

Representative Katie Porter’s Remarks
Ways and Means Committee
Health Subcommittee
“Protecting Patients from Surprise Medical Bills”

1100 Longworth House Office Building
Tuesday, May 21, 2019
3:00 p.m.

Chairman Doggett and Ranking Member Nunes, thank you for holding this hearing on protecting patients from devastating surprise medical bills.

According to the Kaiser Family Foundation, one-third of adults struggling with medical bill problems are facing these problems because of out-of-network charges. Nearly 70% of individuals with unaffordable out-of-network medical bills were unaware that their health care provider was not in-network when they received care.¹

For many, these bills are devastating. As my own research and data on families in financial distress shows, about half of people who file for bankruptcy cite medical issues as a primary reason.²

I care about this as someone who has dedicated their lives to protecting consumers, and I care about this because I have had to fight my own battle with surprise billing.

On August 3rd, last year, as I was on the campaign trail, I started to feel pain in my abdomen. At 1 pm, I could not continue and went home. At 4:31, I texted my manager that I needed to go to the emergency room at Hoag Hospital and asked that she drive me. I was concerned that the pain would impair my driving or that I wouldn’t be able to make it to the hospital at all. I was actually closer to another emergency room, but I specifically chose Hoag because I knew that they were an in-network provider.

When I arrived at the hospital, I waited six hours sitting in the emergency exam room without treatment. When I finally went to surgery, the doctor told me this was nothing to worry about, just a standard appendectomy.

I was given anesthesia for the surgery, and when I awoke, the team around me was panicking – they couldn’t get my temperature to drop, or my blood pressure to rise. My appendix had ruptured, causing an infection that was making my whole body very sick. I spent the next 5 days in the hospital, receiving two different kinds of IV fluids to beat this infection. My surgeon visited me, checking my wound drainage and my recovery.

A few weeks later, I received the bill from my insurance company. As a single mom, the idea of an astronomical hospital bill had weighed heavily on my mind during this entire process. I was happy to see that my IV antibiotics were fully covered by insurance. I was pleased that the cost

¹ <https://www.kff.org/private-insurance/issue-brief/surprise-medical-bills/>

² <https://www.nytimes.com/2018/08/05/business/bankruptcy-older-americans.html>

of my emergency visit and nearly all of my inpatient services were covered. I remember sitting at my kitchen table and just taking a deep breath, filled with relief.

A few days later, I received another bill, this one from my surgeon. While the hospital I had gone to was in network, the surgeon was not. The bill was for nearly 3,000 dollars. Enclosed in the bill was a handout detailing the steps I would need to take to fight my insurance company to have them cover this care. So many of his patients had been forced to endure this battle that he had to use his medical staff to address patient billing problems. This is not why he or his staff trained in medical school.

Why did I owe so much? I couldn't understand the so-called explanation of benefits, but the surgeon's handout explained that he was an out-of-network provider even though he worked at an "in-network" hospital. In an emergency situation, when a patient has no ability to assess whether or not a provider in an otherwise in-network setting is out-of-network, insurers are supposed to cover these costs.

Why then did I receive this bill? Because insurers keep putting profits before patients.

I called my insurance company to request an appeal. The benefits manager I spoke with on the phone kept asking me questions intended to guide me towards one purpose. She tried to coach me into saying that it wasn't the insurers' fault. In fact, she wanted me to believe that it was the fault of the surgeon. Apparently, to Anthem Blue Cross, 3,000 dollars was too high a price to charge for saving my life. Apparently, the exorbitant premiums I had paid to this company for years were not enough to cover the cost of lifesaving emergency treatment.

As I continued to fight my insurance company, I kept receiving bills from the surgeon. Eventually, nearly five months after I was hospitalized, the surgeon was forced to simply request payment. At this point, I reached out to the office at the University of California – Irvine, my employer, that managed my benefits as a professor.

This was when I discovered that their office has a designated patient advocate, a medical doctor whose sole job is to support the many university employees who have had to fight with the insurance companies to have their care covered.

Can we just reflect on that for a moment? The university has to pay someone to advocate for their employees with the insurance company that they hired to insure their employees. Finally, that patient advocate was able to get the insurance company to agree to pay my surgeon's bill.

Here is what I learned from getting sick:

As a professor at the University of California – Irvine, I had employer-based insurance. I got sick, but I was not chronically ill. I was employed, and though it is sometimes challenging to be a single mother of three, I was financially stable before I received this bill.

I am well-educated. I had an employer prepared to help me. I had every resource necessary to fight this battle.

But the reality is that there are thousands of Americans far worse off than me who are surprised with bills far more devastating than mine.

I'm here today because I refuse to accept this as the status quo. I'm here in Congress because I refuse to stand idly by while families go bankrupt because of surprise medical bills.

And let me be clear – any solution to this issue must not rely on the patient's ability to go to war with their insurer. This is not the solution. The weight of this burden must rest on insurers and providers. It's time we start putting patients first.

Thank you for inviting me here today. I am grateful to have the opportunity to share my story, I am proud to be a cosponsor of Representative Doggett's legislation to protect patients from surprise billing, and I am honored to be here fighting for the families who are sitting at their kitchen tables today staring at devastating insurance denials.

I yield back.