

Testimony on the New York Health Act

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My name is Dr. Elizabeth Rosenthal. I have come to testify about my experience as a dermatologist in private practice for over 35 years. I will tell you how the current crisis in health care has affected me and my patients and my ability to practice medicine.

I grew up in a medical family: father, grandfather and many older cousins were all physicians. I went to medical school to learn how to help people stay healthy. I had no interest in running a business. Although I chose dermatology, I was never interested in the spa side of the specialty. Rather, I find great satisfaction in solving the puzzle of a troubling rash or spotting a melanoma in an early, easily curable stage. I also have had the privilege of getting to know whole families of patients spanning several generations as my practice was thirty-five years in the same location.

But the business side of medicine was like a creeping eruption, taking over more and more of my practice. Instead of spending time talking the insurance companies or oversee my staff dealing with them. For each company there was a different set of rules and requirements for submitting claims. There are even different rules for each "product" within each plan. And these changed so often that I received almost daily notices about what new card a patient must present or what new drug or procedure was not covered. If you think that patients are frustrated and confused by the maze they must navigate, we doctors are just as troubled and stressed by this mess.

When I am with a patient I want to concentrate on their problem and how best to treat it. I don't want to be concerned with whether or not they can pay for their care. If a diagnostic test is required, I want to be able to order it.

My husband, a physician at the Manhattan Veterans Hospital for 32 years, until his retirement this year, often told his patients, "One of the things I appreciate about working here in a public system is that money doesn't enter into our interaction." He knew that what he thought was best for his patients would be covered: office visit, treatments, tests and drugs. His patients had no anxiety about not being able to afford their health care.

In our present system the real losers are the patients. The managed care companies promise that patient care is their primary concern. We all know, however, that is not the case. We know they are in the business to make a profit for their shareholders and their bottom line is their main concern. They compete by being the best at avoiding sick people. When they pay for health care they call it a loss. They waste millions of dollars in overhead, paying people to deny care and on huge salaries to the CEOs, in addition to profit to the shareholders. For these private companies, 15-20% of the total expenditure goes to this overhead. In contrast Medicare spends only 1.5-3% on overhead.

Then there is the huge problem of those who are uninsured or underinsured. For them medical care is a luxury they often cannot afford. I have seen a young man without health insurance who had a simple problem: he had eczema on his feet. It was very itchy and he scratched constantly. He had trouble paying even for the reduced fee I charged so he waited until the problem was severe before coming to my office. By then I saw a swollen, red, oozing, crusted infected mess. Much more time and effort was now required to treat this simple problem. If he were to come as often as I urged then his eruption would be healed in a week and would never progress to the severe problem I saw.

I recall John, a teen-ager with severe scarring facial acne. He always walked into the office with his face downcast, hiding his scars. His problem was very treatable but his parents had skimpy insurance and could not afford the medication that would clear up his skin. If his medication was affordable, then he

would be treated for a few months, his skin would clear up. It is likely that he would continue to have a clear complexion afterwards and look at the world straight on.

I am also the mother of three sons who do not get health insurance through their jobs. They have purchased health insurance on the New York exchange but since the deductible is very high it is too expensive for them to use. They have to pay out of pocket for all but catastrophic costs.

These are a few examples of how our health care system is failing us as patients and as physicians. It doesn't have to be this way! We can do better. That is why I have joined Physicians for a National Health Program. I believe that there is no place for private for-profit insurance companies in our health care system. We need a publicly-funded single-payer health insurance plan. We already have a model of such a plan that has been working for fifty-four years. It is Medicare. An improved, expanded, "Medicare for all" is the only way to deliver universal care at an affordable price. It would save billions of dollars and allow doctors like me to return to what we do best: treat patients.

The New York Health Act is such a plan. It would be much more efficient, fair and equitable than our present dysfunctional system. It would be simplified, centralized and allow universal coverage without an increase in spending. By passing it and thereby bringing health justice to all New Yorkers, our state could be at the forefront of meaningful reform. We would join all other industrialized countries where individuals get the health care they need instead of only the health care they can afford. It CAN be done. The time is now.

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