

Testimony in Support (FAV) of HB 1337

March 5, 2024

Dear Honorable Chair Peña-Melnyk, Vice Chair Cullison, and Members of the Committee,

I'm concerned about how hard private health insurance companies are making it to get reimbursed for claims, leaving people with unplanned medical bills. I know that Maryland has worked to decrease the percentage of people who are uninsured in our state, but I don't think we've done nearly enough to help all the people who are underinsured. And I am concerned about unjustified claim and care denials. I understand that the number of people in our country dealing with medical debt is almost 100 million! That tells you something about the shortcomings with our private health insurance plans.

I wanted to share my story about my experiences with Care First and how I paid a hefty time tax to ensure I wouldn't have medical debt. In March 2022, I re-broke my left leg. Luckily, I had health insurance at the time with Care First that covered the ambulance ride, hospital stay, surgery and post-care. I was mistaken in thinking that everything would work itself out when it came to resolving the billing.

I received my first bill a month after I got out of the hospital in April. These were nothing big, they were standard co-pays of \$30 or \$60. Unfortunately, that didn't last long. By September, I was receiving bills that were \$30,000 or more. The same thing happened in October. That began the extremely long process of having to call Care First on a weekly or bi-weekly basis so I wouldn't continue to receive these large medical bills.

The sticker shock from seeing a medical bill for \$30,000 took a toll on me. The stress from having to spend hours on the phone with Care First affected my mental and physical state. The anxiety of not knowing if receiving medical bills for \$30,000 was messing up my credit didn't sit well with me. This ordeal affected my work performance too. I had to take time off from work and work longer hours because Care First was only available during regular business hours. Care First's offices aren't open during the evenings or on the weekends. Their business practices aren't friendly for middle and working class people.

It took numerous months until I was able to get both Care First and the hospital on the phone at the same time to resolve the issues with my billing. That's not my job and it's something they should have done on their own. The hospital was sending their claims to Care First, but because Care First was taking so long to process the claims, the hospital was putting me on the hook for the medical bills.

Ultimately, it took over a year to resolve the billing with Care First. I broke my leg in March 2022 and everything wasn't paid off until April 2023. My message to Care First and other health care companies is to not delay or deny claims. It's beyond time that these companies put the people

first. If health care companies like Care First aren't going to put people first, then that's where our state legislators need to step in and look out for their constituents.

People have numerous responsibilities and obligations to deal with during their everyday lives. Most people can't afford to spend hours on the phone with companies like Care First over issues the company should've handled themselves. I hope my testimony and the testimony of others helps provide a wake up call to companies like Care First so they can do better.

Please take a stand for patients and policyholders around our state and pass this legislation. Let's not make things worse by letting insurance companies delay or deny our care. Taking action to make sure our health insurance works for us when and where we need it will give us more health security and peace of mind.

Please Support HB 1337 and I encourage your House colleagues to do the same.

Sincerely,

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