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TESTIMONY RE: SENATE BILL NO. 1, AN ACT INCREASING ACCESS TO
AFFORDABLE, QUALITY HEALTH CARE
Public Health Committee Hearing

January 31, 2007

Good morning Senator Handley, Representative Sayers and members of the Public Health Committee.

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut. I am Margaret Flinter, APRN, president of the Connecticut Nurses' Association. I have been a registered nurse and an advanced practice nurse in Connecticut for 32 years. During all the years of my education, my clinical practice, and in my role as the VP/Clinical Director of the Community Health Center, Inc., the issue of access to health care has been front and central. I am therefore very happy to represent the Connecticut Nurses' Association in providing testimony today in support of S.B. No. 1, AN ACT INCREASING ACCESS TO AFFORDABLE, QUALITY HEALTH CARE.

We have the data. What we know intuitively; we also have solid, scientific evidence to support. Access to health care, particularly primary and preventive health care, is the key to a clinically and cost effective healthcare system. We know that thousands of Connecticut's residents lack health care coverage. Most of these individuals are employed. These people are squeezed between being unable to afford premiums for insurance, and not qualifying for public assistance programs. In the absence of a medical home, we have solid evidence that the uninsured delay seeking care, both preventive care and care when they are sick, and that when they do appear for care, they are sicker and

cost more to treat. The uninsured are a piece of the overwhelming problems of the health care system that require attention on the part of health professionals, policy makers and the public.

Our association supports the development of the plan required in S.B. 1 to ensure that each resident of the state has access to affordable, quality health care. A plan that would be built on the Institute of Medicine recommendations that expansion of health care coverage be based on 5 principles: *coverage for all, continuous, affordable to individuals and families, affordable and sustainable for society, and should enhance health through access to high-quality care that is effective, efficient, safe, timely, patient-centered and equitable.*

We further support the integration of the blueprint for fundamental reform of our health care system that is outlined in the American Nurses Association's Health Care Reform 2005, an update of 1991's Nursing's Agenda for Health Care Reform which includes essential elements. The "essential elements" are found on an attached sheet to this testimony.

Nurses represent the largest group of health care providers. There are over 52,000 registered nurses right here in Connecticut. We know that access is a big piece of the solution, but that the delivery system must also be in place in order to achieve our goals. Nursing is a major force in that delivery system. We practice in all settings, as RNs and advanced practice registered nurses – in schools, communities, hospitals, clinics, community health centers, private practices, hospitals, long term care facilities, industry. We are consultants to business and industry, primary providers of health care services, educators and researchers, legislators and regulators. We are the constant in health care. Whatever group is charged with the responsibility of developing a plan to ensure that each resident of the state has access to affordable, quality health care must include nurses as part of a diverse group representing all stakeholders.

Progress is sometimes incremental, sometimes huge. This appears to be a time when the progress can be huge. Over my years in practice as a nurse in Connecticut, I have had the pleasure of seeing some huge progress in health care. We forget that sometimes. We can do this. The Connecticut Nurses Association, with its commitment to creating the future nurses want, and the public needs, is ready and waiting to do its share.

Thank you for your consideration of our recommendations. We are available for information and consultation about this important issue and look forward to being a part of the planning that will be done to implement this bill.

ANA's Health Care Agenda 2005 - an update of Nursing's Agenda for Health Care Reform (ANA, 1991)

As the debate is generated about how and what Connecticut needs to maintain the health of its residents and to grow, be competitive in our changing economy and be fiscally responsible, we can turn to the document, ANA's Health Care Agenda 2005 which was a blueprint for reform that was endorsed by over 60 nursing and other health organizations.

These essentials would help to reshape and redirect our resources away from overuse of expensive, technology-driven, acute, hospital-based services in our current model, to one where we balance high-tech treatment and community-based and preventive services, with emphasis on the latter. The solution is to invert the pyramid and focus more on primary care, thus ultimately requiring less costly secondary and tertiary care that is based on outcomes research. This will ultimately save money.

Essential Elements of *Nursing's Agenda for Health Care Reform*

A restructured health care system which:

- Enhances consumer access to services by delivering primary health care in community-based settings.
- Fosters consumer responsibility for personal health, self care and informed decision making in selecting health care services.
- Facilitates utilization of the most cost-effective providers and therapeutic options in the most appropriate settings.

A federally-defined (*or state defined*) standard package of essential health care services available to all citizens and residents of the United States, provided and financed through an integration of public and private plans and sources:

- A public plan, based on federal guidelines and eligibility requirements, which will provide coverage for the poor and create the opportunity for small businesses and individuals, particularly those at risk because of preexisting conditions and those potentially medically indigent, to buy into the plan.
- A private plan would offer, at a minimum, the nationally standardized package of essential services. This standard package could be enriched as a benefit of employment, or individuals could purchase additional services if they so chose. If employers do not offer private coverage, they must pay into the public plan for their employees.

A phase-in of essential services, in order to be fiscally responsible: