

Testimony of Dana Christensen
Assembly Health Committee
April 25, 2006

Good afternoon.

My name is Dana Christensen. I am a volunteer for the Foundation for Taxpayer and Consumer Rights.

I have come here today to talk about my experience with a high deductible association health plan that my husband and I purchased. Not only did this plan turn out to be junk insurance and nearly bankrupted me, it added more stress and worry when my husband Doug was sick with cancer.

My husband and I were told that the policy would cover 80 percent of all hospitalizations and that we would pay the remaining 20 percent. We decided to buy an extra chemotherapy rider because eight years previous my husband, Doug, had been diagnosed with bone cancer. Doug had been cancer-free for eight years. Being the cautious man he was, Doug decided to include the rider for what we were told would cover \$100,000 of chemotherapy.

Unfortunately, after almost nine years of being cancer free, Doug was diagnosed with metastatic bone cancer, and it had come back with a vengeance. We felt fortunate that we had bought a good policy with the chemo rider.

It wasn't until after Doug started getting his treatment that we realized the coverage we thought we had purchased just wasn't there. One time we had to pay \$8,000 up front before they would admit him into the hospital for lung surgery and another time we had to pay \$5,000 out of pocket before they would admit him for another surgery. We put expenses on our credit card.

In the end, the insurance company only ended up paying 18 percent of the hospital bills. We later found out that the coverage for hospitals only paid \$200 per day even though actual costs were often more than \$5000 per day. We found out that the chemotherapy rider, which we paid extra money for each month, only paid \$1,000 per day even though treatments ran as \$18,000 per day.

All of this was adding up to be hardly any coverage at all. Once when Doug was in excruciating pain we were told he couldn't visit his regular doctor because our junk coverage was already used up.

I did not know what to do so I took Doug to an emergency room where three hours later he had turned into one of those forgotten patients on a gurney in the hallway, still writhing in pain while we waited for his lab results to come back because the ER doctors were unfamiliar with his case and had to check his charts.

As you can imagine, the whole experience of going through a terminal illness with a loved one is a very scary and stressful experience. But on top of all of that, watching the bills pile up added to the stress.

Our insurance company made a fortune off of us and my husband suffered more than he should have.

Near the end Doug suggested I divorce him so I would not be responsible for his medical bills after his death. I could not do that.

Doug apologized to me when he realized he was leaving me and leaving me with a huge debt, something someone should not have to be thinking about on their deathbed. One of my husband's last thoughts that he shared with me when he realized that he had been deceived into this buying this health plan was, "It may be too late for me but this shouldn't

happen to anyone else."

My husband passed away October 2, 2002. After all the bills were tallied, my so-called "insurance" paid its pittance, I was left with over \$480,000 in medical bills, almost half a million dollars.

Protect your family and our fellow Californians. I urge you to ban health insurance that isn't health insurance. Whether the company calls them "deductibles," or "co-pays," or whatever, make sure that insurers are not allowed to play a shell game with our money and our lives. Cap the amount of money that patients and families must pay out of pocket at \$10,000 per year.

After all, what good is insurance if doesn't protect us when we are sick? Thank you for listening.