SB0475_RichardKaplowitz_FAV

02/12/2025
Richard Keith Kaplowitz
Frederick, MD 21703

TESTIMONY ON SB#/0475 - POSITION: FAVORABLE

Health Insurance - Utilization Review - Exemption for Participation in Value-Based Care Arrangements

TO: Chair Beidle, Vice Chair Hayes and members of the Finance Committee
FROM: Richard Keith Kaplowitz

My name is Richard Keith Kaplowitz. I am a resident of District 3. I am submitting this testimony in support of SB#/0475, Health Insurance - Utilization Review - Exemption for Participation in Value-Based Care Arrangements

This bill will fix many of the problems in our health care insurance coverage. For example, I have a Medicare Advantage plan. When I went in 2022 to get my right knee totally replaced the doctor and I wanted me to stay in the hospital for 3 days and then transfer to a rehabilitation care facility for the ten days that standard Medicare covers. This was determined to be in my best interests as my wife is mobility challenged and taking care of me would be difficult for us both. My doctor and I, despite multiple appeals, were unable to get authorization for this. My knee surgery was to be done as an outpatient surgery. The only reason I stayed overnight was physical therapy reported I was not ready for discharge. After 28 hours in the hospital, I was discharged and the next two weeks at home were hell on both my wife and me.

This bill says that if you pay premiums your insurance carrier is there to cover your medical care and should stop the high level of denials occurring in our health care system.

> A Commonwealth Fund report published Aug. 1, 2024 examines how frequently insured, working-age adults are denied care by insurers; how often they are billed for services they believed were covered; and their experiences challenging such bills or care denials. The report shows that 45% of insured working-age adults reported receiving a medical bill or being charged a copayment in the past year for a service they thought should have been free or covered by their insurance. Among other findings, 17% of respondents said that their insurer denied coverage for care that was recommended by their doctor, and nearly six of 10 adults who experienced a coverage denial said their care was delayed as a result. [1]

The bill's purpose is to prohibit certain carriers from imposing prior authorization, step therapy, or quantity limit requirement on eligible providers for health care services that are included in a two-sided incentive arrangement. My personal experience and statistics on medical care denials make this a vital change that Maryland should force health care insurers in Maryland to implement.

I respectfully urge this committee to return a favorable report on SB#/0475

[1] https://www.aha.org/news/headline/2024-08-01-report-highlights-unforeseen-health-care-bills-and-coverage-denials-commercial-insurers