

Testimony in support of LD 1937, Act to Require Hospitals and Hospital-Affiliated Providers To Provide Financial Assistance for Medical Care.

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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 our carrier 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 hospital bill for \$481,748.33. Insurance had paid nothing. I contacted the hospital billing department and was told that the claim was denied because the twins were not covered by our plan. I contacted the carrier and was told that I was supposed to report my life change to CoverME directly, as I had a marketplace plan. This was never told to me when I called them in December of 2021. I contacted the marketplace 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.

We contacted the hospital 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 is only able to extend payment plans for 36 months, but that to avoid collections, they needed me to make a payment. Our bill was split into 36 payments was \$13,381.89. I do not know anyone that would consider that to be reasonable. These are crippling numbers to most families.

We were ready to give up when one of my clients told me about Consumers for Affordable Health Care, Maine's Consumer Assistance Program. They are the ones who provided the information that saved us financially. 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. With the hospital I was always connected to different representatives and managers. We felt confused and discouraged. It shouldn't be so hard to get the help you need to pay for life saving health care.