

**Testimony of Paul A. Liebow, M.D., F.A.C.E.P.**

**In Support of**

**L.D. 1620, *An Act to Protect Health Care Consumers Against Catastrophic Medical Debt***

Joint Standing Committee on Insurance & Financial Services  
Room 427, State House  
Wednesday, February 3, 2010, 1:00 p.m.

Good afternoon Senator Bowman, Representative Treat, & Members of the Insurance & Financial Services Committee. My name is Paul Liebow, M.D. I speak in support of L.D. 1620 on behalf of myself today on the basis of my personal experience not only as a physician, but also as a very lucky patient in our miraculous, world class, but tragically flawed medical system. The bill's goal is to prevent private insurance companies from putting people and their families at risk of losing everything they have worked their whole lives for - to protect the "American Dream" we all grew up with – because of medical catastrophe. This has happened far too many times as people exceed arbitrary yearly and lifetime caps on their health insurance.

I have been a doctor for about 35 years—most of which I spent working in the Emergency Room. I am now retired. I have to admit, in all that time, I never really thought about the issue of insurance caps. We took patients in and treated them regardless of their ability to pay. They needed care; we gave it. We never had time to think that many of these people got their care and were left with phenomenal bills afterward. That many would struggle for their lives, while they struggled to keep a roof over their heads because of the medical bills. The issue of caps hit home for me just recently when I got a \$20,000 bill in the mail, and was told I had hit the \$1.25 million dollar lifetime ceiling my health insurance plan allowed. I didn't even know my plan had one. I thought my benefits were unlimited – probably like everyone in this room.

I developed a heart condition about 25 years ago. Over the years I have been in and out of the hospital several times. I was sick and weak, but I worked in a high volume trauma center emergency room for 20 years. I was told I wouldn't survive without a heart transplant. I ultimately needed a pacemaker, then a heart assist pump I wore on my chest. It kept me awake at night, thumping away. I finally had a heart transplant about a year ago. Through all of this I was able to focus on getting better. I did not have to worry about whether my bills would be paid because I had insurance. I cannot imagine going without the care I received because that would have meant death for me. But that's what private insurance companies are doing to their members. By not preventing insurance companies from capping coverage, we are, in many cases, giving our friends, families, and neighbors a death sentence.

The cost to eliminate these caps would be minimal—I would argue that the cost to taxpayers is much greater not to eliminate them. When people came into my ER and needed care, we gave it to them regardless of their ability to pay. But, that care was paid for--by the taxpayers and insured people who pick up that bill eventually. And, ER care is usually the most expensive. It is far better to allow people to get the less expensive preventive and maintenance care they need. It is far less expensive to our state to keep people on private health insurance plans that they are paying their premiums for, than to force them at their sickest onto public health plans—if they're lucky enough to qualify—or into receiving free care from our hospital emergency rooms.

To take care of my health care bills and continued prescriptions I will always need, I can go back to work, at the risk of my death. And it would likely mean my death. I'm hoping for a better solution, and a quicker resolution. As a retired doctor I appeal to you to pass L.D. 1620. We cannot wait for national health care reform to take care of this issue. Maine people need help now. Thank you for listening to my story.