

My name is Ellen Polivy. I am a licensed social worker and elder care specialist. I am also a licensed health insurance agent. My husband and I are small business owners in our respective fields. We have cobbled together health care through various part time jobs.

In 2017, I took the 150 hours of training in Medicare Advantage plans. I met lots of professional agents, the lovely well-meaning folks that make a living finding the right plan for each person. The Medicare Rights Center reported on a study that showed For-profit companies skim off the well seniors with promise of exercise classes, dental and vision and hearing leaving traditional Medicare to pay for the higher need patients. Each year from October 15 to December 7 these companies compete to gather the largest market share of Medicare recipients. Medicare recipients can change their plans any number of times during that time. So companies try to woo them away from each other. musical chairs. On December 7, enrollment stops dead. Most patients are locked in for a year- except if you have Medicaid or EPIC. These are the get out of jail free cards. To Medicare's credit, the companies have rules so brokers can't be too aggressive in their marketing. I represented nine different companies out of the 38 plans available in NYC. I also sold Medicare drug plans. That's an insane amount of paper. Imagine a five foot high closet full of glossy brochures and applications. All that paper going out to thousands of brokers in counties all over New York State. Agents are trained to choose the company that has the most of the patient's doctors in network and the patient's drugs in their formularies. (But health isn't static and doctors and drugs change. So how do you choose from a list? drugs from a list.) The commissions. Between \$200 and \$400 a sale for Advantage plans. Every year that a patient stays on a plan the broker gets a commission. Our Medicare dollars at work for us! The efforts have worked. In NY State in 2018, one third of the Medicare recipients had Advantage plans. The waste of money is astounding. How these companies got a foot in the door of a perfectly good system is a disgrace.

Now back to my regular career... As a care manager, it far easier to deal with traditional Medicare and Medicaid (the closest we have to a single payer fee for service system) than any of the for-profit companies. Medicare and Medicaid are transparent. There have clear, published rules and procedures with honest appeals system and lots of professionals watching and keeping the system fair.

Traditional Medicare is simple. I can arrange home doctors, therapist etc. for homebound patients. tests or treatment can happen quickly.

Contrast that to a private plan. Unnecessary barriers to necessary treatment. Narrow Networks, precertification, requests for more information, denials. Appeals. Give them a hard time, next year that patient will choose a different company. Or maybe they will qualify for Medicaid or EPIC and be allowed out earlier. Effectively, public programs are used as a stop-loss for these private companies. The needs of the patients and the needs of the for-profit company are not aligned.

A single payer responsible for everyone from cradle to grave is motivated to take the very long view focused on prevention and early intervention. Financial benefits to the payer and humane treatment of the patients are aligned. For example, Better prenatal care leads to better health outcomes for mother and baby. Better new baby care helps children do better in school, teaching pelvic floor strengthening exercises to new mothers improves continence later in life which in turn leaves the older adult more independent .

Long term care- Good home health custodial care can improve health and quality of life. Good home health care can keep a frail older adult properly medicated, hydrated, fed with good hygiene and social engagement and following doctor's plan of care. It improves quality and length of life.

Long term care is the fast route to poverty causing intergenerational trauma as savings get wiped out. Family caregivers leave jobs to provide care at a great loss to their careers and their finances. Many never catch up and end up and sometimes find themselves homeless or on Medicaid themselves.

Doctors, lawyers, presidents and clerks; Inflections befall us all. Why leave our health to the whims and opaque bureaucracy of a for-profit company? Why let them determine which part of our health they will treat and how much they will pay for it? We have the power to fix this.

Ellen Polivy, LCSW eldercare specialist-40 years