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REINING IN ABUSIVE MEDICAL BILLING PRACTICES AND CRIPPLING DEBT

WHEREAS: One-quarter of Americans report they or someone in their household had problems paying or had an inability to pay medical bills in the past year; and

WHEREAS: Two-thirds of Americans with problems paying medical bills say their problems followed a one-time emergency medical situation, suggesting medical debt is not limited to people with chronic medical conditions and, as such, poses a risk to the broader public; and

WHEREAS: Health insurance plans increasingly offer fewer benefits and require higher out-of-pocket costs like deductibles, copays and coinsurance. More than one-quarter of workers with employer-sponsored insurance are enrolled in a high-deductible health plan (HDHP), with deductibles of at least \$1,300 for individual coverage and \$2,600 for family coverage. Since 2010, deductibles have risen six times faster than workers' earnings; and

WHEREAS: High out-of-pocket costs limit access to care, as HDHPs encourage patients to postpone or forego medically important care in order to avoid paying the high cost of the deductible. Those in HDHPs are nearly twice as likely as those enrolled in lower deductible plans to report problems paying or an inability to pay medical bills. Patients should not have to choose between medically important care and financial stability; and

WHEREAS: Despite having health insurance, the combination of narrow provider networks, inadequate information about the network status of billable providers and covered costs, and the lack of regulations restricting "balance billing" unnecessarily exposes patients to surprise medical bills that can run into the tens of thousands of dollars and leave patients with crippling debt. In 2015, 30 percent of privately insured Americans reported having received an unexpected medical bill within the past two years; and

WHEREAS: Patients burdened with medical debt are too often forced to diminish savings, work longer hours, increase borrowing and/or cut back

spending on food, clothing and other basic household items. The ripple effect created by medical debt poses a threat to the health and well-being of families and communities and crowds out resources available for other important social functions like education, home ownership and retirement savings; and

WHEREAS: As health professionals and trusted community leaders, we know that abusive medical billing practices and medical debt limit access to care and destabilize families and communities.

THEREFORE BE IT RESOLVED: That the Ohio AFL-CIO will encourage and support affiliates in the development of state legislation addressing billing practices that contribute to medical debt, such as legislation restricting balance-billing patients following an emergency or inadvertent encounter with an out-of-network provider.

BE IT FURTHER RESOLVED: That the Ohio AFL-CIO will partner with affiliates and national allies to support federal efforts to restrict out-of-pocket costs like deductibles, copays and coinsurance.

BE IT FURTHER RESOLVED: That the Ohio AFL-CIO will work with affiliates to develop medical debt clinics that will provide educational resources and tools for patients to help prevent surprise medical bills, and to negotiate better terms of repayment following an encounter with an out-of-network provider.

BE IT FINALLY RESOLVED: The Ohio AFL-CIO will encourage and support affiliates to use collective bargaining as a vehicle to bargain for the common good. The Ohio AFL-CIO will support such efforts by conducting research to identify healthcare employers that use abusive billing practices and by developing model contract language to improve billing practices for patients, such as language to enhance transparency and improve hospital financial assistance policies.

Submitted by: Ohio Nurses Association & the Ohio Federation of Teachers