

**House Bill 99
Proponent Testimony
Dr. Dacia Russell Goman, MD, JD
US Acute Care Solutions
House Insurance Committee
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Chairman Lampton, Vice Chair Barhorst, Ranking Member Miranda, and members of the House Insurance Committee, thank you for the opportunity to offer proponent testimony on House Bill 99, which would regulate the practice of reducing benefits for emergency services if it is ultimately determined that the medical service was not an emergency. I would also like to thank Representative Manchester for introducing this important legislation.

My name is Dr. Dacia Russell Goman, and I am an emergency physician for US Acute Care Solutions (USACS). USACS is a physician-owned provider of integrated acute care medicine, and we are proud to be based in Canton, Ohio. We provide emergency, hospital, observation, post-acute, transitional and pulmonary and critical care across Ohio and many other states. Nationally, USACS physicians, nurse practitioners and physician assistants care for more than nine million patients annually at more than 500 programs.

By way of background, the term “emergency medical condition” as defined in the federal EMTALA (Emergency Medical Treatment and Labor Act) statute (42 U.S.C. §1395dd) means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Placing the health of the individual (or, in the case of a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
- Serious impairment to bodily functions, or
- Severe dysfunction of any bodily organ or part, [or]
- Serious disfigurement

The prudent layperson standard has been interpreted to mean that insurers and health plans must reimburse providers of emergency care based on the presenting symptoms experienced by the prudent layperson and not the discharge diagnosis.

HB 99 is crucial in helping to ensure that all Ohioans have access to quality emergency medical care in the circumstances that patients reasonably deem to be medical exigent. Not every emergency department visit results in a diagnosis of life or limb threat. Yet, emergency department visits do allow qualified emergency medicine specialists to sift through concerning undifferentiated symptoms, order the illuminating tests and make a determination about the medically evidenced next steps for treatment of these symptoms.

Measures that shift the risk of diagnosis, particularly the financial risks of diagnosis, through reducing or denying reimbursement, would chill patient access to the vital emergency services they require when alarming symptoms present.

Robust access to competent emergency department care is bedrock for the health and safety of our community. Strengthening Ohio's prudent layperson standard, through legislation like HB99, is essential in providing patients with appropriate emergency medical care in their times of need. Moreover, establishing a mechanism by which board-certified emergency medicine physicians are responsible for the review of emergency services utilization claims provides the most dedicated expert driven review to advance the fair analysis of these claims and strengthens the practice of emergency medicine.

Thank you again for the opportunity to testify. USACS believes HB 99 would ensure that all Ohioans have access to Emergency care, and we urge your support of the bill. If the committee has any questions, I would be happy to answer them.