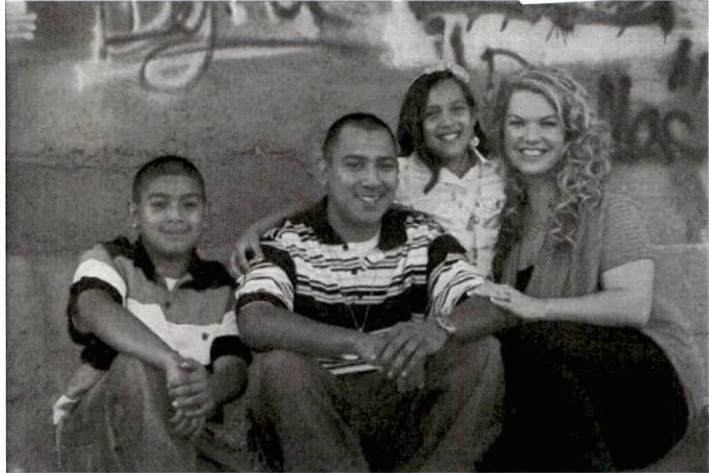


Thank you madam chair and members of this committee for considering my testimony. My name is Misty McNett. I live in Denver Colorado, where I am the sole income earner for my family, which includes, myself, my husband who lives with a disability and my 2 children. I'm providing written testimony in support of HB19-1174.



Earlier this year, I received a letter from my Primary Care Provider that my IUD was going to expire soon. I called their clinic and scheduled an appointment. I went in for my appointment at the same location for my PCP, but didn't know and was not told in advance that this service was going to be provided by an OBGYN instead of my regular PCP. When I arrived, the clinic staff asked to see my insurance card, and they told me I did not have a copay for the service I was about to receive. I walked out after being seen by two ladies for 30 minutes and feeling good that I was being responsible by not putting the weight of an unplanned pregnancy on my family.

Approximately 45 days after my appointment I started receiving letters from my insurance company that the doctor that provided my service was out of network, and that I was also being billed for the services of 3 different doctors, when I had only been seen by 2. I now face a total of \$7000.00 worth of doctor bills that I am trying to appeal. The clinic has not been helpful or taken responsibility for their role in this scenario.

They say it was my responsibility to know the medical providers were not in my insurance network and that they don't verify coverage. Yet, I did not even know I was going to be seen by a doctor other than my PCP until I walked into my appointment. How was I supposed to know or find out the OBGYN was out-of-network? Not only is the amount I am being billed astronomically high, it feels as though I was deliberately hoodwinked by this doctor so they could charge this excessive bill. If I had known that the OBGYN that they picked for me did not take my insurance, I would have canceled the appointment so that I did not receive these types of charges.

This \$7,000 out-of-network bill is devastating to my family. When we are already struggling to put food on our table, we cannot afford \$7000.00 worth of doctor bills. This can destroy a family and has definitely hurt mine deeply.

I respectfully ask this committee to support HB19-1174 and ensure consumers like me are notified when they may be seen by an out-of-network provider and of our rights, and to set a reasonable rate to protect consumers from egregious bills like the one now straining my family.

Misty McNett

Denver, Colorado

Thank you madam chair and members of this committee for considering my written testimony.

My name is Laurie Weber and I've lived in Parker, CO for 20 years and I have 2 daughters.

I just became a grandmother for the first time in November 2017, (that's Emma in the one photo) 2 months after my husband of 32 years passed away from cancer.



In July I was experiencing pain on my right side and began vomiting. I decided to go to Urgent Care, where they suggested I go to the ER. I went to Parker Adventist Hospital, which is in-network with my insurance.

After tests in the ER, I was told I needed to have my gallbladder removed and that there were no other alternative treatments. Despite the doctor supposedly being in-network with my United Healthcare plan, he billed care provided in the ER as out-of-network. After some back and forth and appeals with by insurer and the billing company, I received a bill for \$5,468.95 from Aspen Medical Management as out-of-network charges.

Coincidentally, before my surgery I asked Dr John James how many gallbladder removals he had done that day. He told me I was his 5th for the day. Wow, going through the ER he billed \$630.00 (\$3150) for the ER visit and \$5936.00 (\$29,680) for this surgery 5 times in 1 day for a whopping total of \$32,830.00.

Thankfully, United Healthcare has stepped in on my behalf and sent the billing office a cease and desist letter to stop them from sending bills to me, but I'm still very worried that the doctor will place a lien on my home. I understand that is something other doctors and billing companies have done to others, as 9News has reported, and was mentioned as something Aspen Medical Management might do with my bill.

I don't understand why this doctor is allowed to bill at a much higher rate for out-of-network care in the ER when he would otherwise be in-network. If I had gone to his office he would have billed his charge under the contracted rate with United Healthcare. I am more than willing to pay this doctor what is due but I feel because I went through the ER, this doctor is taking advantage of my insurance company and me in order to charge a higher amount through an out-of-network bill.

These out-of-network billing practices are inexcusable and leave consumers like me at risk of financial hardship and ruin, even when we do our best to seek in-network care.

Please vote yes on HB19-1174 to protect consumers from these surprise bills and set reasonable reimbursement rates so we don't get stuck with these outrageous bills through our monthly insurance premiums.

Laurie Weber
Parker, CO

To whom it may concern:

My name is Cassi Foster and I urge you to vote yes on HB19-1174 to protect consumers like me from surprise medical bills.

I cut my hand while working on a Halloween costume for my daughter. The wound wasn't an emergency, so I checked with my United Health Care plan that I have, which is regulated by the division of insurance, and went to an in-network urgent care facility that they recommended.

I had no choice in my physician, so I was treated by the only physician there at the time for no more than 10 minutes. I was treated with a few drops of a cauterizing liquid and I paid my \$25 co-pay with no in-network urgent care deductible and I was on my way.

Five months later I was shocked to receive a bill for almost \$1600 from the physicians billing company because the physician ended up being out of network. I promptly began trying to figure the situation out. After a ton of phone calls, the insurance had resubmitted the claim for review and the physicians billing company offered me to pay a discounted rate of \$477 if I paid as a self-pay client within a certain amount of time, but they couldn't tell me when that time would expire. I decided I would wait to pay this because things still didn't feel right.

I began to do more research and after a lot of digging around and even more phone calls, not to mention the immeasurable amount of anxiety, stress and the feeling of being completely lost and helpless, I found some help and direction from the Division of Insurance and Department of Public Health. They informed me of the laws in Colorado about balance billing and how I should only be responsible for my in-network copays/deductibles. I took this information and called the insurance back to inform them of what I had learned. They informed me they had processed the claim and my copay was \$50 with an out of pocket of \$177. I questioned that outcome again since my copay for an in-network urgent care visit is \$25 with no out of pocket deductible, they reviewed the way the claim was filed and told me the physicians billing department had filed the claim as a specialist treating me at an out patient hospital. I let them know that was incorrect because I was treated at an urgent care facility, which they promptly put me on hold to contact the physicians billing company to have them resubmit this claim correctly. At the end of this phone call I was told by the insurance that the physicians billing company was going to submit the claim correctly as an urgent care visit and now I'm just waiting to see how that plays out. As you can see there has been a lot of unnecessary steps I have had to go through to try and get this taken care of, and I still may not be done.

I have read reviews for this facility and a lot of them are people going through the same situation I am, but possibly without the help I have found by reaching out to the Division of Insurance and the Department of Public Health.

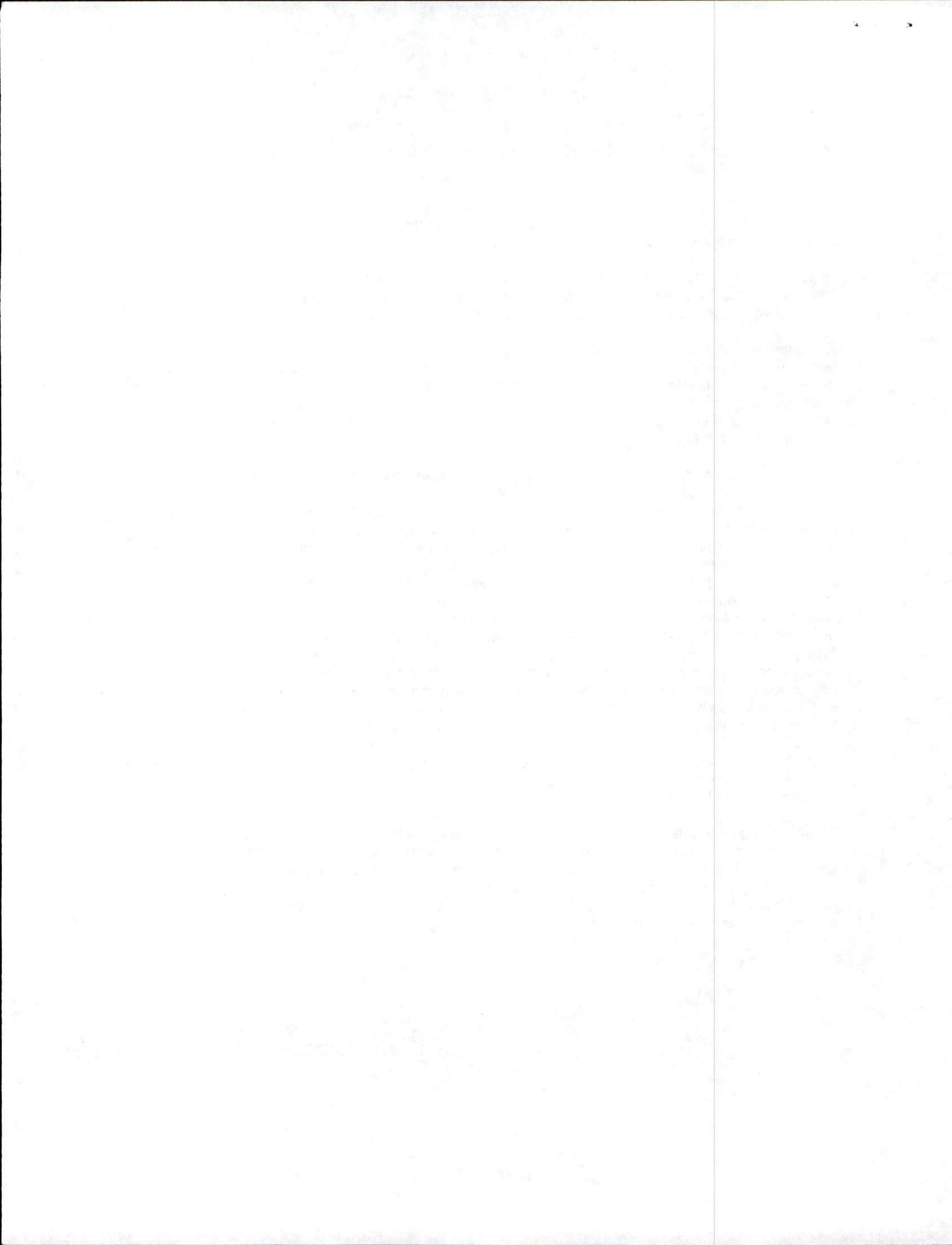
There's got to be a better way. And there is. I hope you will vote yes to support HB19-1174 and protect consumers from surprise medical bills and all the stress that goes along with them. If the protections in this bill would have existed at the time of my care, I would not have received the shocking surprise bill that I did, and I would have been notified of the physician being out of network upfront, so that I could have made a responsible consumer decision and received care from a physician somewhere else who was in my network. Thank you.



Signed by Cassi Foster

March 5, 2019

Date



Going to the hospital is scary, but my insurance coverage shouldn't be.

As an insured individual, I know the importance of protecting my health and my financial well-being, and I take the precautions necessary to make sure I am protected from unforeseen circumstances when I seek medical care. That's why I was so shocked to receive a surprise medical bill, and why we need to proactively protect consumers from experiences like mine.

In March, 2018, I went to the emergency room at Boulder Community Hospital with a severe back injury. After being admitted and staying overnight, I was visited for consultations by a neurosurgeon then the PA in the next two days, for very little time. At no point during my hospital stay was I told that the neurosurgeon was out of network, or offered the chance to choose which provider I was seen by to make sure they would be in-network.

9 months later, I received a bill from the neurosurgeon for \$1,047.72 stating he was outside of my insurance provider's network. My Federal Blue Cross Blue Shield insurance agreed to reprocess as if it were an in-network provider, billing my provider for \$294.14, but warning me that if the neurosurgeon's office did not accept the in-network rate, I would be responsible for the balance of around \$756.00. Almost 4 months later, I was billed the balance amount - a rate of almost \$570 per hour.

I was unaware and not consulted about which providers I would be seen by, and upon receiving the bill, I was shocked at the egregious rate for care that I was charged by a provider whom I was not given the chance to verify as being in my insurance network.

Increased access to health insurance means we need to ensure consumers can confidently utilize their health insurance to seek care where they will be covered for the services they need. This means Coloradans deserve better consumer protections to make sure surprise bills aren't another reason to be worried when seeking medical care. Please support HB19-1174 and vote yes.

Thank you,

Teresa Nishimoto-Patterson
Erie, CO 80516

I want to thank you for considering my testimony and experience with out of network billing.

Three years ago I had an ATV accident in the mountains. I was thrown from the ATV and was pinned down. My son found me in and out of consciousness with my leg bent back at an odd angle and my head bleeding. He thought I was dead. Somehow he was able to lift up the ATV to free me and I had a terrible time trying to move out from under it because of how much pain I was in. He had to keep slapping my face to keep me alert and focused.

We made the trip out of the mountains and to Parker hospital, passing other emergency facilities because I knew that Parker hospital was an in-network facility for our insurance. It was a long and very painful drive for me. I had a concussion, damage to my knee, bruised lung, and five broken (not fractured) ribs in seven places.

My hospital stay was eight days, and I had to have surgery to have plates hold my ribs together. During my stay I was seen by many different people, but had one main doctor. I was not aware that there were several different doctors that would be billing me later, and at no time did anyone tell me that they were out of network doctors.

When the bills started to arrive (at least 15 different ones), it was very overwhelming. We had two boys in college at the time, and a third who was a senior in high school. Money was already tight. Our insurance was helpful, but we were very surprised to find that two of the doctors, that I don't even remember seeing, were out of network, and therefore billed me accordingly. They would not accept the in-network payment from our insurance and sent us balance bills for more money. Both doctors belonged to the same practice. Their bills totaled around \$1,600.

My husband and I both tried reaching out to the hospital, our insurance company, and to the doctors themselves. We explained our situation, and that I purposely went out of my way to go to an in-network facility, assuming that everyone was in-network. I asked the doctors if they would please accept the payment from our insurance and forgive the rest. They would not. We are still making payments to them each month.

The following year, we had three boys in college and had three tuition payments to make each semester. To say that it has been a hardship is an understatement. It has been difficult to come back from an accident like that physically, but then to have the financial strain and the "fight" to try to resolve these out of network bills has been exhausting.

It was underhanded to not have anyone inform us, at any time, that I was being treated by someone out of network. I should have at least been told and/or given the option to choose. I put my own health and safety at risk to make it to an in network hospital in an emergency, yet I still got hit by these out of network charges. Consumers should be protected from out of network costs in situations like mine where I had no control over who treated me.

Please vote yes on HB19-1174. I would hate to have others be in this same situation.

Thank you.

Nancy Garvin
Parker, CO 80138