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OPINION



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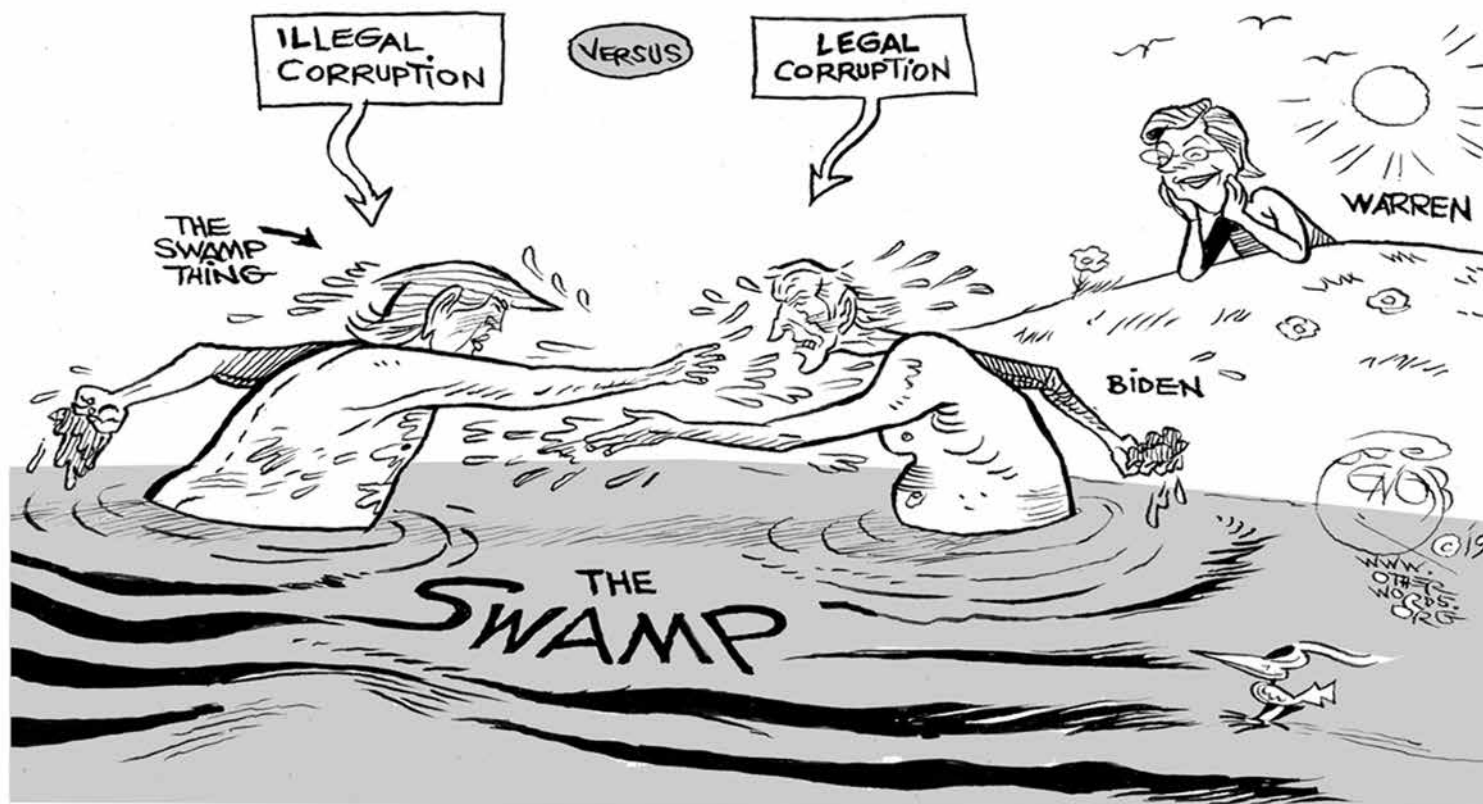
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MALE MUD WRESTLING



Medical Debt and Surprise Medical Bills

I am all too familiar with the problem

BY ALICIA RIDDLE

We all know that people of color are disproportionately impacted by health care disparities. This truth also applies to problems flowing from medical debt.

Studies have shown that nonelderly black Americans are more likely to have past-due medical debt than the national average. This stems from a wide variety of sources not limited to wealth inequality, structural and historic deficiencies based on race and the fact that black people are more likely to be under-insured or lack insurance.

Lingering medical debt can end up on your credit report and lower your credit score, which means you may not be able to borrow for a mortgage or small business—or you may pay more when you do borrow. Credit report information can also be used to determine whether you get a job or rent an apartment and how much you pay in insurance premiums.

In short, it is important that we address the problem of medical debt burdens as a burden to advancement by black Americans and one way to do that is to stop the originators of that debt. One solution I would like to suggest to Congress: Stop the practice of surprise medical billing.

Surprise medical bills — those unexpected and often pricey bills patients face when they get care from a doctor or hospital that isn't in their insurance network — are a huge problem for many Americans and can be a major driver in the creation of a medical debt burden.

As a mother of children with special

needs, I am all too familiar with the problem of high deductibles and have been a victim myself to a surprise medical bill for a service that my insurance carrier decided was out-of-network leaving me with the full freight.

Medical insurance is supposed to make it easier and affordable for patients to see a doctor or get medical care. Congress must keep this in mind as they take up the issue of surprise medical bills and legislative propos-

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als that cap rates on reimbursements which may create more problems than they solve.

Side effects of rate setting may include doctor shortages, especially in underserved and rural communities, as we have seen in California after that state capped out of network rates. Further side effects may include a shrinking number of "in-network" options, as insurance companies lower their costs and maximize their profits thanks to the leverage this system gives them over doctors and hospitals.

While such proposals might have good

intentions about taking the surprise out of medical billing, they would also make it more difficult for patients to see a doctor. We should look to proven solutions instead of trying to treat a sickness with a cure worse than the disease.

There are multiple issues that must be addressed as to how our country's system is working for black Americans but tackling the surprise medical billing can take that issue

off the table while also helping on the issue of medical debt. Congress should act and act in the right way.

Alicia Riddle is a lifelong resident of Oregon. After two decades of work within direct behavioral services with children and adults, she is currently a Trainee in the Leadership in Education of Neuro-developmental Disabilities program at the Child Development and Rehabilitation Center at OHSU. She resides in northeast Portland with her two sons with special needs, who are both students at Portland Public Schools.