

Good morning, Thank you for organizing this event.

My name is Roona Ray, and this is my tenth year of being a family physician in New York City. I am here today to testify strongly in favor of passing the NYHA.

I moved to the Bronx to do my residency at Montefiore Medical Center about ten years ago. I learned to take care of adults, children, and pregnant women, all from the people of the Bronx. As a family physician, I am on the front lines of the healthcare system, I hear about it when patients can't get their medications or skip their appointments for fear of cost.

Almost every encounter I have with patients is tainted by the insurance industry. I'll give you a couple of everyday examples. I saw a patient recently who came in to check for a sexually transmitted disease. When someone comes in to check for one STD, I usually encourage them to check for all of them. Well this patient, when I recommended this, he asked me, how much does it cost? And I had to say, I don't know. But the tests are probably covered? The insurance industry forces doctors and nurses to be their salespeople everyday, and that's not what I trained for 9 years to do. That patient decided not to do the other STD tests. You can imagine what that means for his health and the public's health.

Another example: Last year I had a patient who came in with influenza. I gave him a prescription for flu treatment. The next day I got a message that his insurance company had rejected my prescription and was requiring a prior authorization that would take a minimum of 48 hours. Flu treatment only works if you start taking it within the first 48 hours of symptoms. The insurance company was forcing this patient to not get the care he needed. And the reason? The patient had already taken the same medicine a few weeks before for prophylactic purposes. There was no scientific reason that the patient could not take the medicine. The reason the insurance company was rejecting my prescription was to save on costs. They were not interested in treating this patient's flu or preventing a flu epidemic.

The health insurance industry is predatory, inappropriate, and unnecessary. They do not practice science, they do not go to school to learn how to be a clinician, how to interact with patients in a kind, sensitive, and evidence based way. They disrupt the patient doctor or nurse relationship, which is a private and frankly sacred relationship, and they must be eliminated from the healthcare landscape.

As legislators, your job is to protect the health of your voters and to create a system that respects and honors the needs of patients as well as the hard work and training of thousands of health workers like myself. I know how to practice medicine, but without a legal and political environment that allows me to practice medicine in the way I am trained to, my skills are not effective. The difficulty of working in this system is reflected in the high burnout rates among physicians, more than 50% in some fields.



Since working in the Bronx, I've worked in some very different settings and witnessed deep inequalities in our system. I've worked in an FQHC in Manhattan. I later worked at a private NYU clinic near Wall Street that only accepted patients from a handful of private insurances. Today I work in Queens, at Elmhurst Hospital, which is part of the city hospital system, which takes mostly uninsured, Medicaid, and Medicare patients.

When I worked as a primary care doctor in FQHCs, my patients were mostly poor and working class people of color and immigrants. I saw 20-24 complex patients every 8 hour day. I stayed long hours, 4, 5, 6 hours, after my 8 hour work day to finish my work.

I was deeply depressed from the volume of work, even though I was highly talented, motivated, and went to the best schools. The suicide rate among physicians is higher than that of most professions.

In the private system at NYU, I saw middle and upper class patients with fewer chronic health problems, sometimes none. They were more likely to be white. It was much less busy. Some days, I saw only 5 patients over 12 hours. My skills were underutilized. I was paid at nearly twice the rate that I was when I worked in the FQHC system.

I now work in the public hospital system in Queens. It is very busy. My patients are almost exclusively poor and working class immigrants, and they are sick. I see patients with kidney or heart failure every week, whereas when I worked in Manhattan I saw only 1-2 of these patients total over 5 years. These are often preventable diseases of poverty and racism.

I'd like to close by discussing racism and segregation in the health system and in our society. We live in an apartheid city and nation. The current health system, as directed by the private insurance industry, is a system that upholds, promotes, and profits off of the racism in our society. Decades of research shows that people of color and immigrants get sicker, die sooner, and have less access to care than others.

The reasons for this are complex, but in my work, I have seen how there are two New York health systems, one driven by the private insurance industry, and one for everyone else. Even my patients with private insurance near Wall Street asked me the same questions as those in the outer boroughs: how much will this cost? The patients I discussed earlier with the STD test and the flu, were both seen at NYU and had supposedly good private insurance.

We must begin to think of the health insurance industry as the predatory industry that it is, no different than the predatory mortgage industry in the 2008 housing crash. The New York Health Act will eliminate this industry, begin to put healthcare back in the hands of patients and healthcare providers, and begin to fight the racism in our society and health system. The New York Health Act will begin to do so by eliminating the two tier reimbursement system. I hope you'll be on the right side of history and vote for the NYHA.



doctors are covered or in-network with my plan. Americans deserve better than this. New Yorkers deserve better.

While shadowing a doctor as a first year medical student, I was surprised by how long the physician spent on the phone with the patient's insurance company and with the pharmacy department, trying to figure out which life-saving medications the insurance would pay for. After spending 10 minutes with the next patient, the doctor spent another 30 minutes on the phone explaining to the insurance company why the patient needed a diagnostic procedure. After being denied authorization for this procedure, the doctor sat me down at the computer to teach me something. She showed me how she documents the insurance representative's name in the patient's medical record, so that if "something happens to the patient" later, there will be evidence that she appealed their denial and explained the potential consequences.

I left the hospital that day feeling confused. I am spending all of my time studying biology, anatomy, physiology, and pathology so that I can decide the best treatment options for my future patients. It seems that I'm also studying these things so that I can make arguments to insurance companies, and defend the treatments that I believe are necessary. I don't understand how we have reached this point – how the best treatment for a patient is of concern to anyone besides the physician and the patient. Who was this person on the phone who decided that the cost of this patient's treatment was too much to justify it as "necessary?" And did they go through college, medical school, and residency training before making that decision?

I have not studied economics or law, and I will not pretend that I understand the complexities behind making the New York State Health Act a reality. But that is not my job, that is yours. My job right now is to learn as much science and medicine as I can, so I can provide the best care to my future patients. The way I see it, advocating for my patients is part of my job. I am early in my training, and I am already frustrated by the fact that we have made so many advances and have developed so many effective treatments, just so patients can be denied access to them by for-profit insurance companies and unregulated pharmaceutical companies.

We all dream that one day someone will discover a cure for cancer – but what will happen when that cure is developed, and is only available to the wealthiest individuals in America? I want everyone to think about the direction our current healthcare system is headed in, and recognize that we have the power to change things. We do not have to stick to the status quo, especially if the status quo is not what's best for most people. New York has the opportunity to be a leader on this front, and I hope that we take advantage of this opportunity to improve the lives of millions of individuals – even if this change is made in just one state.

