



Senate Bill 198
Testimony of Dr. Bryan Graham
November 6, 2019

Chairman Hackett, Vice Chairman Hottinger, Ranking Member Craig and members of the Senate Insurance and Financial Institutions Committee, thank you for the opportunity to express support for Senate Bill 198.

My name is Dr. Bryan Graham and I am here representing the American College of Emergency Physicians, Ohio Chapter (Ohio ACEP) as a practicing emergency physician at the Cleveland Clinic. On behalf of the nearly 1600 emergency medicine physicians Ohio ACEP represents, I am here to discuss the importance of SB 198.

I want to start with a little background on how emergency physicians practice. Emergency physicians and emergency departments must adhere to a federal mandate known as EMTALA (the Emergency Medical Treatment and Active Labor Act). This mandate requires that every person who comes to the ED be seen regardless of their insurance coverage or ability to pay. We have our doors open 24 hours a day, 7 days a week, 365 days a year. We proudly treat patients with limited medical history and information. We are the true safety net of the health care system and every patient that walks through our door is given the care they need, with no exceptions.

Since we can not choose our patients, and our patients can often times not select us, it is in the best interest of our physicians to contract with a wide range of insurance carriers. This not only benefits our patients, but also benefits our physicians as it expedites payments and allows us to keep our Emergency Departments open and staffed appropriately. If a patient comes to the ED without any insurance coverage, they will still get the same level of care as fully insured patients. These uninsured patients will get a bill, but much of the care ends up being uncompensated/charity care. However, I would like to emphasize that the fact that a patient may have an unpaid medical bill, will not preclude them from presenting to the emergency department to be seen again – and our physicians will ALWAYS care for the patients who come through our doors. This is a unique scenario in medicine and therefore gives us a unique perspective on this issue.

I do not practice medicine to be a bill collector. I want to treat my patients to the best of my ability and have good outcomes for them and their families. I also do not want my patients to get a surprise bill for seeking the care they need when an emergency arises. It is in the best interest of both me and my patients to be in-network with insurance plans.

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However, there are situations where a patient may have insurance coverage, but I am not in that insurer's network. This legislation seeks to take patients out of the middle in those situations, by prohibiting surprise bills to patients by a mechanism that also ensures this fragile health care safety net remains intact.

Ohio ACEP has been working on the issue of surprise bill for many years with other interested parties. This is a national issue and an issue that is emotional for many.

We agree that patients need to be kept out of the middle of disputes between physicians and insurers. As I stated, emergency physicians cannot turn anyone away who walks through our door. Federal law mandates that. We can not discuss potential costs or insurance details until patients are screened and stabilize. Patients shouldn't second guess needed care for fear of a surprise bill. Nor can we expect patients having a medical emergency to research their insurance network before going to the closest ED. This legislation allows for that. It guarantees that a patient can access life saving care anywhere, anytime, anyplace, by not only removing the fear of surprise billing from patients but also stabilizing the market to ensure these critical access points remain open and staffed appropriately to deliver this care.

SB 198 proposes a proven model to end surprise bills. The legislation specifies a "baseball style arbitration model". For bills over \$700, an insurer or a physician can take a claim to arbitration. The arbitrator must either choose the physician's best offer OR the insurer's best offer. This incentivizes both parties to come to the table with a reasonable reimbursement amount. If either party presents an outlier amount, the arbitrator is not likely to choose that amount. For bills under \$700 the legislation proposes an amount based on an independent third party data base, selected by the Ohio Department of Insurance.

Other states that have been able to adopt this model have nearly **eliminated** surprise bills. Data has shown that insurance premiums and healthcare costs in those states have grown more slowly than the rest of the country. Data also shows that this model increased in-network rates as well, as both insurers and physicians are incentivized to be in network. This model has proven results, and we urge Ohio to adopt SB 198.

Thank you for your consideration. I welcome the opportunity to answer any questions you may have.

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