Office of Affordable Health Care

2023 Public Hearing Comment Solicitation –**Individual Consumers**

*Written comments are due by midnight on Friday October 6th, 2023.*

*Comments may be emailed to**meg.garratt-reed@maine.gov**, and can be attached as a word document/ PDF or copied into the body of an email. Please note that comments are not confidential and will be posted publicly.*

Submitter Information

Name: Whitney Blethen

City/town of residence (optional): Kittery ME

Comments

*You may answer some or all of the following questions.*

1. Has the cost of health care created a barrier to accessing care, or an undue financial burden on you or your family? Please share any information you are willing to about the experience, including the type of cost(s) (e.g. out-of-pocket costs, insurance premiums) and the health care services you were trying to access?  Please See Below

1. When you were experiencing challenges affording health care, did you attempt to access assistance from a government agency or any other organization? Did you find any specific resources particularly helpful, or were there gaps in the assistance available?  Gaps included cost of emergency transportation to hospital.

1. Are there particular cost barriers you would encourage Maine state government to prioritize when considering policy changes? Or are there policy ideas you believe would benefit yourself and/or other consumers?  Emergency services/transport/training/staffing

1. Please share any additional comments.

I am writing regarding outstanding bills from Stewarts Ambulance and AMR Ambulance of Massachusetts.  Both my husband Brandon Blethen and myself are residents of Kittery, Maine.

In May of 2021, my husband Brandon experienced a significant cardiac event which resulted in having an ICD placed and a diagnosis of ARVC (Arrhythmogenic Right Ventricular Cardiomyopathy) a genetic defect of his heart.  He is a patient at Tufts Medical Center had lived successfully for two years with no further incidents until April 9, 2023 in which is ICD shocked his heart.  We have always been instructed by his Tufts medical team to call 911 if this occurs and get him immediately to the hospital due to his condition.

  On April 9 I did just that and the response of Stewarts ambulance was lacking to say the least.  Not only did they not know where we were located (our street and driveway are marked) they went to the wrong house.  Upon arrival the paramedic argued with me about whether or not Brandon needed to go to the ER since “his ICD did what it was supposed to do”.  When I forced the issue explaining his condition the paramedic asked “what is ARVC” and then took almost 20 minutes to put a line in and the cap popped off squirting blood in the interior of the ambulance while he (the paramedic) panicked.  My husband remained calm and still trying to express the need for urgency in getting him to the ER.  At 1130 at night, the ambulance went under the speed limit with no sense of urgency to drive to York Hospital.  He was later transferred to Tufts Medical Center for treatment and a scheduled cardiac ablation to try and address the serious arrhythmias.  He was discharged home days later to await his procedure.

During that time he experienced another cardiac event and I called 911.  The ambulance arrived but were not able to work the seatbelt on the chair to transport him to the ambulance and were trying to drag him over crushed stone.  We had to direct them to go over the grass.  This time he was transported to Portsmouth Regional Hospital and later transferred to Tufts.  He remained at Tufts for 47 days and had three surgeries.  He is currently on the Transplant list at a status 4 awaiting a heart transplant.  Since discharge he had some symptoms in which I drove him to the hospital to be checked (as directed) but Portsmouth Regional hospital refused to run a scan on his ICD to check the rhythm and they opted to transfer him to Tufts.  The next day his ICD was checked and it was determined that he had not had an arrythmia and was discharged home.

I have CIGNA for our health insurance and we are in a situation that we are now being balance billed for almost $22,000 for these ambulance rides.  When these bills started to arrive I was floored at the cost considering the care as well as the fact that Stewarts is the ONLY ambulance service we can utilize so an “in network” option is not possible.   I have initiated monthly with Cigna and the ambulance companies for negotiation with no success.  With the ACA my understanding was that there was an out-of-pocket max and we have already exceeded this with my husband’s medical care.  I’m at a loss as to what to do because we are trying to exist now as a one income family and in the process of filing for disability which we are told is a 5 month wait.

Living with this trauma and worry is difficult enough while my husband waits for a new heart – to have to relive and battle insurance and the ambulance companies terrible.  I would greatly appreciate any guidance on what options we may have.  I understand that there is a loophole with Ambulance coverage under ACA and I want to share our story as it seems we are a family that is representative of this issue.