

## Full health coverage is the answer, according to testimony at hearing

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**ALLEGANY** — Because of an overly regulated and costly health-care system, Margaret Green feels like she's caught in a vortex and there's little escape.

When her husband retired from Dresser-Rand in 1988, then-part-owner Halliburton agreed to manage pensions and health care for retirees. "But in 2004 they (Halliburton) said we had to find our own health-care provider so we went with AARP," Ms. Green said.

To lower prescription costs, Ms. Green said she was buying some drugs from Florida and others from Canada.

But when signing up for Medicare Part D, a new federal program designed to provide prescription coverage, Ms. Green could no longer get lower-cost drugs from Canada.

Medicare Part D has what's termed donut-hole protection. Individuals have coverage to a certain initial limit. After that, individuals pay fully until they reach a catastrophic-cost level.

"In August, I paid over \$650 for drugs," Ms. Green said. She had to start paying completely for her drugs once she passed the \$2,200 limit. "When you're paying \$4 a pill, it doesn't take long to get to \$2,200."

Medicare Part D won't kick in again until Ms. Green reaches the \$3,600 catastrophic level. Then she will only have to pay 5 percent.

Ms. Green's story was one of many detailed during a citizens' hearing on health care, sponsored by the Health Care Access Coalition, that was held Saturday at Allegany-Limestone Central School. Testimonials were given so local legislators and candidates would hear first-hand accounts of how complicated and inequitable today's health-care system is with bureaucratic layers that make it difficult to afford or access.

Those giving testimony told hearing panel members that health reform is critical. Furthermore, the U.S. needs to join other countries and provide a national single-payer health system that will cover everyone.

The hearing panel comprised: state Assemblyman Joe Giglio, R-Gowanda, of the 149th District; state Sen. Catharine Young, R-Olean, of the 57th District; Cattaraugus County Legislator Linda Witte, D-Olean, who's running for the 149th Assembly District seat; and Eric Massa, a Democratic candidate in the 29th Congressional District. The elected officials and candidates agreed the health-care system needs substantial improvement and they supported many of the recommended changes.

There was a litany of public testimony from retirees to health-care executives.

Small-business owner Elizabeth Ludvik has only had enough money sporadically in the past decade to afford health coverage. She never figured it would be like this when starting her landscaping business.

Since 2002 her health-coverage plight has only worsened, though. "For the past four years I couldn't afford health insurance," Ms. Ludvik said.

When her health premium rose to \$750 a month, Ms. Ludvik had no choice. "I dropped it."

In her view, "The system is not about health care." Ms. Ludvik said something's drastically wrong when a person is afraid to get a checkup because of out-of-pocket expenses or highly priced drugs.

People don't willingly want to risk their health or their family's by going without insurance, Ms. Ludvik said.

Gail Speedy, executive director of Universal Primary Care Center in Olean, said her clinic with 10 health-care providers and 10,000 patients has been experiencing challenging financial times. "It's the only clinic seeing patients without the ability to pay." She added, "That's why clinics such as ours need to survive."

Complicating matters is that getting reimbursement for services has sometimes been a daunting task at times, Ms. Speedy said, noting the clinic's satellite offices have been losing money annually.

For Lou Inzana, Olean General Hospital's vice president of finance, there are as many issues in the health-care system as there are billing codes.

One figure that sticks in his mind is the \$3 million in health-care services the hospital gives away annually to people who can't afford to pay.

"But you can't continue indefinitely (giving away services) with skyrocketing rates of our own" that must be paid, Mr. Inzana said.

Health-care facilities are asking for simple and less administrative-intense methods to administer health care, Mr. Inzana said.

Escalating health-care costs hit everyone, said John Sayegh, chief operating officer of the Greater Olean Area Chamber of Commerce. His 300-plus business members have seen 10 percent rises in health-care premiums for several years. This year may have witnessed a break but it was offset with higher deductibles.

The result is employers are dropping or reducing health coverage and putting a greater co-pay burden on workers, Mr. Sayegh said.

Despite the claim by health maintenance organizations that they talk with each other to reach a consensus for comparative pricing, Mr. Sayegh said, "Insurance parity is just a fancy word for price-fixing."

At age 69, Ruth Thompson would like to be fully retired but must work two days a week to pay for her \$571 monthly medical insurance bill and her prescriptions that range between \$350 and \$500 a month.

"I'm not on Medicare because I can't afford to quit my job," Ms. Thompson said.

Each year, "My premiums rise with (BlueCross BlueShield of Western New York's) Traditional Blue but I see no increase in services," she said.

Pharmacist Vic Vena sees the problems from both ends of the spectrum. As an employer, he paid \$42,000 in health insurance for his family and employees. Larger employers like Wal-Mart and Kmart, who are his competitors, "should do it as well" to ensure their workers have adequate health care, he said.

And to level out drug pricing, Mr. Vena said there should be one price per drug category.

Being on the front line, Mr. Vena said he's witnessed too many nightmares of people walking away without drugs because they couldn't afford them.

Jim McCabe of the Cattaraugus/Allegany Central Labor Council cited the statistic that 29 million people in the U.S. are mired in medical debt. Of those, 1 million file for bankruptcy because of medical bills.

To help solve the problems that exist, Mr. McCabe said the U.S. needs to push for a national single-payer health-coverage plan.

Jim Bellanca, president and CEO of The ReHAbilitation Center which serves those with disabilities, said people with disabilities are among the most vulnerable in society. Today's health-care system can sometimes let those with disabilities fall through the cracks.

"They also need timely access to health care," Mr. Bellanca said. With today's regulations, it's also "tough to get restorative services" for those with disabilities.

"We need to work together to form creative solutions" for health-care problems, he said.

Dr. Rudy Mueller, an internist from Jamestown, said he's written about the failing health-care system and is "calling a code." In his opinion, "The system is sick."

Millions in the U.S. are uninsured or underinsured. And when they visit a doctor or hospital, "They come in sicker," Dr. Mueller said.

Undoubtedly, "We need to simplify" the health-care system, Dr. Mueller said. "The solution is Medicare for all."

Mr. Massa, a hearing panel member, vowed his support for national health coverage and would back U.S. House Bill No. 676 if elected to office. To not have universal health care "is immoral."

State Sen. Young said New York has been aggressive in helping fill health-coverage gaps with programs such as Healthy New York and EPIC.

Also, the Senate just passed Timothy's Law, which provides mental health coverage for patients.

"We hope to get both Houses to pass it so the governor can sign it," Sen. Young said.

But despite what New York has done and plans to do, Sen. Young said, "A major fix needs to happen to health care."

Both Assemblyman Giglio and Ms. Witte said they fully support single-payer health coverage.

"The system has been broken for a long time," said Ms. Witte, who's also a nurse. It needs to "go to the intensive care unit."

Assemblyman Giglio said the complicated layers in the health-care system have made corruption too easy, which raises the overall costs for everyone. A simpler system also will provide more money for people who need care. He said 10-40 percent of money is lost through fraud.

"We need a Medical Fraud Task Force" to weed out swindlers, he said.