Testimony regarding HB440;

Hello, My name is Kelsey Starr, and I am 27 years old, I am a single working mother of 2 young children.

The matter of healthcare is important to me as it is to every person in this country, as a consumer, but also as a provider. As a nurse and also as a mother, I feel even more invested in the matter of healthcare as it relates to those under my care, in addition to myself.

I feel many would agree with me that the current healthcare system is failing us. We have elderly people on fixed incomes who can’t afford their medications. We have young people working sometimes more than 1 job who are uninsured and can’t afford to see a dentist. I can’t tell you how many people I personally know within my age group who are struggling to treat themselves at home for health problems they are having because they know they cannot afford to go to a professional health care provider.

I, myself, was recently kicked off of Medicaid coverage which I had been receiving on my own since I was a single parent in college, and then when I was struggling to manage balance between work and parenting. As life began to push me to work more in order to cover daily expenses as a person and as a parent, my income increased, although the money in my bank account would rarely reflect that increase because all that money was going to utilities, rent, car payment, car insurance, food, school supplies, clothes, etc. I was dropped from coverage because I “make too much money”. So now, I stand here with no medical coverage, one of millions of uninsured Americans who is aware that if I were to fall ill, it would absolutely break me, financially. And, God willing, I do not fall ill, I will still be penalized later by the current system for not having insurance for the duration which I have not. I am also aware that with my current situation I cannot afford the health insurance options available to me. So it’s a lose – lose for me.

However, we are all too aware of the ways in which we often still suffer unexpected financial blows even while we are insured. As I mentioned, I and my children, were previously all covered by Medicaid under the care plan, Caresource. I usually had no problems with this insurance, except for the times when it would lapse due to errors in the processing of paperwork or some other office-related issue. One such example was when my then-five year old son woke up in the middle of the night with incredible pain that then subsided, only to wake up in the morning with blood draining from his ear. I took him to see his PCP who diagnosed a ruptured eardrum. I was then notified that our insurance was gone, and I couldn’t afford at that time the $150 bottle of ear drops that he needed to prevent an infection. One can see how this could become a critical snowball effect, had he gotten an ear infection and needed further care at the time of having no insurance... however, thankfully we got by on my knowledge of natural medicine until our paperwork was sorted and we were resumed on insurance again so he could have a medical follow up later.

In my next example, I was not quite so lucky. It was the same child, now 6 years old, who I was traveling with over summer break. We had made it all the way to our destination in Minnesota when it became absolutely apparent that something was not right with my son. I took him to the hospital where he thankfully received appropriate care, and at that time we were fully covered under Caresource. From this visit, he was tested and later confirmed positive for Lyme Disease. We were already back in Ohio by the time the confirmation arrived, and I took him to his PCP here in Columbus. He received appropriate treatment and is now doing much better. But then I started getting letters in the mail from the Mayo Clinic in Minnesota for a bill of $555. I couldn’t even afford this bill, and I kept telling myself that the insurance would kick in and it would get sorted. I was, as usual, overwhelmed with work, kids, the house maintenance and homework.. I put it out of mind until recently I got another letter in the mail stating that this bill will be going into collections. Then another letter of some unexplained $900 charge from the same place. Then another letter only a few days later stating that same $900 will also be going into collections. As of the time of writing this, I still haven’t exactly figured out what to do about this. But I know that I am working on relocating to a safer location for my children, and I cannot at all afford a $1,400 bill that was incurred when my children were covered under insurance for absolutely essential diagnosis of my very sick child. This hospital visit included a visit to the ER and one blood draw which had labs run on it a couple times. $1,400. As a young adult, I am trying really hard to manage my finances as responsibly as I can with what I have. I actually do care about my credit scores, and I aspire to someday own land and a home. I try to be sure to pay things on time and keep my commitments current. This charge entering collections could have a lasting negative effect on other aspects of my life as a result of an insurance system that is very complex, where it is way too easy to fall through the cracks, when you can’t control when and where you become sick.

Insurance is so overly-complicated that most people are intimidated at the thought of attempting to understanding it and advocating for themselves when something doesn’t seem right. And because of the current insurance system, price gouging is a common event. We get charged excessive amounts of money for things that cost barely a fraction to produce. In fact I am sure many of you might have seen a letter being shared around social media where someone who was a candidate for a necessary heart procedure was encouraged to start a fundraising effort in order to afford their procedure because their income didn’t meet the expectations for them to be able to afford the cost. This mindset is incredibly dangerous especially to chronically or critically ill people. It is *these* people who are the most unable to actually work and raise money to get well! The economy at large would benefit from a society of well and healthy people first, because those are the productive members of society.

I myself suffer from constant chronic back pain. Most people wouldn’t assume or hardly believe this about me because I am young and appear to be in decent physical shape. It’s one of those invisible ailments, but it is ever-present and affects every single facet of my life, including my ability to work full-time on a consistent basis if I want to actually provide any quality of life for my children, or maintain any level of wellness to offer them the love and guidance from a mother that they deserve. If I had the medical coverage I needed that was not overly-complicated and obscenely expensive, then I could be a whole, healthy, thriving member of society who could afford to be out in the world and giving back to society. I stand here before all of you today as someone who has a strong desire to make a change in the world for the better, but I can’t do it as well under a system that can place a person in crushing debt because they are sick. When healthcare is provided first, healthy members of society result and we feel capable and inspired to contribute to the wellness of the entire community. It is backwards thinking to imagine that people should break their backs to afford their healthcare and then constantly teeter on barely-surviving. We can do so much better, and Ohio can be a leader for change.