



Friday, April 22, 2022

The Honorable Carolyn Maloney, Chair
House Committee on Oversight and Reform
2308 Rayburn House Office Building
Washington, DC 20515

The Honorable James Comer, Ranking Member
House Committee on Oversight and Reform
2410 Rayburn HOB
Washington, DC 20515

Dear Chairwoman Maloney and Ranking Member Comer,

Driven by our dedication to securing quality health care for Black Americans, the Healthcare Equality Network (HEN) is committed to tackling health disparities head-on. That is why we write to you out of deep concern that patients are not being put first by their own insurance companies.

It is not news that insurance companies too often put profit over people. They have made record-breaking profits during the COVID-19 pandemic, while patients suffered, healthcare workers were stretched to near breaking points, and hospitals shuttered.

In fact, HEN sent a [letter](#) back on July 6, 2021, condemning UnitedHealthcare for trying to implement a self-serving policy that would allow them to retroactively bill patients for seeking emergency services. On the day we sent our letter, [47,316 Americans](#) were diagnosed with COVID-19, [391 Americans died](#) from COVID-19, and UnitedHealthcare made approximately [\\$47,397,260.27 in pure profit](#).

Due to a myriad of reasons the cost of health care is skyrocketing, especially in our underserved communities. The price of pharmaceuticals, medical equipment, and lifesaving services are all going up, which makes it imperative that cost-saving measures are passed on to the patients and not to insurers.

One of Big Insurance's newest tactics is arguing that Medicare rates should be used as a benchmark for commercial insurance rates. That is clearly not in the best interest of patients. Medicare and Medicaid programs provide specific and necessary services to those in need. Using those rates for commercial insurers, who make hundreds of billions of dollars a year, is not only wildly inappropriate but it hurts our nation's most vulnerable populations.

Insurance companies' key purpose is supposed to be safeguarding patients and working with others in the health care industry; unfortunately, when policies are made with financial spreadsheets as the primary measure their customers' wellbeing is placed at risk.

In the last ten years, family premiums have increased by [55 percent](#). [18 percent](#) of Americans are carrying medical debt, while the majority of Americans are fearful of receiving a surprise medical bill or paying for their premiums. If we do not get a grasp on these skyrocketing costs soon more and more families won't be able to pay for their medical expenses.

We are not opposed to the free market working, however, while insurers make record profits, hospitals and clinics are doing their best just to keep their doors open to serve their patients. This is due in part to the lack of

partnership from insurers and poor government reimbursement. Loretto Hospital in Chicago serves a community with a third of its population below the poverty line and only a quarter of its patients covered by insurance or Medicaid, with Medicaid only reimbursing them [30 cents on the dollar](#). Hospitals like this one are necessary parts of their communities but they cannot operate properly if they can't even keep the lights on.

Big Insurance has taken advantage of patients for far too long. We are looking to you, Chairwoman Maloney, Ranking Member Comer, and the rest of the House Committee on Oversight and Reform, to investigate insurers' policies and find out why patients' cost of care keeps increasing when profits are soaring. When profits become the measure of our health care system then our nation is at risk.

Thank you for your thoughtful consideration.

Sincerely,

The Healthcare Equality Network