

Testimony in support of LD 1955, Act to Require Hospitals and Hospital-Affiliated Providers To Provide Financial Assistance for Medical Care.

Amy Sidelinger, Mid Coast Maine

My name is Amy Sidelinger, and I am writing this on behalf of my family, about the premature birth of my twins, the huge hospital bill we received after they were released from the hospital and the \$13,381.89 per month payment plan the hospital suggested we agree to in order to pay off the costs of the delivery and care my babies needed.

In December of 2021, I gave birth to my twins two months premature. We had a Harvard Pilgrim insurance plan through the national marketplace as we are self employed. I am a hair dresser and my husband is also self-employed. My babies were rushed to the NICU before my husband or myself were allowed to hold them. We were immediately thrown into a world of hospital monitors and so many unknowns, on top of becoming new parents and recovering from surgery.

I called Harvard Pilgrim to report the life change and add the twins, and then didn't think about it again. The last thing on our minds was insurance because even when you're in the hospital, life and bills on the outside don't get put on pause. After 43 days, we were discharged in January of 2022. I struggled severely with postpartum depression and anxiety and my husband and I were running on fumes navigating life with two extremely unsettled infants and no help.

At the end of February of 2022, I received a bill from the hospital my children were born at for \$481,748.33. Harvard Pilgrim paid nothing. I contacted the hospital billing department and was told that Harvard Pilgrim denied their claim stating my twins were not covered on my plan. I then contacted Harvard Pilgrim and was told that I needed to have reported my life change to Healthcare.gov directly, as I had a marketplace plan. This was never told to me when I had called Harvard Pilgrim in December of 2021.

I contacted Healthcare.gov and was informed that since it was outside the window of time to report a life change, and I was trying to amend a plan that had since expired, there was nothing they could do. I did dispute it, but that was denied stating the same reasons they already told me.

We contacted the hospital's billing department to get onto a payment plan, and they informed me that my outstanding balance was at risk of being sent to collections due to nonpayment. I asked about being put on a payment plan and was told the billing department itself is only able to extend payment plans for 36 months, but that to avoid collections, they needed me to make a payment. Our bill split into 36 payments was \$13,381.89 per month. I do not know anyone that would consider that to be reasonable. These are crippling numbers to most families.

I am so grateful to Maine's Health Insurance Consumer Assistance Program for helping us deal with the hospital, and get most of the bill paid for through other coverage. This whole process took the first five months of my twins' lives. I cannot express enough the stress this put on my family when we should have been focusing on adapting to life as new parents and enjoying our sweet babies. We are just one example of a family directly affected by our country's lacking health care system. Nothing was ever explained to us, I was always being connected to different representatives and managers, and we felt the system is designed to confuse and discourage families from getting the coverage they need and deserve. I hope our story can help in some way to move us in the direction of universal healthcare!

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Midcoast
LD 1955

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