

## Melissa Enama Bair, CNM, WHNP-BC

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Testimony to Members of the New York State Assembly and Senate Health Committees,

My name is Melissa Enama Bair. I am a Licensed Midwife, a mother of two young children, and a resident of Woodside, Queens. I am also the daughter of a Registered Nurse who is now practicing in her 50th year, so I have grown up around the healthcare profession. Three minutes is not a lot of time to explain all the reasons why you should pass the New York Health Act so here is the expanded written description of the events surrounding the healthcare coverage of my first birth.

Before I found out I was pregnant with my first son I wanted to give birth at the (now closed) birth center at Roosevelt Hospital. As a midwife I knew that being a healthy woman a low-risk setting was ideal for me. However early on in my pregnancy because of stories of the difficulties “getting in” to the popular three room unit and my concern of the distance to travel from Queens across Manhattan, I began to reconsider. I decided to have a planned homebirth in the care of a Licensed, Certified Nurse Midwife. I checked with the insurance company (which was under my husband’s employer, the “good insurance”) and they said they would not cover a home birth, full stop. I questioned this since I was told in New York that pregnant people were entitled by law to have a birth provider covered as in-network in the type of birth setting of their choice (be it a homebirth, a birth center, or a hospital). When I dug further I learned that this law only applied to insurance companies based in New York, Medicaid, and Medicare. Commercial insurances, especially those based out of state, did not have to comply. I was told my options were to speak to my husband’s Human Resources and have them demand the insurance company cover my birth. If my husband’s company refused I could make a complaint with the New York Attorney General’s office, and if that failed go to the U.S. Department of Labor. The thought of complaining to my husband’s Human Resources at a time we all needed to stay in the good graces of our employers so we could provide for our child-to-be was not an option. Meanwhile a pregnancy only lasts nine months, time was marching on, and we needed to figure out how to get care.

We waited until the fall, about halfway into my pregnancy, when my job had their open enrollment period for their health insurance plans. (Aside from the time of employment itself, employers only give you one month out of the year to make changes to or enroll in

their health insurance plans- how is that accessible?) I chose to sign up for the plan my employer offered because this insurance company told me they would cover my home birth in-network. So now I was paying for two health care premiums for myself (a healthy, medically uncomplicated woman) so I could have a home birth, which is supposed to be the most cost effective place for a low-risk birth.

In the spring my son was safely born at home, and while I was thrust into the demands of motherhood and my body healed my midwife's billing expert began the task of getting paid by my insurance company. At first they flat out refused to pay. Because I never had direct billing knowledge I did not know that I should have asked for an authorization number, that may have confirmed they agreed to pay for my birth.

My midwife's biller told me that I should go straight to the New York State Attorney General's Office. After some back and forth they stated they couldn't help since my employer purchased our insurance policy from a company in Illinois. The medical biller pressed forward and one day in the mail I received a check from my insurance company for the midwife in the amount of approximately \$2,000. (I did not keep records for the exact amounts, but I have corroborated my recollection of these costs with others and attest that they are an accurate approximation.) The average cost of a birth in a hospital during this period was around \$18,000. Note that nobody ever really knows for sure, because hospitals don't generally tell patients how much they will charge you in advance and insurance companies do not tell patients how much they will reimburse. My midwife billed \$10,000. My birth was a considerable cost savings, yet my insurance provider only wanted to pay my midwife a fifth of what she was worth. When I called to complain they said they reimbursed that low rate because I asked that my midwife be reimbursed in-network and that was what the in-network reimbursement rate for midwives In-hospital midwives often bill at a lower rate because of the nature of working in a hospital they can take on higher volume of patients. Most insurance companies see no difference between the two models of care. They went on to tell me that if I wanted my midwife covered out-of-network she would be reimbursed approximately \$3,500. I asked them if they are reimbursing providers at a lower rate in-network than out-of-network, why would any provider want to be in-network with them? Their answer was that providers like to tell their patients they are in-network, to which I once again asked in vain, "Why?"

This went on for months. In the meantime my husband fell and fractured his pelvis. It was a very complicated fracture and in fact only one provider in all of New York City was qualified to do the surgery to repair it at the Hospital for Special Surgery (HSS). HSS does not work in-network with insurance companies and patients sent there usually come referred from other providers that cannot perform the level of treatment needed. People come from all over the world to receive care at HSS and we were so lucky to live in a city where my husband only needed to be transferred via ambulance and not an airplane. But my baby (who was now thirteen months old) still had not had his birth paid for by my insurance company and I knew my husband's surgery and rehabilitation care was going to cost way more than a home birth. I was scared. The first call I made was to my

husband's Human Resources Department to tell them I was going to need help, and the second call I made was to his insurance company. I told them that my husband was hurt and the most qualified person in the country was in my city and accepting him for surgery. They needed to tell me right then if they were going to pay for this surgery, if so I needed the authorization code, and I would wait on the line until I received it. I remained on hold until I got the authorization code for the surgery, the rehabilitative care, and ten follow up visits. Meanwhile my husband was in the hospital in some of the most excruciating pain I have ever witnessed (and I am a specialist in unmedicated natural childbirth) and I needed to arrange childcare for my baby so I could be there for my husband. Instead I had to spend time on the phone to make sure we could even afford to have my husband's pelvis properly repaired.

I fear it may seem like a victory story for you that my husband's surgery was covered by our insurance. Yes, he had his surgery and recovered, and no, we didn't fall into heaps of medical debt. But what if he was uninsured? Or what if the billing for my son's birth had gone smoothly and I did not know how I needed to be an advocate for my husband to his insurance company in his time of need. This brings us back to the fact that my son was thirteen months old and the payment for his birth was still not settled.

Time went on. A colleague who gave birth with the same midwife five months after me called me one day excited that around her child's first birthday the midwife received \$10,000 from the insurance company for her birth and she assumed my birth was paid for as well. It was not. I called the insurance company and told them that I heard that a colleague who had the identical insurance plan as mine, with the same uncomplicated birth as mine, and the same midwife who billed the identical rate had her birth reimbursed by our insurance company and my birth was still incompletely paid for. I demanded that they remit the correct reimbursement to my midwife immediately, which they finally did. My son was eighteen months old.

As a healthcare provider I have seen my own patients struggle with health insurance issues. I have had patients worry that their pregnancy would prolong past the end of the month, because their insurance plan would cease at the end of the month and their new insurance plan was not accepted by my hospital. Worrying about the date you give birth because of how the bill will be paid is inhumane. Patients received letters from my hospital informing them that if their renegotiations with the patient's insurance company don't go so well they may stop accepting the patient's insurance. Telling a pregnant person already established in care that you may choose not to accept their form of healthcare coverage is inhumane. Patients with symptoms of sleep apnea had their insurance company refuse to cover referrals to a sleep specialist because they did not see a need. Telling a pregnant person who is having trouble breathing in their sleep that they do not need further evaluation even though their healthcare provider documents a need is inhumane. An insurer telling a patient they will not pay for her Vitamin D level to be checked (which, by the way, came back dangerously low) is inhumane. Forcing healthcare providers to spend hours after the office checking off boxes and filling in codes IN

ADDITION TO their notes to defend their work just so they can get paid their worth is inhumane.

These kind of stories are not uncommon, and these are far from the worst stories you will have heard today. Knowing all the ways I have been negatively impacted by commercial, employer provided healthcare literally causes me to lose sleep worrying about those who are not as fortunate as me. It is essential to understand the value of a single payer health plan where nobody will have to worry about IF they can afford the appropriate level of care, from the privacy of your own home to the highest level of medical care necessary. As a midwife and a mother I attest that birth is such a transformative time for a family which so much to prepare, wondering "Will my birth be paid for?" should not be a concern, that should be a given. Healthcare providers should not suffer for their patients waiting to be paid like my midwife so lovingly did for me. Healthcare is a human right. We are long past the point of trying to rationalize whether any other way of providing healthcare coverage beside a single payer plan is viable for a civil and moral society. New York should be a leader on human rights in this nation and pass the New York Health Act.

And I did not even tell you about the time I had to stop physical therapy because I became unemployed and could not afford COBRA.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Bair', with a long, sweeping horizontal line extending to the right.

Melissa Enama Bair, CNM, WHNP-BC