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United States House of Representatives
Education and Labor Committee
Rep. George Miller, Chairman
Sub-Committee on Health, Education, Labor and Pensions
Rep. Rob Andrews, Sub-Committee Chair

Testimony of:

Geri Jenkins, RN, Co-President, California Nurses Association and
National Nurses Organizing Committee

Chairman Andrews, distinguished members of the sub-committee, thank you for this opportunity to support single-payer healthcare reform on behalf of the 86,000 members of the California Nurses Association/National Nurses Organizing Committee, the country's largest organization representing direct care Registered Nurses. I am proud to be a co-president of CNA/NNOC. I especially want to thank Education and Labor Committee chair George Miller, who is a great champion of healthcare reform, of RNs and all working people.

In your consideration of changes to our healthcare system, you should know that Registered Nurses are the profession most trusted by the American public, as shown consistently in Gallup's annual poll on this question.

Nurses are on the front lines of what I can only call a patient care crisis. As a critical care nurse at the University of California San Diego Medical Center, I see patients whose conditions are much worse because they avoided earlier treatment due to the high cost. Though they arrive sicker, they leave quicker than they should because their insurance company won't approve medically appropriate care.

I can tell you from my more than 34 years of personal experience, insurance companies ration care; the current system rations care based on ability to pay.

Some patients like 17 year old Nataline Sarkysian, do not get the life-saving treatment they need. In Nataline's case, she needed a liver transplant but CIGNA would not approve it until I and hundreds of others protested. During one of the protests, I was with Hilda, Nataline's mother, when she got the call of approval. But it was too late. Nataline died an hour later.

It doesn't have to be this way. We agree with Presidential Candidate Obama who called healthcare a basic human right and we agree with now-President Obama who says "healthcare reform is not a luxury. It's a necessity that cannot wait." The same is true for healthcare itself.

But right now we are the only nation on earth that barter human life for money. We need a guaranteed single standard of high quality healthcare for all.

To make the change we need, let's have a real policy debate on the merits. People talk about evidence based practice, we need evidence based policy. If we were to have a debate on containing costs, improving quality, and universality, the single-payer advantage would be clear.

Let's consider the principles President Obama has established:

- First, Reduce Costs

In a survey of eight major industrialized countries the US fared the worst in out-of-pocket costs and the number of chronically ill adults forgoing care because of costs - even though the US spends twice as much per capita on healthcare as the other seven (Health Affairs, Nov. 13, 2008). 25% of Americans are skipping doctors visits because of costs (and that's before the recession). According to another survey in October, 2008, 38% of Americans who are insured delayed care because of out-of-pocket costs.

The reason? Premiums... which have been rising four times as fast as family incomes the past decade -- and co-pays, deductibles, and other transaction fees the insurance industry imposes that can run to thousands of dollars a year on top of premiums. That, along with denying claims, is how the for-profit insurance companies make money, which, ultimately is their job for their shareholders, not authorizing care delivery. Unless you can stop the insurance industry price gouging, we simply can not make healthcare affordable, which means you either have price controls on the insurance industry, or you take them out of the equation through single payer reform.

Costs controls are much better addressed under single-payer mechanisms like those contained in HR 676 - global budgets to hospitals and clinics based on their patient care operations; negotiated reimbursements to providers; bulk purchasing and negotiated prices for prescription drugs; incentives for preventive care and reliance on primary care.

- Second, Guarantee Choice

How many Americans under 65 can go to any doctor of their choice without incurring additional costs, or at all? Very, very few, certainly not those in 94% of US metropolitan areas that are served by one or two insurance companies, as shown in the AMA's 2008 study of insurance markets. Insurance coverage and companies now control patient choice of provider and treatment – often with terrible health results.

I often relay the story of a patient seriously ill and in need of immediate intubation – insertion of a breathing tube – to save his life. Because he was so worried about costs, the patient looked up at his nurses and asked, “Can’t you wait until next week? I’ll be 65 and I’ll have Medicare.”

Respectfully, that is not the way my patients or their providers should be making their healthcare decisions nor is it the way our nation should force its citizens to evaluate their healthcare decisions.

One of the great advantages of single-payer is that it guarantees patients the on-going choice of a doctor or other provider, who are paid for providing treatment on the same basis.

- Third, Ensure Affordable Care for All

Here again, single-payer has the advantage from a clinical point of view. Taiwan is the most recent country to have adopted single-payer, in 1995. The percentage of people with health insurance climbed from 57% to 97% yet the expanded coverage produced little if any increase in overall healthcare spending beyond normal growth due to rising population and income. Taiwan had a system much like ours, multi-payer, dysfunctional, and broken; they made the switch just a decade ago, though some people said it could not be done, with great success for their people.

The US ranks last among 19 leading industrialized nations in preventable deaths. If the US matched the top three - France, Japan and Australia - in timely and effective care, 101,000 fewer Americans would die every year.

In a study released earlier this year by CNA and which is included as an exhibit with my written testimony, it has been shown that extending Medicare to all would not only provide desperately needed medical care to millions but would also result the creation of 2.6 million new jobs in this nation.

The evidence is clear: single-payer works, it best meets the President's principles, and most important, it best meets the needs of my patients, for whom I have a professional responsibility to advocate.

Our history proves that with political leadership any reform that benefits the American people as a whole is politically viable. Dare we waste this moment with a reform that will not adequately control costs, be truly universal, improve quality, and guarantee choice of doctor and provider? Or will we leave the American people feeling the moment has been wasted and that once again they can not trust our government to genuinely act in their interests?

Let's enact single-payer. Let's put patients first.