

# The Oregonian

## Opinion: Insurance should cover patients' forced change in hospitals

By Jeff & Natalie Newgard | January 12, 2022

On a rainy afternoon last October, Natalie's water broke, 39 weeks into her pregnancy. Like every expecting parent, we spent weeks planning this day. Our bags were packed, the car was gassed and all that stood between us and meeting our daughter, Lilly, was the birthing experience itself. Unfortunately, in these pandemic times, nothing goes as planned.

After we checked into Providence St. Vincent Hospital, a triage nurse informed us that the hospital was over capacity due to a nursing shortage and wouldn't admit Natalie. We were told every hospital in the region was experiencing the same nursing shortage, and few were accepting new patients. In fact, at one point, a nurse suggested we go home and hope a bed became available. "There's no room at the inn" is the absolute last thing anyone wants to hear in these moments.

As the nurse tried to find a hospital that would admit Natalie, we called our insurance company to make sure it would cover the costs if we were sent to a hospital outside the insurer's network. Since it was after normal business hours at this point—just before midnight—the best we could do was leave a message and pray the care would be covered.

We both work in politics – Natalie as chief of staff for a state legislator and Jeff as a tax lobbyist – so we spent the hours in that hospital holding room reaching out to our friends in the insurance industry. We were told insurance should cover the costs of the birth, but Oregon law doesn't require it. We decided not to worry. We knew we had the resources to cover the bill if needed and chose to focus on welcoming Lilly into the world.

After midnight, the nurse informed us a bed was available at Legacy Good Samaritan Hospital and an ambulance would transport Natalie. Although the rest of delivery was thankfully uneventful, the experience of trying to navigate the health insurance system in that stressful moment left a sour taste.

In the weeks since Lilly's birth, we often think how unnecessarily stressful our situation would be for someone with fewer resources or language barriers. What if fear of medical bankruptcy drove our decisions? Would we have turned down an ambulance and driven ourselves? Would we have gone home to wait out the birth ourselves? How might the stress of those circumstances affect Natalie's or the baby's health? We can't help but think about the unnecessary anxiety and how it could have been much worse for someone not as privileged.

It is unacceptable to put families through these situations. After returning home, our insurance company told us not to expect it to cover the charges. Our industry friends advised us to ask the governor's office to engage with our insurance provider. Although we appreciated the suggestion, it only added to our fury. The solution shouldn't require political pressure for insurance companies to do the right thing. But apparently, political pressure might be the only way to make sure of it.

Natalie's boss, Rep. Duane Stark, R-Grants Pass, was appalled to hear about our experience and immediately began drafting legislation to prevent others from facing this situation. In February, Oregon lawmakers will consider a measure requiring health insurance companies to respect their commitments and treat these medical diversions as "in-network" if the diversion is outside the patient's control.

We believe every parent should focus on the joys of birth, not the stress of insurance inconsistencies and staffing shortages. Our hope is lawmakers believe the same.

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