in situations where a third-party rules that an immediate crisis doesn’t fit neatly into the definition of emergency services. Such changes would also protect safety-net health systems, like MetroHealth, from additional uncompensated care costs.

Additionally, HB 99 would create standards and efficiencies when payers review reimbursement of emergency services for medical necessity. To be clear – we are not advocating for the removal of the medical necessity standard. However, the bill requires that professionals who are doing such reviews have a background and training in emergency medicine. The bill also creates a fair and predictable process for all payors in this market. Right now, we must navigate unclear processes for each payor,



each of whom has its own internal clinical criteria and rarely overturns its original decisions. The process and guardrails proposed in the bill would reduce administrative costs for payors and uncompensated care for providers.

MetroHealth continues to invest in care alternatives to the emergency department. We have multiple express care locations in Cuyahoga County with extended hours – these sites expand our primary care system. Nurse hotlines, and telehealth options are also available to our patients and have been successful in keeping patients out of the hospital setting. We also participate in multiple value-based payment arrangements, which act as strong incentives for keeping the total cost of care low, while improving quality of care and population health. We will continue to invest in primary care transformation, so all our patients have access to a regular source of care that is affordable, convenient, and patient-centric.

Mr. Chairman, members of the Committee, thank you for the opportunity to speak to this important legislation.