

**CYNDY REDDY**  
**TESTIMONY FOR SB 23-252**  
**Colorado Senate Committee**

Good afternoon, Madame Chair, and committee members. Thank you for this opportunity to share my story. My name is Cyndy Reddy. I live in Broomfield, Colorado, where I worked for 20 years as a reading assistant for the school district. I retired a few years ago with a disability and was no longer able to get health coverage from my employer. Cobra was expensive, so I looked online and bought a plan through the exchange, which I thought would provide comparable coverage. I paid \$1,000 a month for it, all of my \$900 monthly pension and more.

In August of 2021, after two doctors told me I needed a hysterectomy, I went to a Colorado hospital for the procedure. The hospital and the doctor took my insurance card, and I thought all would be covered.

The surgery went well. I came home the next day. Then the hospital sent me a bill for \$64,000 and said the whole amount was my responsibility. I don't have \$64,000. I keep getting calls from collections. They have sent me letters asking me to list my assets. I've since learned that the cash price for this procedure is only \$8,000. If I'd known this would happen, I could have shopped and saved. I can't get anyone at the hospital to help. They push me off and tell me to call my insurance plan, which I now find out is going out of business. I have been asked to appear in court.

Shame on the hospital for not telling me what it would cost up front. I hope you'll pass this bill and make sure this never happens to anyone else.

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## **IWV Supports Colorado Senate Bill 252**

Dear Chairwoman Fields and members of the Senate Health and Human Services Committee,

On behalf of Independent Women's Voice, an organization that fights for women and their loved ones by advocating for policy solutions that enhance freedom, opportunities, and well-being, I urge you to pass SB 252, the healthcare price transparency legislation.

Healthcare price transparency is common sense. We would never agree to buy anything without knowing how much it is going to cost. Prices in health care should work the same way. Patients should be able to plan ahead for how to pay and shop among providers. We should know what our out-of-pocket costs will be, as well as the costs, markups, discounts, and payments others make on our behalf.

Making price transparency a reality in Colorado is a key step toward a better healthcare system. When patients can make informed, value-driven decisions about our care, there will also be incentives for healthcare providers to offer the best quality care at the best possible price. This is the way nearly every other industry works, and the pressures of market competition serve as a check on costs and encourage better quality service. Clearly, this is missing from our present healthcare system.

Sometimes, in an urgent situation, patients will not think about cost because their life or health is at risk; they will go to the closest emergency department or seek care in the most timely or convenient way. However, most healthcare services are "shoppable," meaning patients have time to look around and plan for how and where to spend their dollars.

States—and the federal government—should act to establish requirements for system-wide, net price transparency, meaning a full picture of costs, markups, discounts, and payments. Simply put, keeping price information

from patients should be illegal. Only systemic, full net price transparency will bring systemic change.

While it's true that our current healthcare payment structure includes many middlemen, it still matters to patients what services cost. Consider uninsured or cash patients—this issue especially matters to them. Even patients with insurance often have high deductibles and must pay the costs for their healthcare services until they spend a certain amount. The copay or cost-sharing that patients are responsible for is often a function of the total bill, meaning the sticker price does matter because it affects how much patients pay. In fact, healthcare costs continue to be a top concern for many Americans as consumers, employers, and voters.

Gallup has reported that Americans borrow more than \$88 billion annually to pay for healthcare bills, and sadly one in four people skip a healthcare treatment, service, or screening because of costs. Price transparency is not just a financial issue, but it will lead to better health and well-being as patients can shop for the most affordable options, put downward pressure on all prices, and access the healthcare services they need without fear of exorbitant, hidden fees.

Price transparency is within reach. Hospitals are merging and purchasing doctors' practices all the time. We know net pricing information is shared in these negotiations. Why can't it be shared with the public? We also know that much pricing information is typically disclosed to patients *after* their treatment in their explanation of benefits. It is critical that patients have easy access to pricing information *before* their treatment, when they are able to carefully weigh the costs.

Importantly, there are many policy recommendations to achieve price transparency. These include simple requirements that hospitals post average prices, address surprise billing (out-of-network bills), or, at minimum, provide good-faith price "estimates." But these proposals may not provide helpful or actionable information for patients. To achieve real, system-wide price transparency, patients need to have access to net prices—that is, the full picture of markups, discounts, and payments made on their behalf, not just their out-of-pocket costs. Only system-wide, net price transparency will bring systemic change to the way we pay for health care.

We know that many lawmakers and regulators have been working hard to make price transparency a reality. However, the lack of compliance with existing price transparency requirements remains a problem. This is hurting patients. We applaud the efforts of Colorado lawmakers in particular for various pieces of legislation aimed at improving compliance. SB 252 will be an important addition to these efforts.

We encourage you to pass SB 252 and then take continued steps to ensure that all Colorado residents understand how to access the price information that is rightfully theirs and that incentives are best aligned to reward patients for acting on this information in a way that saves them money and drives overall healthcare costs down.

Thank you.

Respectfully,

A handwritten signature in black ink that reads "Hadley Heath Manning". The signature is written in a cursive, flowing style.

Hadley Heath Manning  
Vice President for Policy  
Independent Women's Voice

## SB23-252 Testimony

My name is Josh Benn, and I am the Director of Employee Benefits Contracts for the Department of Personnel Administration or DPA. In this role, I am responsible for soliciting, negotiating, drafting, and managing the health benefits for State employees.

I am here to voice DPA's support for SB252.

I work to help drive health care affordability for State employees and our families – and to be a model for what large employers can accomplish. I am passionate about achieving that shared goal to the betterment of those employed by the state, other employers, and all Coloradans.

This bill gets at the heart of affordability through its direct focus on holding hospitals accountable for posting their prices in a transparent, machine readable format. This enables employers like the State to compare hospital prices. We use that comparison information to help educate our employees on cost effective alternatives that reduce their out of pocket costs, while saving the state money and taxpayers as well.

Only 26% of Colorado hospitals are compliant with the federal hospital transparency laws that require clear and complete posting of their prices. (47% are fairly compliant and 26% are far from compliant). Compliance is critical if we are to secure the full and complete data we need to compare hospital prices or procedure specific prices, educate our employees, and work with our carriers and hospitals to reduce outlier prices.

For the state benefit plan, employers, and health plans, hospital care represents the largest component of our overall health benefit expense. In this state, we have lots of opportunity to lower our overall health care costs, given that Colorado is ranked in the top 10 for the highest hospital prices in the nation. Holding hospitals accountable to do their part through SB252 will drive meaningful reductions in healthcare costs.

And that helps the state and all employers better control employee premium contributions and other out of pocket costs for their employees, while saving money for employers and taxpayers. I appreciate your YES vote on SB252. Thank you.

Senate Health and Human Services – SB 23-252

Committee members:

I represent Southeast Colorado Hospital District – Baca County – Springfield, CO.

SECHD is a Critical Access Hospital that serves the very southeast portion of Colorado. We have nearly the lowest median wage in Colorado. We serve a predominantly Medicare and Medicaid population that consists of 85% of our business, including a rural health clinic, long term care center, Alzheimer's unit, ambulance service and various supplemental services for our Colorado beneficiaries.

With respect to SB 23-252 this bill will increase health care costs and harm access to consumer friendly information by creating redundant bureaucracy and hospital reporting requirements.

Five major reasons my facility and many other hospitals in Colorado are AGAINST this bill:

1. Harms access to consumer-friendly information.
  - SB-252 will discourage the use of consumer-friendly price estimator tools already used by 94% of Colorado hospitals. Not the 6% reported by a state agency.
2. Increases the reporting burden on hospitals 12x's.
  - SB-252 requires reporting monthly, instead of annually.
3. Creates new and different standards than what federal law currently requires:
  - Despite federal compliance resulting in every hospital reporting over one million data points, SB-252 requires even more information to be posted
  - SB-252 requires HCPF to create a standard form which is not required to comply with federal law.
  - SB-252 requires information to be searchable by Internet search engines and prohibits technology that protects hospital websites from automated cyber attacks.
4. Establishes duplicative and conflicting enforcement schemes
  - While the Centers for Medicare and Medicaid Services is charged with determining compliance and enforcing the federal law, SB252 requires HCPF to duplicate this work
5. Goes overboard on penalties.
  - Existing state and federal financial penalties prohibit debt collection and expose hospitals to financial penalties and costly litigation, but SB252 adds a third layer of punishment for making non-compliance a deceptive trade practice, despite evidence that Colorado hospitals are complying with the law.
6. SB-252 actually undermines existing transparency measures that are already in place.

In closing I encourage the Senate Health and Human Services committee to oppose this bill as it is not intelligent policymaking.

Thank you for your time.

Dave Engel – CEO  
Southeast Colorado Hospital District.

