



## \$29,000 bill for 5 minutes in ER shines light on costs

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For five desperate minutes, emergency room doctors at UC Davis Medical Center frantically tried to revive Scott Hawkins.

In those five minutes, the 23-year-old California State University, Sacramento, student was hooked up to life support monitors, air pumped into his weakened lungs as he bled on a gurney.

Hospital officials said Hawkins was given the highest level of emergency care, with a phalanx of surgeons, specialists and nurses at the ready. His parents called the effort "heroic."

Five minutes later, doctors pronounced him dead.

Few question the extent to which doctors tried to save the

student's life on Oct. 21, but the amount billed for his emergency care has provoked outrage – a further example, critics said, of what is wrong in a health care system that is roundly maligned for its escalating costs.

The charge for those five minutes: \$29,186.50 – including a single-ticket item for \$18,900.50, described on the itemized bill as "Trauma Rescue Service."

What's more, the Hawkins case may be a dramatic and brutal example of the wide disparities in the sticker price for medical care provided to those with insurance and those without it. With millions of Americans unemployed and increasingly uninsured,

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# Emergency: Bills higher for uninsured patients

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emergency rooms have become part of the focus of the high cost of medicine in this country.

"Part of the outrage is that those with the least are charged the most," said Anthony Wright, executive director of Health Access California, a consumer advocacy group.

The bill sent to Hawkins' family was an undiscounted "rack rate" that hospitals charge the uninsured - patients who do not have the benefit of having an insurance company negotiate deep discounts.

Hawkins was mistakenly classified by the hospital as medically indigent. Had the hospital realized that the student was insured, the bill would have been sent to his insurer, Kaiser Permanente, which would undoubtedly have paid thousands of dollars less.

A Kaiser spokeswoman said she could not discuss the Hawkins case because of privacy reasons.

However, an agreement is in place between Kaiser and UC Davis, including provisions for compensation for care.

"If you're covered by an insurer, the contract is intensely negotiated between the insurer and the hospital," said Maribeth Shannon, director of the California HealthCare Foundation's market and policy monitor program.

Wright of Health Access said uninsured patients who use emergency rooms are often billed at "an inflated price - three or four times what insured people pay."

UC Davis officials declined to discuss their billing practices, or how negotiations with insurance companies are conducted.

But Dr. Lynette Scherer, a

general surgeon and chief of trauma at UC Davis Medical Center, said the public simply doesn't understand how expensive it is to run a sophisticated emergency room and trauma center like the one at UC Davis.

"If he survived, we wouldn't be even talking about the cost. We'd be saying: 'That was money well spent,'" Scherer said.

"The unfortunate thing, obviously, was that the outcome in this case was horrible," she said.

"I think people are just uneducated about the cost. ... If people actually knew what they were getting - yes, the cost is high, but it's your only opportunity to save a life," she said.

Not only are emergency rooms available at all hours of the day, they are staffed by some of the most highly trained - and highly paid - personnel, including surgeons, trauma specialists, registered nurses and others trained specifically for emergency medicine.

"It's an extraordinary amount of resources at the ready for this patient who we haven't met yet," Scherer said.

Emergency crews at the hospital did everything they could to save the young man, Scherer said. He was not dead on arrival.

"When he arrived here, he met our criteria that he might still have a chance of surviving," she said. "We never want to stop short with a patient with a chance of surviving."

The federal Department of Health and Human Services estimates that the uninsured accounted for one in five emergency room visits in 2006.

Federal law prohibits hospitals from refusing emergency care to those who need it, regardless of their ability to pay.

"The expectation is that there should be an emergency department that's open

nearby, open 24 hours a day seven days a week," said Elena Lopez-Gusman of the California chapter of the American College of Emergency Physicians.

"We want it all, we want it now," she said. "And we don't want to pay for it."

A groundbreaking "fair pricing" law enacted three years ago limits how much hospitals can collect from low- and moderate-income consumers who are uninsured or underinsured.

Still, bills can pile up quickly.

"A person without insurance must be wealthy, or so poor as to be not worth pursuing by bill collectors," said Patrick Johnson, chief executive officer of the California Association of Health Plans.

The House voted 220-215 late Saturday to pass health care legislation intended to bring relief to the 46 million Americans who lack health insurance, including nearly 7 million in California. The measure must be reconciled with the Senate's version.

There is little debate that the uninsured pose burdens to the country's health care system. The legislation being considered in the Senate and House would require nearly all Americans to carry health insurance, with the poor getting government subsidies to pay for coverage.

The uninsured are now at a disadvantage because they lack the bargaining power of insurance companies, Shannon said, but consumers should nevertheless attempt to negotiate their bills with doctors and hospitals. "Often hospitals are willing to negotiate the amount with families," she said. "There's always room for negotiation."

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