

- To: Members of the Ohio Senate Insurance and Financial Institutions Committee
- Fr: Monica Hueckel, Senior Director of Government Relations, Ohio State Medical Association
- Da: December 1, 2020
- Re: HB 388

On behalf of the Ohio State Medical Association (OSMA), the state's oldest and largest professional organization representing Ohio physicians, medical residents, and medical students, we are writing today regarding House Bill 388. The issue of "surprise" out-of-network medical billing has been a priority for our association for years, and we have long advocated for a balanced approach to reconciling differences between physician charges and plan payments that removes patients completely from the dispute. We agree that patients should not be stuck in the middle and saddled with the financial burden of unanticipated out-of-network care.

OSMA and other organizations representing physicians actively participated during the consideration of this legislation in the House, and initially expressed concerns with the bill. The primary cause for concern was the statutory rate cap established in the original version of House Bill 388, and the troubling impact the legislation's structure would have had upon the contracting process between physicians and insurers. We feared that risking a fundamental change to how contracting functions could exacerbate problems for physicians and their patients.

In an endeavor to respond to the issues raised by the physician community, significant changes were made to HB 388 before it was passed out of the House. While the substitute bill is not a perfect solution, our major concerns with the previous version have been addressed with the compromise language from the House, which in the spirit of compromise, we support as an alternative.

Thank you for the opportunity to be a meaningful contributor to the legislative process. If you have any questions, please feel free to contact us.