

Laura's Story

WHAT WOULD YOU SAY?

...to a young mother of two, a 5 year old and a 6^{1/2} year old after being told she is dying from cancer? Here's some important background information: She has a PPO health insurance plan with the highest monthly premiums, but has been denied insurance coverage by non-elected bureaucrats, pharmaceutical companies, insurance companies and special interest groups, all participating in authoring the Affordable Care Act. So, what would YOU say to her? I need to know...you see, I'm the young mother's husband; father to the children. I'm also a doctor who gets emotional.

My wife was diagnosed with aggressive breast cancer on July 17, 2015 and has been fighting for her life since...and Obamacare, which supports profit-based corporate greed, is making it almost impossible for her to win her battle.

On July 16, 2015, after her daily 45 minutes of exercise she discovered a large right-side breast lump while removing her sports bra. When I came home late from working at the hospital she asked me to check her chest because she had noticed a lump on her breast. On my initial palpation, I believed it was her pectoral muscle but I instantly froze when I felt the other side of her chest and I could feel her chest wall. I quickly phoned my close friend who is a top oncologist at Sharp Grossmont Hospital. We planned to have an ultrasound-guided mass biopsy first thing in the morning.

We met Dr. Zu at Grossmont Hospital, where he immediately ordered an ultrasound guided biopsy - but her insurance denied what the expert had ordered and they requested that she get an X-Ray followed by a mammogram. The insurance company was advised of a recent normal mammogram 8 months prior; however, they have a protocol to follow and told us that, if we wanted the doctor-required and requested mass biopsy, Laura (my wife) must undergo a repeat insurance-mandated mammogram. So, we waited for 2 hours for the health insurance-mandated mammogram. Just the same as had happened 8 months earlier, the pictures were normal - the mammogram once again did not detect the breast mass because her cancer was on her chest wall and, even when the mammogram squeezed her breast implants, it did not come close to picking up her palpable 8cm breast mass.

We then had to wait for 4 more hours outside the radiology department where I work to obtain a pre-authorization for the

doctor's requested and obviously needed ultrasound-guided biopsy of her breast mass. Dr. Zu talked to the pathologist and the biopsied tissue confirmed her breast cancer.

I think you will realize that what I accomplished on this day is comparable parting the Red Sea! All because I am a doctor and have resources that most Americans don't have. In the pre-Obamacare era, if you could afford health insurance, it would have taken you at least 2 months to learn what I accomplished in one day..months during which time the mass would have continued growing and spreading. Now, if you have an insurance card, the insurance companies tell us doctors in the hospital: if we diagnose someone with a tumor or suspected cancer, a full workup is to be done as an outpatient because it is not deemed as an emergency. I don't know about you, but I wanted to get her mass biopsied at the exact moment - *and not a second later.*

The mass core biopsy showed high-grade intraductal and invasive ductal carcinoma (Grade 3). And, the right axillary lymph node biopsy revealed she has metastatic, poorly differentiated ductal carcinoma. Chemotherapy was scheduled to start in 2 days from her biopsy results. Unfortunately, Laura's insurance company immediately notified everyone that Dr. Zu was "out of network" and Laura therefore couldn't have him as her oncologist. I told the health insurance representative that was impossible because we have the high premium PPO health insurance with them - which, by definition, means there is no "out of network". She replied that I was right: I could select and have any of the 57 oncologists available to us that are within the 25-mile radius from where we live. I said to her it doesn't make sense, we pay tens of thousands of dollars a year for the best insurance coverage for 2 young adults and our children. She then explained that our policy was a local PPO coverage that limits us to doctors within a 25-mile radius from where I live. However, she also advised me that if we wanted to keep her oncologist we must pre-pay \$25,000 to cover the "out of network" fees. And this would be in addition to our required initial co-pay of \$6750.

So, I contacted another close friend who happens to be a thoracic surgeon who knows personally a top oncologist in San Diego County. We were provided an initial meeting the next day and scheduled her 1st chemo cycle 3 days after that meeting. Before starting her chemo, the expert oncologist requested a PET scan which was adamantly denied by our high premium PPO health insurance and this forced my wife to go through a variety of less exact diagnostic imaging studies to stage her cancer. MRI brain, bone scan as well as CT scans of the chest, abdomen, and

pelvis. As a comparison, it is important to note that pharmaceutical companies when researching and developing chemo agents to fight cancer exclusively use PET scans on their subjects to stage cancer and subsequent PET scans are used for surveillance whether the chemo is effective or did not work.

A PET scan is so accurate it will detect cancer cells before they even become a tumor. And, that is why pharmaceutical companies exclusively use PET scans in their work and is the reason why PET scans are considered by doctors to be the best imaging methodology in finding and treating cancer patients.

To summarize my wife's basic health therapy to date: my wife has gone through 3 chemo therapy cycles, radiation therapy, radical bilateral mastectomies and was significantly delayed by the insurance company's program at every stage of chemotherapy and surgical intervention that she has gone through. The only PET scan approved was after her bilateral mastectomies which revealed that her prior chemotherapy was ineffective because 34/37 lymph nodes are still positive for cancer. And even this PET scan was initially denied! Subsequently, she underwent additional chemotherapy followed by chemotherapy with unprecedented concurrent radiation therapy because of the seriousness of her condition - yet, again, again she was denied post treatment surveillance PET scans. She consequently underwent additional bone scan, MRI brain, ct scan chest, abdomen and pelvis, which exposed her body to additional needless radiation exposure from the tests. Nine months later, in November 2016, she underwent breast reconstruction surgery that was complicated with an abscess as well as chronic cellulitis both of which required surgical chest washout, right breast remedial surgery and several months of IV antibiotics. However, prior to her bilateral mastectomies she had a redness type rash covering her bilateral chest that extended to the right side of her back. She was diagnosed with dermatitis related to her chemo, bacterial and fungal infections, zoster infection and natural skin changes from chemotherapy, radiation, etc. Last month Laura decided to go a dermatologist in La Jolla at a "cash-only" practice. I eagerly agreed for my wife to proceed with a skin biopsy that cost \$1400. Frankly, it was a blessing that she underwent the skin biopsy because the dermatologist told us that it revealed metastatic breast cancer. An immediate call was made to Laura's oncologist and he requested a PET SCAN which was, as usual, denied by the insurance company.

We have a very young dying mom of 2 who wants to live. It is obvious that her 3 chemo cycles, radiation treatments, radical bilateral mastectomies that she had to survive through have not cured her and yet her health insurance is denying her basic health diagnoses that her doctor, the cancer expert, is recommending so he can be better informed to attempt to save her. I just couldn't wait for the usual bureaucratic time-wasting process and decided to immediately get the PET scan done and I paid for it out of my pocket. Incredibly, the cancer center told us that they could not, and would not, schedule a PET scan even though I wanted to pay for it. So, forced to use the bureaucratic process despite our wishes, we waited for 2 more long weeks for the final insurance approval. During this time, my wife was told at least 6 different times that she did not have insurance coverage and needed to get another health insurance that would cover her needed therapy. At the end of the 2-week period, she was then told that she had an additional policy and if a payment was made they would activate this new policy and would continue with her oncological treatment. This policy was unknown to her but we made the \$1,000+ payment and that policy was activated. During all of this, our 5yr old son our 6½ yr old daughter and I were left without any health insurance coverage because our policy had somehow been terminated. She was told to reinstate us; we will need to wait till this coming summer 2017 when enrollment period opens up again.

A PET scan was finally authorized after 2 weeks of denial from the health insurance company. She underwent her PET scan study on Monday, March 6, 2017. The following day, we met with her oncologist and showed us her PET scan. While viewing the PET scan on his office computer the doctor informed us that everything highlighted in red - other than her heart - was cancer. Her whole chest highlighted red as well as the right side of her neck. She now has metastatic breast cancer to her chest, lungs and right side of her neck. The doctor told us that Scripps Institution had partnered with MD Anderson Cancer which is the #1 Breast Cancer Research Institution in the country. He said that he had 4 new chemo agents available for cases like my wife - for that second and moment, it made me happy and I silently said thank you GOD. However, immediately after, the doctor cautiously said but we have to be conscious of the cost of the chemotherapy because your health insurance will not cover its cost. But, I will seek breast cancer foundation to help share the cost. Now, if you are dying and you don't want to die and you want to live long enough to be at your daughter's wedding, you don't want or deserve to hear that your health

insurance company will not cover the medications that you need to survive and beat cancer. At the same time, she knows that her dedicated husband works 80 hours a week healing and saving people's lives at the hospital and has insurance that should provide a comprehensive life-saving treatment if she ever needed it. Horribly, Obamacare is denying her basic health insurance coverage to save her life.

On March 10, 2017, she was scheduled by her doctor to begin her 4th chemo cycle at 12pm. At that time, I was working at Sharp Grossmont Hospital ER, I received a call from my wife about 1205pm and she said "oh, I'm here for my chemo therapy but they just told me that the insurance company has not approved my chemo yet". My mind was racing and my heart had sunk to the bottom of the deepest dark ocean on the planet, but I told her with my best relaxed voice to please stay and make sure she gets her 5-hour life-saving chemo infusion...and if there is any trouble, I would immediately leave the ER department and drive over there to make sure that she did not leave the cancer center without her treatment. Her chemotherapy continues as I write this story and the outcome is still unknown and we do not know what the future holds.....

Unfortunately, Obamacare is "rationed care". The program emphasized the need to control rising health care spending even though the primary focus of the bill was to expand insurance coverage. Given those two opposing goals, it's obvious that giving more people access to more insurance and mandating that insurance cover more services will result in more spending, not less. The only way Obamacare can accomplish its goals is through greater efficiencies by increasing profits to health insurance companies, pharmaceutical companies, hospitals, etc - *at the expense of reducing adequate delivery of health care or through reductions in access to care or the quality of care to the American people.*

The current healthcare legislation comes closest to success on the issue of expanding the number of Americans with insurance. Obamacare represents an improvement over the status quo on this measure by providing more Americans with insurance cards, but this is a modest achievement. This change has come at the price of increased insurance costs, especially for younger and healthier individuals, and reduced consumer choice. At the same time, Obamacare has applied \$2.3 billion in cutbacks for services that the *Government* (not the doctors) believes are overused, such as diagnostic screening and imaging services. This comes at an unacceptable expense of killing tens of

thousands of Americans like my wife, the mother of my two young children.