

Testimony of Ruth Grunberg
Committee on Government Reform Briefing on the
Medicare Drug Plan
January 20, 2006

Chairman Davis, Ranking Member Waxman and committee members.

Thank you for inviting me here today. Your interest in the Medicare problems demonstrated by this hearing, give me hope that together we can solve these problems. I have submitted a longer testimony for the record, but will read this summary.

I am Ruth Grunberg from Cortland, NY. I am a Medicare Part D participant still trying to get my prescriptions filled. I took my insurance card to the pharmacy on Jan. 1, along with my prescriptions. The computer rejected my card as if I did not exist. The pharmacist said he would call the troubleshooting phone numbers to fix the problem. The phone numbers were busy. The customer service number printed on my card was also busy.

I wasn't too concerned on Jan. 1. It was still New Year's weekend. I expected some confusion on the first day of a new program. The next day, the pharmacy had no answers, the phone numbers were still busy, and their shelves were filling up with piles of problems from many customers. I tried my insurance company and Medicare again. Busy signals all the time. I looked through the big membership packet as well as the insurance company website for other phone numbers, fax numbers, or email addresses in order to notify them that there was a problem.

Day 3, Tuesday Jan. 3rd. No more holiday. I assumed things would get better but no such luck. I called my local newspaper, the Cortland Standard for assistance. They assigned a reporter to cover the story. I called my congressman, Rep. Sherwood Boehlert. His staff was sympathetic, but told me that they were getting many complaints and the phone numbers for insurance companies were all busy. They did ask for details and said their health care person would try to help. I also called Sen. Schumer and Sen. Clinton's offices, with similar results. Sen. Clinton's staff said she was already working in Washington to correct the problems. I tried AARP numbers, because the United Health Care plan I had chosen was endorsed by them. Predictably, all their numbers, even for unrelated services, were tied up, and they were no help at all.

I called a Syracuse TV station which helps consumers solve problems. I talked to a reporter who was already working on a Medicare story. My story sounded like many others, but she could offer no solutions. I called the Office of the Aging, which was helping people to sign up for Part D, although I managed to do so without their help (but not easily). They were already overwhelmed with complaints, and struggling to find solutions.

I also heard from a few people whom I had helped sign up for their Part D plans. They were also having problems. I spoke with some people in the county health department, who were just learning that this was not going well. They, too, had no answers.

I looked online for any organizations that help consumers with Medicare problems. This led me to Families USA, the Center for Medicare Law, Consumers Union, and the Better Business Bureau. But still no solutions to constant busy signals. I did reach the health insurance company once, only to hear a recording say “Thank you for your business. People are so pleased with our policies that we are experiencing overwhelming call volume. Please call back later.” This only made me angrier, especially because there seemed to be no system to give people their medications while these problems were straightened out.

Although I did not wait until I was out of my medicine for refills, I realized that I would run out unless something could be done soon. So I called my physician to request some samples. That office was also fielding many calls from patients who couldn't fill prescriptions, others who needed prior authorization or substitutions, and others who thought they could reach the insurance companies even though customers and drugstores could not.

Every day I called Rep. Boehlert's office to report that I still was having problems. They said they were trying to get more phone numbers for the pharmacists. I asked them what Rep. Boehlert was doing to increase phone lines and start getting people medication. I learned that he was in Antarctica. Perhaps a Congress in session, not in recess, could have be more help to millions of people victimized by their own government. I started calling state elected officials and my county legislators. I talked to a doctor on the county board of health. I tried the NY State Insurance Commissioners's office, and even Attorney General Spitzer. The state offices all promised to figure out if they had any jurisdiction and, if so, what they could do.

I was getting more and more frustrated at my inability to solve this problem. I was starting to feel like the people trapped in the incompetency of the response to Katrina. It dawned on me that if I could not find the solution, what was happening to those more elderly, more confused, or less informed? What about mental health patients who need very little excuse to persuade themselves that they really are cured? They were only taking the medicine to make persistent relatives happy but now the pharmacist was turning them away, so not their fault. What about people who need insulin, heart medication, cancer drugs, etc. etc? This is no ordinary customer service snafu. This should not be happening.

After nine days, my card was recognized, and eventually, they approved all but one of my prescription. This surprised me, because all my medications were covered were I selected this plan, and the drug was listed as Tier 2 in the formulary listing they sent me. This did not make any sense.

More phone calls. I learned that insurance companies had the right to change what they covered at any time, but not until Feb. So the denial was illegal. But I still could not reach anyone to solve the problem. All the phone calls and investigating took most of every day. All my time was consumed in trying to solve this prescription problem.

The reporter from the Cortland Standard called me each day hoping to give his story a happy ending. The story in the Cortland Standard was published on Saturday, Jan. 7th with no happy ending. Two people with problems similar to mine called after reading the story. Both thought they had made a mistake and selected the wrong insurance companies. The story did not help them get their medicine, but they now felt, at least, that the difficulties were not their fault.

Eventually, a friend paid for a 2 week supply of the prescription being denied, so that at least I would have all my medicine while trying to find a solution. I am one of the people entitled to extra help with Part D. Until now, I participated in drug company programs that provide free or subsidized medicine to those with low income or high medical costs. However, those programs have ended because of Part D. There is no safety net for a program fraught with many difficulties, that was poorly designed in the first place.

I believe that Part D should have been part of Medicare, which seniors understand and which works. This new plan, with so many private companies, and so many alternatives is very difficult to understand, to sign up for and does not inspire confidence. How do I choose among many companies I know nothing about? Are some subsidiaries of reputable insurance companies whose names I might know? If I call others, do I get a call center in India? Who is running these companies? We need a Consumers Union to rate all the companies in order to make this system fair for consumers.

I learned that I have the right to switch companies if my medications no longer are covered. If companies are changing their coverage and people are switching all the time, how will the system ever catch up with the ever changing population? If this system was mean to give people a sense of security, it has accomplished exactly the opposite. I feel like I need an extra month or two's stash of medicine to account for delays and problems. How do I know the next time I need refills that anything I take will be covered? This is not predictable or trustworthy. There is much to be outraged about. NBC News reported a few days ago that the CEO of United Health, my insurance company, earned \$124 million dollars last year alone. And he didn't have the sense or foresight or the morality to hire enough people to answer the telephones so vulnerable people would not be denied life saving medicine. I do not know who is the clone of FEMA director Michael Brown, who botched this job at Medicare, but this is yet another person who should be fired.

Thank you for the opportunity to share my story with you today. I am happy to answer any questions you might have.