

23 Oct 2019

Bronx, NY

Testimony in favor of the-NYHA

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I became a Licensed Midwife 3 years ago after a 15+ year career in public health, spent largely overseas. I bought the WHO's assertion that midwifery has the potential to stem excess maternal and neonatal morbidity and mortality by as much as 2/3's.¹

Licensing of midwives in NYS is amongst the most progressive in our country. I am now skilled to care for women from adolescence through the end of their lives—primary care, gynecology (now including early pregnancy termination thanks to the Reproductive Health Act, thank you to the legislature for that), prenatal, intrapartum, postpartum and menopausal care. In addition to these clinical skills, I have been steeped in the evidence regarding low-volume continuous, relationship-based care and would very much like to practice in the context of a small, midwife-owned practice offering both community- and hospital-based services.²

But becoming a midwife in NYS has also been a crash course in profit-driven health care, and due to inequitable (not to mention unpredictable) reimbursement from the myriad payers currently operating in NYS, as well as NY's status as perhaps the most hostile malpractice environment nationwide, few midwives are able/willing to take on the risk/head-/heartache associated with starting an independent small business.^{3,4}

So, essentially without drastic overhaul of reimbursement mechanisms *and* tort reform I can't do the job I was trained to do the way it makes most sense to me.⁵ But that's just my professional saga.

I also have very personal reasons for urging you to pass and implement the NYHA immediately. My husband suffers from severe ulcerative colitis, an auto immune condition whereby his immune system attacks his own tissue as if it were a pathogen, resulting in bleeding ulcers in his large intestine. The only medicine that (doesn't cure, but) puts a dent in his symptoms at this point is a biologic immune suppressant called Entyvio/Vedolizumab. He is infused with 300 mg of this medicine every 8 weeks and without it would probably bleed to death. We pay more than \$22,000/year in premiums, deductibles

¹ https://www.who.int/maternal_child_adolescent/news_events/events/2014/midwifery_infographic.pdf?ua=1 (Accessed 5/29/19)

² https://www.cochrane.org/CD004667/PREG_midwife-led-continuity-models-care-compared-other-models-care-women-during-pregnancy-birth-and-early (Accessed 5/29/19)

³ Two separate inequities: a) Despite Ledbetter Act etc. MW are not paid the same as OBs for the same work, some facilities even billing MW deliveries under OBs to get more money AND b) the two-fold (at least) public/private payer difference

⁴ Contemporary, underwritten by Lexington, the largest insurer of MW's nationwide, stopped covering NYC in 2018.

⁵ <https://www.medscape.com/slideshow/2017-malpractice-report-6009206#4> ; <http://epmonthly.com/article/the-medical-malpractice-rundown-a-state-by-state-report-card/> PS, I was shocked at the hearing in Albany in May to hear insurance described as NYS's "most regulated industry". Myself and Senator Antonacci have vastly different definitions of regulation. Mine includes transparency.

and co-pays combined for him to access the care he needs. \$22,000/year seemed like a lot until he received his first explanation of benefits (EoB) after he started the Entyvio infusions. .

I attach his most recent EoB, showing the per dose cost of this medicine to be \$72, 980.54. Let me repeat myself. Aetna claims that NYU bills them nearly \$73K per dose for the life-saving medicine my husband requires. The EoB goes on to list the “member rate” as \$25, 217.06 and proudly announces that we saved \$51, 891.63! Entyvio’s website publicizes the US “list price” as \$6,280.49.⁶ The price of the drug is £2,050 (\$3,022) in the UK.⁷ How much does this voodoo magic really cost to produce? And I guess we’re supposed to feel as if \$22K/year is a bargain when it could have cost us more than \$430,000? If this does not demonstrate the need for more streamlined, aggressive collective bargaining with drug companies and health care providers, such as would be possible under the NYHA, I don’t know what does.

I could also go on at length about how we currently buy our health insurance through the state of NJ, where he is an adjunct writing instructor at Rutgers and is compensated for this work with the privilege of paying 100% of our health insurance premiums, representing nearly 100% of the wages Rutgers pays him.

But instead I’ll leave you with an anecdote about my dad. I have a very clear memory from when I was 10 years old, of him telling me Ronald Reagan was going to be good for our family. My dad was wrong about that. Forty years is long enough for us to call the findings of the deregulation experiment final. Without even invoking social justice tenets on violence against any of us impacting all of us or the world being full of enough resources to meet humankind’s need, but not its greed, I will say simply that the free hand of the market has been giving most of us the middle finger for a long time now. It would be foolish not to fight back.

Re-regulating will never be easy, but it is the just and sensible thing to do— perhaps the US’s only alternative left if it hopes to remain relevant on the global stage. You have in your hands the opportunity to demonstrate to myself and my husband whether or not NYS values a midwife and teacher. I look forward to your response.

⁶ <https://www.entyvio.com/cost> (Accessed 5/29/19)

⁷ <https://www.fiercepharma.com/regulatory/takeda-gets-thumbs-up-from-u-k-cost-gatekeeper-for-discounted-entyvio> (Accessed 5/29/19)



Aetna Life Insurance Company
 P.O. BOX 981106
 HOUSTON, TX 77998-1106

Statement date: May 9, 2019

Member ID:
 Member ID:
 Group #:
 Group name:

QUESTIONS? Contact us at aetna.com
 1-877-StateNJ or 1-877-782-8365
 Or write to the address shown above.

Explanation of Benefits (EOB) - This is not a bill

This statement is called your EOB. It shows how much you may owe, the amount that was billed, and your member rate. It also shows the amount you saved and what your plan paid. Look at this statement carefully and make sure it is correct. If you do owe anything, you will receive a bill from your doctor or health care provider(s). If you have access to the secure member website, you can change your delivery preference, view, print or download your EOBs online anytime.

Track your health care costs

\$15.00	Amount you owe or already paid
Amount billed	\$77,108.89
Plan payments and discounts	- \$77,093.89
You owe	\$15.00

\$57,891.63	Amount you saved
Going to a doctor or hospital in the network saves you money. That's because we have arranged discounted rates with these providers. The online provider directory can help you find a doctor or other health care professional. Just go to www.aetna.com .	

Amount you have left to meet deductible
To see your latest deductible totals, look for "Your benefit balances" toward the end of this statement. It shows any amounts remaining for this plan year.

A guide to key terms

Term	This means	Your totals
Amount billed:	The amount your provider charged for services.	\$77,108.89
Member rate:	This is the health plan covered amount which may reflect a health plan discount. This may be referred to as the allowed amount or negotiated rate.	\$25,217.06
Pending or not payable:	Charges that are either not covered or need more review by us. Read 'Your Claim Remarks' to learn more.	\$0.00
Deductible:	The amount you pay for covered services before your plan starts to pay.	\$0.00
Coinurance:	When you pay part of the bill and we pay part of the bill. This is the out-of-pocket amount that you may owe.	\$0.00
Copay:	A fixed dollar amount you pay when you visit a doctor or other health care provider.	\$15.00

Your payment summary

Patient	Provider	Your plan paid		You owe or already paid
		Amount	Send date	Amount
Tadzio (self)	NYU Langone Orthopedic Hospital	\$6,929.26	5/9/19	\$15.00
Total:		\$6,929.26		\$15.00



Member: [REDACTED]
Group name: [REDACTED]

Member ID: [REDACTED]
Group #: [REDACTED]

Your claim is close

Claim for Tadzio (self) Provider: NYU Langone Orthopedic Hos (In-Network)

Claim ID: EM3558W4801 Received on 6/4/18	Amount billed	Member rate	Pending or not payable (Remarks) [1]	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may
	A	B	C	D	E	F	G	H	I
CHEMOTHERAPY ADMINISTRATION 96413 on 5/25/18	4,012.53	3,211.89	(1) (2)			3,211.69	3,211.69 (100%)		
INJECTION, VEDOLIZUMAB J3390 on 5/25/18	22,980.54	22,001.15	(2)		15.00	21,986.15	21,986.15 (100%)		15.00
NORMAL SALINE SOLUTION 250CC J7050 on 5/25/18	57.81	2.11	(2)			2.11	2.11 (100%)		
NORMAL SALINE SOLUTION 250CC J7050 on 5/25/18	57.81	2.11	(2)			2.11	2.11 (100%)		
Refer to Remarks Section			(3) (4)						
Totals:	77,108.69	25,217.06			15.00	25,202.06	25,202.06		\$15.00

Less Amount Already Paid \$18,272.80
Includes NY HCRA Surcharge Amount \$1,759.94
Includes NY HCRA Surcharge Penalty \$5,166.51

[1] You can find all numbered claim remarks in 'Your Claim Remarks' section.

Your Claim Remarks

General Remarks:

- (1) We have re-evaluated your claim. [W02]
- (2) The Submitted Charges and Negotiated Network Amount have been adjusted to reflect addition of the New York HCRA surcharge.
- (3) Our portion of the New York HCRA surcharge is included in this payment. [997]
- (4) Your provider may have sent diagnosis codes with your claim. You may obtain these codes and their meanings by contacting us at the number listed at the top of the first page. We will also provide your treatment codes and their meanings, if they do not appear on this statement. If you have questions about your diagnosis or your treatment, please contact your provider. [H63]

Your benefit balances to date for 1/1/18 to 12/31/18

Individual Balances	Annual limit	Amount used	Amount remaining
Tadzio (self)			
Medical In Network Out of Pocket Maximum	\$400.00	\$0.00	\$400.00
Medical Out of Network Deductible	\$100.00	\$0.00	\$100.00
Medical Out of Network Out of Pocket Maximum	\$2,000.00	\$0.00	\$2,000.00
Family Balances			
Medical In Network Out of Pocket Maximum	\$1,000.00	\$0.00	\$1,000.00
Medical Out of Network Deductible	\$250.00	\$0.00	\$250.00
Medical Out of Network Out of Pocket Maximum	\$5,000.00	\$0.00	\$5,000.00

URGENT MATTERS: MATERNITY CARE IN THE UNITED STATES



Improving the way maternity care is provided would have a widespread impact by nearly any measure. The need to do better and the opportunities for change make maternity care transformation a matter of urgency.

IMPACT

US ranks last among developed countries

Maternal deaths are a bellwether indicator of how well maternity care systems function overall. The US maternal mortality ratio – 26.4 deaths per 100,000 live births – is:

- nearly 3 times the rate in the United Kingdom (9.2)
- 3½ times that of Canada (7.3)
- 4½ times that of Spain (4.7)

Complications and deaths are on the rise

- Since 1993, life, life-threatening complications of pregnancy and birth have continued to rise in the US.
- The US is the only developed country where the maternal mortality ratio **increased** between 1990 and 2015.

Disparities persist

Black women are more likely to experience preterm birth and neonatal and maternal mortality.

- **Disparities affect women of color at all income levels.**
- From 2005 to 2014, the highest infant mortality rates were observed among non-Hispanic Black women.
- For over 60 years, **Black women in the US have been 3 to 4 times as likely to experience a maternal death as white women.**

100% of population affected

- 84% of women will give birth in their lifetime at least once.
- 100% of the population is affected by the quality of maternity care at birth.

VALUE

Poor value of care

Maternity care costs more in the US than in any other country; but the US fares worse than other high-income nations in terms of maternal mortality, infant mortality, and other basic health indicators.

Dollars at stake

- US Medicaid and private insurance spend more on maternal and newborn hospital care than care for any other category hospitalization.
- Maternal and newborn care combined are the single largest cost for state Medicaid programs and commercial health plans.

Public spending

Based on data between 2010 to 2016, 50% or more of births in 24 states in the US were covered by Medicaid.

Skyrocketing costs

Between 1996 and 2013 in the US, hospital charges for childbirth care tripled.

Largest percentage of hospital stays

- Childbirth is the most common type of hospital stay
- Nearly half of all hospital stays among 18-44 year olds (45%) and those covered by Medicaid (49%) were for maternal conditions.

LEARN MORE in MAXIMIZING MIDWIFERY

Every Mother Counts is dedicated to making pregnancy and childbirth safe for every mother, everywhere.
www.everymothercounts.org

All references available in the full report:
Maximizing Midwifery to Achieve High Value Care
May 2018

1. 2017

2. 2018

3. 2019

4. 2020

5. 2021

6. 2022

7. 2023

8. 2024

9. 2025

10. 2026

11. 2027

12. 2028

13. 2029

14. 2030

15. 2031

16. 2032