

Testimony for the Record from Sam Bloechl (Lemont, IL)
U.S. House Energy & Commerce Committee
Health Subcommittee
Hearing on Building on the ACA: Legislation to Expand Health Coverage and Lower Costs
March 23, 2021

Chairwoman Eshoo & Ranking Member Guthrie,

My name is Sam Bloechl, and I live in Lemont, Illinois. In 2017, at 28 years old, I was diagnosed with Stage 4 non-Hodgkin's lymphoma. Being so young and not having any chronic health problems before, my diagnosis came as a shock to me, turning my life upside down. The endless tests, scans, appointments, and treatments that followed were overwhelming and scary. But my diagnosis and subsequent battle with cancer is only half of the story. The biggest battle was the one I had with the insurance company that used loopholes in the rules to refuse to pay for my cancer care because they deemed it a pre-existing condition.

In 2016, I began experiencing some lower back pain that wouldn't go away. I own a small landscaping business, and anyone working in a landscaping business is no stranger to back pain. Since the pain didn't go away after working with a chiropractor, I wanted to go get an MRI to see if I would need additional care. When I realized that the insurance plan I had at the time didn't include a provider I wanted to see, I thought it would be smart to talk to an insurance expert—a broker—about upgrading my coverage for the next year. I thought that an upgrade to my insurance would be a good idea, so that I could cover any potential tests or physical therapy that I might need for my back.

When I spoke with the insurance broker near the end of 2016, I told her I was experiencing back pain and that I would most likely be going in for an MRI in January. She assured me that as long as there was no diagnosis made during my visits to the chiropractor, the plan she recommended was the right plan for me. In fact, even though I was prepared to pay higher premiums than I was already paying, she told me that I would be "throwing money away" if I chose anything other than the plan she recommended. So, on her advice, I signed up for the new plan for 2017.

I wasn't prepared for what came next. What I thought was only back pain turned out to be cancer, and I needed to start treatment immediately. Non-Hodgkin's Lymphoma is an aggressive form of blood cancer, but it is often treatable with an equally aggressive treatment regimen. After six grueling months into chemo and radiation therapy, I achieved remission. My doctors told me that although my cancer had been treated in the short term, its aggressive nature made it very likely to return. They said that with my type of cancer, a bone marrow transplant was my best hope to turn my temporary remission into long-term remission.

As I began preparing for my transplant, my insurance company told me that they would not pay for any of my treatment – including treatments I'd already received and anything I'd need going forward. It became clear to me pretty quickly that the cancer itself would be only half my battle. The insurance company said they had decided my cancer was a pre-existing condition, since I had visited the chiropractor in 2016. As a result, they refused to pay for the rounds of chemo, radiation, imaging tests, and blood tests I had already received. Even worse, they were denying any payment for the bone

marrow transplant I needed to achieve lasting remission. I couldn't believe it. In the middle of my cancer treatment, I was being kicked off my insurance coverage.

I appealed the insurance company's decision, hoping that this was a mistake. While I waited for them to review my case, I was forced to do nine additional rounds of maintenance chemo to maintain my temporary remission. After months waiting for a decision and undergoing additional chemo, my appeal was denied, leaving me with approximately \$800,000 in medical bills and, of course, no health insurance for the treatment and transplant I needed to stay alive.

As I learned later, the type of plan I was sold by the broker is called a "short term plan," and these plans don't have to follow the same rules as regular health insurance. Short term plans don't have to cover treatments for pre-existing conditions, and they don't have to cover basic treatments for cancer like prescription drugs. I also learned that the broker was likely paid a higher commission for selling me a short-term plan instead of coverage that would have been there for me when I was diagnosed.

After spending countless hours on the phone—mostly on hold— with the insurance company, working with several lawyers, relying on family and friends who made too many emotional and financial sacrifices to save my life, and experiencing an enormous amount of stress just trying to figure out how I could pay for the care I needed to stay alive, I was able to buy a new, comprehensive health insurance plan that would cover my transplant. Today, my cancer is in remission. My transplant, when I finally got it, went well. I'm not completely out of the woods, but I am very lucky to be as healthy as I am now.

Unfortunately, I can't say the same about the financial disaster that has proven to be as challenging as my fight against cancer. In the time since my diagnosis, time that I should have spent focusing on my treatment, building my business, and planning for my future, I was kept up at night worrying about staying afloat, how to pay the next bill, and how to avoid bankruptcy.

Now that I have seen firsthand the danger of "short term plans," I know just how important it is to put basic rules in place that protect patients when they need it most. Insurance is supposed to be there when something big happens: a cancer diagnosis, a heart attack, a car accident. Short term plans like the one I had in 2017 do the exact opposite. When something bad happens, the companies who sell these plans can run away and leave the patient holding the bag.

It's unacceptable that people across the country have to worry that their plan is filled with small print loopholes that let their insurance company deny care when they need it. Someone with insurance shouldn't have to worry about that. They shouldn't have to worry about facing bills for \$800,000 in the middle of their cancer treatment. They shouldn't have to worry about getting a letter from their insurer refusing to pay for a life-saving procedure because they say it's for a pre-existing condition. They shouldn't have to spend weeks fighting with their insurance company while they are in the middle of a battle with cancer. They shouldn't have to worry about bankruptcy while sitting in a chemo chair. They shouldn't have to worry that a broker is selling them "junk insurance" because the broker gets a bigger commission for junk plans than they get for plans that have basic patient protections.

This all seems like commonsense to me, but, unfortunately, I expect to hear many more stories like mine. That's because federal rules protecting consumers from the loopholes in short term health plans have disappeared. The new rules allow short term plans—like the one I was sold—to continue

discriminating against people with pre-existing conditions and exploiting loopholes to avoid paying for life-saving care when someone gets sick.

Meanwhile, companies have come up with even more ways to get around insurance rules that protect patients while still using terms and paperwork that make them look like a traditional, comprehensive health plan. And, just as you would expect, consumers like me—who have day jobs and aren't lawyers or insurance experts—sign up for these junk plans. Some people on these plans may be lucky enough to never get a life-changing diagnosis or get in an accident. They may even get through a whole year without even knowing that their plan would fail them if they ever got sick.

But many people aren't so lucky - people like me, unexpectedly diagnosed with cancer in my 20s. In working with The Leukemia & Lymphoma Society, I've heard the stories of people just like me, who have faced similar crises.

People like Katrina Black, in Texas, who had a short-term plan that refused to pay for care related to her endometriosis, even after the insurance agent who sold her the policy assured her it would be covered. People like Jill Baine, in Texas, who was diagnosed with breast cancer after a broker sold her a health care sharing ministry plan. The plan deemed her cancer a pre-existing condition and refused to pay for her care. Only after she filed complaints with state regulators and contacted the media did her plan finally pay for her care.

People like Ali Middlesworth, in Missouri, who developed preeclampsia during her pregnancy and, as a result, delivered her son, Declan, prematurely. The health care sharing ministry plan she had been sold over the phone months earlier refused to pay for her and Declan's hospital stays—leaving her and her husband to bear tens of thousands in medical debt as they started their family.

I am urging you today, on behalf of millions of people like me with a pre-existing condition, to prevent insurance companies from selling junk plans that take advantage of the people you represent.

Thank you for the opportunity to tell my story.