

RISE Delaware™ Update: **SENATE EXECUTIVE COMMITTEE HEARING 5/7/24 ON HB350 (hospital charges)**

What descriptor will do justice to yesterday's hearing before the Senate Executive Committee on HB 350, which several of us attended in person. Circus? Puppet show? There were some good comments from RISE supporters, however.

The strategy of the Delaware Hospital Assoc (DHA) was on plain display: delay until the clock runs out on June 30.

**Kudos to Senator Bryan Townsend (and House Speaker Valerie Longhurst) for persisting on HB 350 despite the massive industry lobbying. And to Bill Oberle and Jeff Taschner for their dogged persistence.**

**Reminder as to why you should care:** the control of the pricing for medical claims is critically important to the long-term financial stability of the GHIP and therefore to keeping secure our Medicaid supplement (and too for active employees, having good state insurance plans).

**MORE DETAILS:**

First, with the hearing starting a little after 4 pm and scheduled to end at 6 pm, they didn't even get to public comments until 5:45 pm (despite committee members saying how important it was to hear public comments - although there was one committee member who was a culprit in, quite intentionally, running out the clock). So we each got only 60 seconds to comment (despite the promise of all of 90 seconds...).

Second, DHA loaded up the audience to oppose HB 350 with dozens of medical personnel who apparently had been given the afternoon off and who just kept repeating over and over the same tedious talking points and fear mongering about job losses (with no data or evidence). The head of the DHA, Brian Frazee, filled his presentation with alternative facts, while omitting true facts, such as Delaware's position at dead center mediocrity in quality of healthcare (25th in the country as shown by [commonwealthfund.org](https://www.commonwealthfund.org) for 2023). So ,his view is apparently, let's just keep on with the Delaware (GHIP) health fund paying more and more for employees and retirees' in-state medical claims regardless of overall quality issues – which as we know puts employee and retiree medical benefits at risk. Notably lacking in all of this was any actual reasoned basis why HB 350 is a bad bill for Delaware.

Others bussed in by DHA expressed how there were a lot of problems with delivery of medical services in Delaware and so HB 350 should be voted down. Hard to figure out that logical connection – why is the solution to those problems, which the hospital monopoly created or has exacerbated, to do more of the same? It was also hard to figure out why doctors would show up to oppose the bill when the data, which the unions (SWU) have provided, shows that doctors are getting squeezed by the hospitals.

Third, on the good side, Senator Bryan Townsend spoke very compellingly in support of HB 350. He said there is an amendment in the works which DHA is supposedly agreeable to (having to do with changing the pricing structure for the first two years). Jeff Taschner was an expert witness in support of the bill and did a great job recounting the history of the whole problem of excessive hospital charges in Delaware.

**Next steps:** The bill apparently will now go through the process of the committee members "signing the backer," at least after the amendment on pricing is inserted. When that is complete, we

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will find out whether the bill gets voted out of committee and in how diluted a form. Legislators seemed optimistic, despite all the lobbying on how bad the bill was for the hospital monopoly's profits. Even if diluted, the bill would at least be a long-overdue start on addressing the excessive charges by the hospital monopolies in Delaware.

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