



*Pennsylvania Association of Staff Nurses & Allied Professionals*

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Good morning and thank you for the opportunity to testify about the importance of health insurance reform. My name is Patricia Eakin. I have been a registered nurse for over 33 years. I have been working at Temple University Hospital since 1983. For the last ten years I have specialized in emergency nursing, working as a full time staff RN in Temple's emergency room.

I am also the President of the Pennsylvania Association of Staff Nurses and Allied Professionals, a 5000-member statewide union of mostly direct care staff RNs.

I have witnessed first hand the collapse of our health care system from the triple vantage point of consumer, state union leader, and care giver at one of the busiest ERs in the state in one of the poorest areas of the state. I have come to believe that the only rational, humane, and fiscally responsible health care delivery model is a system of single payer health insurance, similar to an expanded and improved Medicare.

Like most Pennsylvanians, I and my family have done battle with insurance companies and hospitals.

I watched as a friend of mine, a registered nurse, was diagnosed with breast cancer, eventually forced to leave her job due to the illness, and then, with her cancer intact and her treatments still in progress, she found herself with no health insurance. Cobra payments were huge, while her income was zero. She was eventually able to get on her husband's retiree health care, but not before suffering anxiety and indignity in addition to her battle with cancer.

This is a perfect, but tragic, example of the irrationality of having health insurance tied to a job, especially when no one can count on steady employment and the expense to business is burdensome. Most unemployed people are forced to go without any health insurance.

I myself needed a biopsy, in order to rule out a malignancy, and couldn't get an appointment for 3 months. My surgeon actually suggested I go to the radiology department myself and try to use my status as a long time employee and union president to try to get an earlier appointment. I did so and I was relatively successful - it was set up for six weeks instead of 3 months.

Many in our country condemn the supposedly long waiting periods in Canada, but our waiting periods are often quite as long, if not longer. Trying to get doctor appointments or test appointments can take months. And in ERs all across the state, patients wait as long as 7 and 8 hours to get to see a doctor. Canada covers every citizen, from the cradle to the grave, including when they are not employed. Canada spends about half of what we spend per capita, yet they live longer and have a better infant mortality rate. And polls show that a huge majority of Canadians are more satisfied with their health care than Americans and want to keep it.

In my job as an ER nurse I come face to face with the full impact of the crisis. ER crowding is well documented. Many patients come in critically ill because they can't afford to fill their





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prescriptions. I have seen patients cut their medication dosages in half trying to make them last longer, only to find themselves severely ill.

One of the worst situations is those who put off getting follow up care for chronic conditions. A common example is hypertension, also known as "the Silent Killer." Since the disease slowly and quietly destroys vital organs without causing conscious symptoms to the patient, many people stop their medication if they can't see a doctor or afford the prescription. When someone does feel symptoms, it is usually too late. The damage it does is usually irreversible.

I recently had a patient who came in for an unrelated problem, but his blood pressure happened to be 220/130. On further questioning, he admitted he had been told he had high blood pressure, but had stopped taking his pills because his work place closed and he lost his health insurance. Blood work revealed serious kidney damage, with dialysis being the prescribed treatment for the rest of his life. He is only 49 and his life is changed forever.

Ironically, the government will pay for his dialysis treatments because it is so expensive, but will not pay for the much cheaper meds and doctor visits that could prevent it in the first place.

This story is far from unique. The system is making people get sick and die. The Institute of Medicine estimated that in 2000 approximately 18,000 Americans died due to lack of health insurance.

As a union president I hear from other nurses and health care workers across the state with the same stories and complaints. ERs are jammed with boarders, admitted patients with no bed to go up to. Once in a bed, there is a big push to get patients out of the hospital, often before they are ready, because the "length of stay" has to be decreased. Hospitals actually push for average LOS to constantly decrease by fractions of days, and celebrate when they can reduce it from 5.6 to 5.5 days. There isn't time for nurses to teach them about medications and treatments, and they often end up right back in the hospital.

In Philadelphia we saw another result of the crisis, and that is the closure of a community hospital, Northeastern Hospital. It had been serving the community for 100 years but was bought by the Temple system 12 years ago. Although it was busy - 50,000 ER visits a year, one in ten Philly babies born there last year, etc. - Temple shut it not because it was empty, not because there was no need, but because too many of the patients didn't have insurance.

As the representative of the RNs who work there, our union, PASNAP, worked with the community and the doctors to try to find alternative ways to keep it open. But, it probably wouldn't have been necessary if we had a form of single payer health care since the hospital would get reimbursement from every patient.

Our current system is inefficient and wastes dollars. The administrative overhead of private insurers is five to nine times higher than Medicare - commercial carriers about 20% and investor-





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owned blues 26.5%. That money could be used to provide adequate high quality coverage for everyone. We could see the end of co-pays, premiums, deductibles, and other out-of-pocket expenses, and cover everything from pharmaceuticals to dental care to hearing aids. Minus the profit motive and the overhead waste and using the same number of dollars, there is more than enough funding.

How would it work? There would be a payroll tax for employers and a tax on employees, all of which would be less than what the average employer and person pays now.

Money savings is maximized because of the huge risk pool - the bigger the insurance pool, the more risk is spread out and the greater the efficiency and savings.

With this approach, insurance companies would simply no longer be necessary and the result is substantial cost savings. Currently, insurance companies must take money from health care for profits for their shareholders, for buildings, for advertising, for big salaries for their executives. A lot of money is wasted fighting over reimbursement. The hospitals and doctors must hire staff to negotiate and wrangle with insurance companies for payment, while the insurance companies hire lots of staff to wrangle from their side. In order to do find money, they have to divert from direct patient care. They have to look for more ways to charge for different services, or deny services, or deny patients with previous medical conditions. They take money in, and try to spend as little as possible on patient care, because they have to: that's how they make their money.

Perhaps this seems radical because it is new for us, but almost all other developed countries have some form of national health insurance. In Washington, it is the Conyers bill, HR 676. In PA, we have a state version, Senate Bill 400 and this is the legislature's chance to be one of the first states to enact a state insurance plan.

I am certain you are under great pressure to either tinker with the status quo or do nothing at all and leave the fundamental market based insurance model intact. I am sure you see more industry lobbyists than you see nurses, for example.

But this is your chance to take the lead and do something. Your constituents are suffering, and perhaps your own family members are adversely affected by this crisis. My advice, my request, is to follow the money. Will any of the other plans save money while ensuring quality coverage for every Pennsylvanian?

You have an unprecedented opportunity here and I encourage you to take action and support Senate Bill 400 for a state health program.

