

## **Cathy Doerfler**

Good morning. My name is Cathy Doerfler, and I'm here today from Pittsburgh.

I want to thank Chairman Baker and the members of the Health Committee for hosting today's hearing and to all of the other elected officials who have stayed in Harrisburg to address the growing problems with healthcare monopolies that are affecting our state.

I am here to tell you my experience of being turned away from seeing my long time doctor because UPMC doesn't like my insurance carrier.

Four years ago I was diagnosed with Scleroderma, an autoimmune disorder that affects the connective tissue of the body with major long-term debilitating complications. The disease makes it hard to move at times, causes terrible pain, and needless to say, has had a huge impact on my life.

Fortunately, I live in a city where healthcare innovation is a priority. I found a local doctor at the UPMC Arthritic and Autoimmune Center who was conducting pioneering treatment and research of this disease. I also participated in a research project sponsored by the University of Pittsburgh Medical Center on Scleroderma.

Being able to receive treatment for my rare disorder has been one of the best things that as ever happened to me. My symptoms improved, and I could do what I was afraid would never happen again – live my life without constant pain.

After two years of receiving treatment, I changed insurance providers to an affordable plan, Highmark Community Blue. I had many discussions with my doctors about the upcoming insurance change, and they assured me "we would work something out".

Shortly after the change, I received an alarming letter from UPMC. The letter stated that I had thirty days to find a new physician.

I was shocked. I tried everything I could to keep my current doctor and continuity in my treatment.

UPMC even refused to let me pay cash out of pocket to continue my treatment. They cut me off completely from the doctors I had come to know and trust - all because I now carried a competitor's insurance card.

I don't believe my physicians would have dropped me if they had a place in the decision-making.

I now know that UPMC has been systematically been denying healthcare to patients like me that carry Highmark insurance.

It's not right for healthcare institutions to turn patients away from care; for them to dictate which doctors we can and cannot see.

UPMC has lost sight of its mission to ensure that every patient gets the right care, in the right way, at the right time, every time. and we need state legislation to correct the problems that they are creating for healthcare patients – before they get even worse.

I speak today not only for myself, but for the many Highmark insurance holders who have had similar experiences – and some that have been even worse.

We cannot allow healthcare giants to use patients as pawns in their business negotiations. We need them to focus on their core business – providing accessible, affordable healthcare to Pennsylvanians.

This is why it is so important to me and should be to you that House Bills 1621 and 1622 must be enacted immediately. Thank you