

January 31, 2007

Public Health Committee Hearing – Senate Bill 1

Chairperson Hanley, Chairperson Sayer, Vice Chair Slossberg, and members of the Public Health Committee

I am Mary Elia and I reside at 1 Templeton Street in West Haven. For more than 20 years I was president of the West Haven Federation of Teachers and a Vice President of AFTCT a union of more than 20,000 members. Presently, I sit on the Connecticut ARA, Association of Retired Americans, board. All of these organizations support Universal Healthcare and so do I.

At one time, our locals had negotiated good healthcare coverage for our members so that they could feel secure that they would be able to protect their families against any medical situation. Over the years, I watched as affordable, quality healthcare became very elusive. At the bargaining table, time after time, we were forced to accept a more restrictive plan with much higher costs that consumed any salary increases and then some. As managed care, designed by insurance companies took over, doctors were no longer able to determine the tests we would have or how long we needed to be in the hospital or the number of physical therapy visits needed to fully recover.

Last year when I had a foot operation, my doctor and physical therapist both agreed that even though my plan would allow 10 more physical therapy visits, there was nothing more they could do. However, they agreed I would benefit more from the use of a "Dynosplit" brace to extend my range of motion in the large joint. It was durable medical equipment that until a few years ago would have been covered, but the insurance company changed the code and no longer covered this brace for the foot. If it was any other joint it would, but not the foot. I tried appealing but that was frustrating and fruitless and I finally gave up and paid the \$500 dollars. The brace did give me more relief.

Luckily, I could do that, and I know that I am much better off than those without coverage. I have friends whom have forgone getting treated for minor discomforts only to be faced with major problems later. A friend just recently got her husband to go for a physical after years of urging him to do so. He hadn't gone because they had no coverage and he didn't feel sick. Unfortunately, it was found that he had lung cancer that has spread to the bone and liver. Had he gone earlier, the prognosis would be much better. The treatment and the cost of treatment will be devastating for them.

We can do better for Connecticut citizens and we must. I'm pleased that Senate Bill 1 has been raised so that we have an opportunity to create a system that will cover all citizens; a system that will be affordable for individuals and for the state to sustain over time; a system that will cover people as they move between jobs or retire or become unemployed; and a system that will allow doctors with their patients to make the decisions about care rather than an insurance company clerk.

I want you to work to create a single payer, universal healthcare system and I believe it can be done. In 2005, according to research done by the Universal Healthcare Foundation, Connecticut spent over \$572 Million on direct healthcare for uninsured . With the money we spend now to cover the uninsured, plus the matching federal funds that could be tapped, it is doable. I can't think of anything you could do that will have a greater impact on all Connecticut citizens than to assure their access to quality healthcare.

My fear is that you will try to do it piecemeal – extend the Husky program for children or cover just those living in poverty. There are over 400,000 people in Connecticut without healthcare coverage and 80% of them are working and may not fall below the poverty level, but they should be included in your plan. Those with plans, provide through bargaining agreements, shouldn't fear that they will lose anything by this legislation either.

I also fear you will try to do it without making it a single payer system. You must cut out the huge portion of the healthcare dollar that goes to administrative costs such as marketing the many different insurance plans, all the added personnel required to keep up with all the different forms and other paperwork, dollars that must go to shareholders rather than to care, salaries of the many managers and executives connected to all these varying insurers, etc. The only way to redirect healthcare dollars from administration into care is to have a single payer plan much like Medicare for the elderly.

Thirteen years ago, we were all scared away from the concept of universal healthcare by Harry and Louise, the couple created by the insurance industry for their television ads designed to kill the Clinton Healthcare plan. Now, everyone realizes that since that time access to healthcare has become more difficult and the costs are astronomical. Business groups, as reported in the Washington Post, NY Times and Wall Street Journal, acknowledge that healthcare's soaring costs puts businesses at a competitive disadvantage and wants policymakers to act. The federal government has indicated that they want the states find a solution to the healthcare problems. So let's do it in Connecticut, let's do it right and have our single payer, universal plan become the model for others.