

Debbie Rowell Testimony

Subject: The Human and Economic Impact of Healthcare Costs

1. Opening Statement

Chairman, Ranking Member, and distinguished Members of the Committee, thank you for the opportunity to testify today. Healthcare is often discussed in terms of percentages and billions of dollars. I am here to speak about what those numbers mean in real life—the human cost behind them.

2. The Reality of Survival: A Personal Account

In 2017, I suffered a heart attack. In that moment, my only concern was survival. I spent four days in the Intensive Care Unit under constant monitoring, receiving the kind of life-saving care our medical system is known for.

But the moment I left the hospital, that survival came with a devastating financial consequence.

1. Total Charges: \$101,000 for four days of care
2. Insurance Payment: \$5,300
3. Patient Responsibility: \$95,700

For a medical emergency I could not prevent, I was left responsible for nearly the entire cost. I could not afford full coverage Insurance I had to take the coverage I could Afford at the time.

3. The Mathematical Impossibility of Care

I ask this Committee: how is any working American expected to absorb a \$95,700 medical bill?

This is not simply a bill—it represents the cost of a home, or years of retirement savings. It is placed on individuals at their most vulnerable, when they are still recovering physically and emotionally.

The stress caused by this level of financial burden is not abstract. It directly impacts health outcomes. In my case, the financial strain became a continued threat to the very heart condition I had just survived.

4. Systemic Failures in Billing and Coverage

My experience reflects broader systemic failures:

5. The Illusion of Coverage

Possessing insurance does not guarantee meaningful protection. When less than 6% of a critical ICU stay is covered, the promise of insurance is fundamentally undermined.

6. Uncontrolled ICU Pricing

Charges of approximately \$25,000 per day for ICU care are disconnected from the financial reality faced by most American families.

7. Patients as Financial Intermediaries

Patients are effectively placed between providers and insurers, absorbing the financial fallout of disputes over reimbursement. Their financial stability becomes collateral damage.

8. The Call to Action

I respectfully urge this Committee to take meaningful action:

1. Establish Minimum Coverage Standards

Ensure that life-saving emergency care is covered at a substantial and consistent level.

2. Strengthen Protections Against Balance Billing

No insured patient should face catastrophic debt due to gaps between provider charges and insurance payments.

9. Closing

My doctors saved my life. But the financial aftermath nearly destroyed my stability.

No American should have to consider, in the middle of a medical emergency, whether seeking care will lead to financial ruin.

Thank you for your time and consideration.

Debbie Rowell