

Testimony FAV HB1337

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

House Health and Government Operations Committee

March 7, 2024

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

My name is John Spillane and I live in Prince George's
County. I am testifying in support of HB1337.

Each year tens of thousands of Marylanders are harmed
by private health insurers unjustifiably denying their
medical claims. I've heard how this impacts my friends
and neighbors; you've no doubt heard from your
constituents about their medical claim denials.

Once a private health insurance plan denies your claim,
the process to appeal is so complicated, time consuming,
and confusing that only a tiny fraction of patients even try.
When patients do appeal their denial via the Maryland
Insurance Administration, what happens? A high
percentage of decisions are reversed -- which suggests
that the companies aren't being accurate with their initial
claim review.

Right now Maryland health insurance carriers aren't

required to disclose the total number of claims they process — or even how many people they cover. That makes it impossible for us to truly compare companies' track records.

HB 1337 would require Maryland health insurance companies disclose the number of people they insure and the number of claims they either approve or deny each quarter. Additionally it would create a workgroup that will study the claim notification and appeals process for health insurance in Maryland and then make recommendations to improve the system.

We all want Marylanders to be healthy but your health insurance doesn't work if you can't use it. That's why I ask for your vote FOR HB 1337.

John A. Spillane

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