

Testimony in Support HB1594

Human Services Committee and Chairman Ruby,

I'm writing in support of HB1594, to make price transparency a reality in today's healthcare marketplace.

My own experience with this as a practitioner as well as a patient makes this all-the-more clear this is something that needs to happen.

I went through an experience where I'd asked for costs up front for a procedure I needed performed, that ended up per their wishes being in-patient. I was not allowed to know anything about the fees that would be charged. Shortly after the event, I was sent a bill for over \$20,000. I specifically asked for a charge sheet (among other things), of which I was denied repeatedly. When I finally received it after months of back-and-forth with the billing department, there were multiple things wrong with the bill, and the charges for some procedures and supplies would make your jaw drop. I'd received multiple bills of different amounts, some duplicating the same procedures on different bills/charge sheets. I ended up finally having to hire a lawyer to represent me and get actual clarity on what I was actually spending my money on and they admitted there were major problems with what I was billed for.

Had I been third party pay, the company would have likely been allowed to skate by without anyone knowing about the overcharging, duplicate charging, and simply insane prices.

In private practice, we do our best to notify our patients, once we know what we will need to do with them, the fees for our services and to accept a case. It is extra work although it is expected of us and I believe it to be fair to the patient. They want to know 1. If they can be helped. 2. What we need to do. 3. How much time it will take. 4. What is the cost?

For some reason, we've let the sheer size and power of the medical industry negate these very necessary and reasonable requests. "Because we can" is not an adequate answer.

Further, price transparency will help to address price gouging and insurance/pharmacy benefit manager dealings by forcing health care facilities to reveal some of these backdoor agreements by the very nature of requiring a cost structure. Dual fee schedules are supposed to be illegal, as I understand. But for some reason these large facilities are able to enter into contracts with insurance companies and their counterparts to contractually agree to something we are taught is illegal elsewhere.

Please support this bill, and thank you for your time.

Dr. Steve Nagel, DC