

HB1337_RichardKaplowitz_FAV

3/7/2024

Richard Keith Kaplowitz

Frederick, MD 21703

TESTIMONY ON HB#/1337 – FAVORABLE

Health Insurance - Appeals and Grievances Process - Reporting Requirements and Establishment of Workgroup

TO: Chair Pena-Melnyk, Vice Chair Cullison, and members of the Health and Government Operations Committee

FROM: Richard Keith Kaplowitz

My name is Richard K. Kaplowitz. I am a resident of District 3. I am submitting this testimony in support of HB#1337, Health Insurance - Appeals and Grievances Process - Reporting Requirements and Establishment of Workgroup

This bill first and foremost will require insurance companies to share more data about their business: how many people they insure and how many claims they process. We need this information to get a better picture of what's happening and to be able to ask insurers about their practices. We know that too many people are getting their care and claims denied.

For me: My health and the health of my wife was negatively impacted by an adverse decision by my plan and the processes they use for approval or denial of reimbursements.

I was covered by a Medicare Advantage plan carrier in 2022. I needed a total knee replacement. I wanted to stay in the hospital for a few days and then go to a local rehabilitation center for 10 days. Medicare pays for that ten day stay. My wife is mobility challenged so it would give me time to recover and minimize negative effects on her to have to take care of me. Instead, Humana Medicare Advantage wanted a total knee replacement for a 69 year old man with a 72 year old spouse to do the surgery as outpatient! My doctor was able to get only an overnight stay at hospital, my carrier would not authorize the Medicare funded rehabilitation stay. This meant weeks of pain and suffering for me and strain and hardship for my wife.

Something needs to be done.

That's why I support HB 1337 because it will address some of the issues involved in trying to navigate the appeals and grievances process. We need the state to start looking this year at whether the process is actually accessible to people. When people are able to see the process through there is solid chance they win but only a small percentage of people do that.

It seems that insurance companies are more concerned with their profits and shareholders than the patients who are trying to use their health plans.

Health care is and should always be a human right and if someone has health insurance they should get the care they need when they need it. Citing this widely 2023 story about care denials, The *Connecticut Mirror* noted in March of 2023 "How Cigna saves millions by having

its doctors reject claims without reading them”.¹ Despite my surgeon’s appeal for my post operation care it was denied. This is not the health care I thought I had.

I respectfully urge this committee to return a favorable report and pass HB1337.

¹ https://www.newsbreak.com/news/2969704211668-how-cigna-saves-millions-by-having-its-doctors-reject-claims-without-reading-them? f=app_share&s=a3&share_destination_id=MTM3MDgyMTEtMTY3OTgwODQ4OTA5Mg%3D%3D&pd=00vW8Bux&hl=en_US&send_time=1679808489&actBtn=floatShareButton&trans_data=%7B%22platform%22%3A1%2C%22cv%22%3A%2223.12.0%22%2C%22languages%22%3A%22en%22%7D