

Chairman and members of the Committee,

- My name is Katrina Black. While I live in Texas, I am here today to share my experience with a short-term health plan as an example of what Kansas consumers could face if this bill passes.
- In May 2019, I graduated from law school and moved across the country to start a new job. Right before I moved to Texas I had major surgery for stage-four endometriosis. My school insurance took great care of me, I was able to get off the waitlist from a national expert in Boston where I was, days a couple weeks before I graduated and moved. For my post-op treatment, my doctor instructed me to get physical therapy, and prescription drugs, OBGYN, and an MRI.
- Because I was done with school I was going to have a gap in insurance from July 1st through October 1st, so I went to healthcare.gov to get a short-term health plan before my insurance kicked in.
- When a popup appeared on healthcare.gov asking for my phone number and zip code, little did I know it was taking me away from the trusted marketplace.
- The *minute* I entered my phone number my phone started ringing off the hook. I wanted to do some research first. I compared with the different agents, read everything on the Texas Market place website. One agent, Cindy, told her about my major surgery, and I asked her specific questions to be sure that my endometriosis care would be covered. She assured me they would, so I signed up for her company's coverage.
- Let me say that again: I was clear about my pre-existing condition, and she promised complete coverage for my needed care.
- Armed with my new short-term plan, I continued my PT visits three times a week. By my third or fourth visit, though, my physical therapist said my insurance company kept hanging up on them every time they tried to bill for their services. When I finally reached my sales agent, she told me that was "weird" and that everything was still covered. I took her at her word and continued my treatments through the summer. I got some bizarre EOBs, saying i wouldn't be covered for a missing code, etc.
- Eventually, I got an EOB line iteming every coverage date, saying all would be denied due to a pre existing condition.
- I called the company and expressed that I was up front about my illness in the application. They said "we don't have that on our file."
- I wound up with \$4-5k in bills that I had to pay out of pocket. That's on top of the \$1500 in premiums I'd wasted.
- my husband and I were both working and I was fortunate enough to pay the bills, but it is still a part-time job for me to fight the bills I'm living with because I made the mistake of choosing a short-term plan despite being an honest consumer who asked all the right questions.

- Please oppose SB 199 to keep short-term plans from harming more consumers in the future.