CROSSOVER BILL HB1337_RichardKaplowitz_FAV
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TESTIMONY ON CROSSOVER BILL HB#/1337 – FAVORABLE

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

TO: Chair Beidle, Vice Chair Klausmeier and members of the Finance 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 CROSSOVER BILL HB#1337, Health Insurance - Appeals and Grievances Process - Reporting Requirements and Establishment of Workgroup

This bill is an attempt to collect data on the provision of medical care and payment for that care by insurance companies in Maryland. It will add transparency to the decision-making processes used by health care insurance companies including who is the human behind the determinations My health and the health of my wife was negatively impacted by an adverse decision by my and what are the processes for approval or denial of health care 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 hardship for my wife.

This bill will make insurance carriers more responsive on a case-by-case basis for any decision denying care. Denial and approval statistics will be made available to the Maryland Health Commissioner to determine what the responsibilities of the carriers could have and should have been. The bill will authorize the AG to review the carrier's policies on payment for care.

This problem occurs because insurance companies are more concerned with the bottom line and shareholders than the patients who need that insurance coverage. Health care is and should always be a human right. 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 bill will make such a denial transparent offering additional opportunities to health care providers, patients, and government agencies the information needed to create policies to produce better decisions and outcomes for patients.

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

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[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