Written Statement Of

Eugene Melville
Patient Witness, Riverside, CA

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Hearing on

"Are Mini-Med Policies Really Health Insurance?"

Good afternoon, Chairman Rockefeller, Ranking Member Hutchison and distinguished members of the Committee. I would like to thank you for the opportunity to share my story with you. My name is Eugene Melville. I am from Riverside, California, and was recently diagnosed with oral cancer. I was asked to attend today's hearing to discuss the difficulties I am currently having with getting the treatment I need because of limitations of my current health insurance coverage. The American Cancer Society Cancer Action Network (ACS CAN) was able to make the Committee aware of my story because I called the American Cancer Society's Health Information Assistance Service for help with trying to get access to the medical services I need to fight this disease. I am hopeful that my story will demonstrate why the adequacy of health insurance coverage is so important. The last thing anyone wants to be told when they are diagnosed with cancer is that their health insurance provides inadequate coverage to fully address the treatment they need. However, that is what has happened to me – and is the reason I traveled here today to tell my story.

I have worked for a big-box retail chain for several years. I do not plan to identify my employer during my testimony today, as I am not here to drag their name through the mud. The problem is that bad health insurance is offered in the marketplace. The health insurance I currently have is a policy my company offers to part-time employees through Aetna. When I purchased the insurance, my understanding at the time was that the policy had a $20,000 annual limit on all benefits. I knew my policy had limitations. However, I thought the policy would at least provide some financial buffer if something catastrophic happened to me.

I went to the doctor for what I thought was an injury from a car accident in July of this year. However, during his examination, my doctor became concerned about a lump in my neck. The doctor referred me for diagnostic screening and a biopsy. The biopsy showed that it was cancer. My oncologist recommended that I have laser surgery to remove swollen lymph nodes in my neck, as well as a lesion on my tongue**.**

Five days before my scheduled surgery, the administrative staff at the hospital informed me that they had canceled my appointments and procedures. They explained to me that my insurance company had told them I had reached the annual benefits maximum on my policy for the 2010 calendar year. Of course I was confused and devastated by the information they provided me. I knew I had a $20,000 annual cap on my policy, but I also knew I had not been to the doctor for any medical care or procedures that cost anywhere near $20,000 this year. I didn't understand how the insurance policy I paid bi-weekly premiums for out of my paycheck wasn't going to cover any of the treatments recommended.

I had just been diagnosed with cancer, and was trying to come to grips with this news. No one ever wants to hear the dreaded words from their doctor – "You have cancer." I thought I was going to get surgery and start treatment, but instead I was told that the hospital couldn't help me.

I immediately called my insurance company to find out why they told the hospital they would not cover my surgery. That is when I found out that instead of what I thought was a policy with a $20,000 annual limit for all services, the $20,000 limit was divided into benefit categories. My policy actually has a $2,000 annual limit on physician visits and out-patient treatments, and a $20,000 annual limit on hospitalizations. Further, the hospitalization coverage does not cover payment for more than $2,000 on services such as lab tests, surgical supplies and medications. As I learned, cancer treatments such as chemotherapy, radiation and surgery are done in doctor's offices or at an out-patient treatment center so my treatments would not be covered by my plan.

As an individual recently diagnosed with cancer, the $2,000 that my policy provides me annually for doctor's visits and out-patient treatment doesn't even begin to cover the cost of the life-saving treatments I need for my oral cancer. Instead of receiving the treatments my doctor prescribed and beginning my recovery, I have spent the last few months struggling to piece together coverage to treat my cancer.

Recently, I was able to enroll in the Medically Indigent Services Program at Riverside County Regional Medical Center in MorenoValley, California. Even though I finally have access to treatment, I do not feel that I am receiving the same treatment that I would have if I had health insurance. Just last week, the doctors at the program informed me that they are now only planning to treat my cancer with chemotherapy and radiation, despite the earlier recommendation from my oncologist for a laser procedure and surgery. It has now been months since my diagnosis and I continue to experience significant discomfort on my tongue and neck due to the cancer, and swollen lymph nodes in my neck.

The insurance that I have has fallen far short of what I need to fight a chronic disease such as cancer. I hope my testimony today will make a difference. I don't want anyone else to have to go through what I am going through. I hope that you will continue to support the full implementation of the Affordable Care Act so that employees like me can have access to comprehensive health care coverage that is transparent, and presented to people in terms that they understand.