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## Your View: Letters to the editor

May 10, 2018



### Getting stuck with the tab

The editorial “Triple whammy for care” (Globe, May 6) is worth responding to. We need to better understand what are driving up our health care costs and why some providers are making consumers pay.

In many cases, those providing the services have all the leverage, like in the case of the air ambulance service. They set the price and the terms.

Consumers, insurance providers and others have little if any say in the matter. And because they won't come to the table to negotiate or enter into a contract, consumers are getting stuck with the tab. This is not a good system. There needs to be a better solution, one that doesn't give the provider all the leverage and the consumer none.

The editorial is right that our lawmakers need to intervene. I hope our elected leaders in Jefferson City will take action to remove the monopoly controls enjoyed by these types of providers and help bring them to the table.

Cary Caylor

Joplin

Emergency care a necessity

Regarding the editorial “Triple whammy for care” (Globe, May 6): When you or a loved one has a heart attack or stroke, getting to the hospital quickly is a necessity.

Air medical services provide critical transport to hospitals so that people can access the care they so desperately need, and these services are an increasingly important part of health care in rural areas where hospitals are closing at alarming rates.

Unfortunately, some private insurers deny reimbursement for air medical transportation because they claim the transport was not medically necessary, despite the fact the transport was ordered by a trained medical professional. While many private insurers work to pay at or close to full bill charges, some insurance companies are not covering these life-saving services. This leaves patients in the middle.

In Missouri, the average insurance premium cost per individual each year is \$646, according to the Health Insurance Exchanges 2018 Open Enrollment Period Final Report. Families decide to purchase health insurance, despite the cost, to ensure they and their families have protection in case of a health emergency.

If patients can't rely on their insurance provider to cover emergency, lifesaving services, then what's insurance for? This is especially frustrating considering that a recent study conducted in Montana found that for only \$1.70 more a month in premium, air medical services would be covered.

The fact remains that timely and proper emergency care is oftentimes not an option but a necessity. Insurers need to do right by patients and cover this critical, lifesaving service.

Carter Johnson

Washington, D.C.

Relief could be in sight

When you have health insurance, you expect to be covered when you visit an in-network hospital. However, for many Missourians, it doesn't always work out this way.

There are two common ways patients get hit with surprise medical bills: They visit an emergency room that is in-network, but the hospital has contracted physicians, ambulance companies, etc., who are out-of-network for their insurance, and the patient is billed for these services; or they visit the ER, and are later told by their insurance that since it wasn't an actual emergency (by the insurer's standards), the insurance won't accept the claim or cover the cost of the visit.

Anthem’s recent ER policy does a poor job of outlining for its consumers when it is appropriate to go the ER and when it isn’t. Anthem and other insurers claim they are addressing the overuse of the ER and are tired of paying for those claims. The problem is this requires patients to self-diagnose when they are experience alarming symptoms — and with the fear of a large ER bill, many may avoid ER visits when truly necessary.

As for receiving out-of-network services when visiting an in-network hospital, common sense says that this should be a nonissue. If a patient visits an in-network facility, the entirety of his or her visit should be covered by the insurer.

Thankfully, the Missouri Legislature is considering a bill that would protect Missouri patients in cases such as those described. SB 982, sponsored by Sen. Paul Wieland, R-Imperial, requires insurance companies to adopt a “prudent layperson” policy. In other words, if the average careful person would interpret his or her symptoms as an emergency, the insurer must cover the ER claim. SB 982 also requires insurers to cover all ER costs, as long as the patient visits an in-network ER.

SB 982 passed out of the Missouri Senate in April and is in committee in the House. As long as this bill is passed out of committee and the House clean — with no amendments — Missouri patients will see some relief from these unfair health care practices.

Kjersti McDonald

Joplin

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Wal-Mart 59 & 79 Supercenters

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Joplin, MO



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24

FRI  
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SAT  
26

SUN  
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MON  
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TUE  
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