

Dear Committee Members;

I am writing in support of HB 2339 which prohibits health care provider or participating health care facility from balance billing patient covered by health benefit plan or health care service contract for services provided at participating health care facility.

A couple of years ago, I went to a walk-in clinic thinking I had the flu. After being examined and having some tests run, I was immediately admitted to the ICU with a diagnosis of Heart Failure (even though I had no history of heart disease). Throughout my stay, I was excellently cared for by the Hospitalist in the facility. It wasn't until several months after my discharge that I received a bill from the Hospitalist physician because he was not an "approved Provider" under my plan (which covered all other services rendered while in the hospital).

I believe this practice should not be allowed because in a situation such as mine there was no way for me to know the "approved" status of the provider nor make any choice as to who my provider was. In fact, his presence in an approved facility, wearing that facility's uniform, reasonably lead me to believe that he was covered as all other services were.

Please vote in favor of HB 2339 and send it out of committee with a recommendation for passage so such unreasonable practices are not allowed.

Thank you.
Steve Poisson
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