

DOCTORS, NURSES, HOSPITAL ADMINISTRATORS SHARE WITH HOLT EXPERIENCES WITH BROKEN HEALTH CARE SYSTEM

NJ Health Professionals Support Reform

(Washington, DC) – U.S. Rep. Rush Holt (NJ-12) met with New Jersey doctors, nurses, and hospital administrators in Trenton, where they shared with him their stories about working in the broken health care system. Holt heard a number of concerns about the system, including inefficiencies in delivery of care, rising costs for patients, discrimination based on pre-existing conditions, and the ability to make decisions on care without constraints of insurance companies or lawyers. Participants voiced support for reform efforts working their way through Congress.

“Doctors, nurses and other health professionals – not politicians – best understand what is at stake. They see patients struggling to afford coverage and to secure the care they need. They understand that Americans are living sicker, dying younger, and paying more than our country should accept. That is why there is such great support for reform among those on the front lines of health care,” Holt said.

Among those who spoke with Holt were Jane Rohlf, MD, of Trenton’s St. Francis Hospital and Carolyn Torre MA,APN: Director, Regulatory Affairs, New Jersey State Nurses Association.

“Working Americans with insurance should understand that they are all one paycheck away from losing their health insurance,” Dr. Rohlf said. “I am a primary care physician and have recently seen a significant number of males over the age of 50 who held white collar jobs (electrical engineer, systems analyst, lawyer, computer systems installer, marketing executive,

etc.) and recently lost their jobs and their health insurance. They have chronic diseases that require treatment and must choose between paying for housing and food or paying for COBRA - which is extremely expensive - to continue their health care insurance.”

Torre talked about the experiences of a 23-year-old male, who was in good health. One year out of college, he was working full time at just above minimum wage, with no employer-based benefits and a salary too high to qualify for Medicaid. Assured by his mother that he was covered under her insurance policy, he developed acute pain and went to the emergency room, where he spent five hours getting a CT scan, a liter of dextrose/water, and one shot for pain control. The diagnosis was a kidney stone. Having given admissions his insurance information and paid a \$45 dollar ER co-pay, two months later he received a \$10,000 bill from the hospital with an explanation that the insurance company had rejected payment since coverage ended a few months before. It took the intervention of his mother's employer's human resources department with the insurance company to determine that he was still covered, resulting in the insurance company paying less than \$3,000.

“This underscores the need for affordable insurance options for all the other young adults who fall through the cracks. This young adult was lucky - too many are not so fortunate! I thank Representative Holt for including NJSNA today and for understanding the value of nursing and the need to include solutions for nursing issues in health care reform.”

Holt discussed with the health professionals ways that the America's Affordable Health Choices Act, as it is taking shape in Congress, can be expected to benefit patients and improve the delivery of health care. There are three primary ways the health insurance reform legislation, Holt said, would benefit Central New Jersey residents with and without insurance:

- **Establishing important consumer protections for all those Americans now with health insurance.** For instance, insurers would be prohibited from excluding coverage or charging more based on pre-existing conditions like cancer, heart disease, diabetes, or pregnancy. Insurers also would be prohibited from dropping coverage if a patient becomes sick and prohibited from setting annual or lifetime limits beyond which the insurer refuses to pay, leaving families one disease away from facing bankruptcy. Insurance companies would have to spend more (at least 80 percent) of each premium dollar on actually providing healthcare.

- **Creating an insurance marketplace for those not well served by the system now.** Those between jobs, employees of small businesses, or those who do not get coverage through their work would be able to purchase health insurance at group rates. All companies

offering plans in the marketplace would need to cover a comprehensive set of necessary services and abide by all the consumer protection standards. Among the plans from which a person could choose would be at least one offered on a not-for-profit basis, probably run by the government. Through competition and choice, coverage would be more affordable and accountable and would provide care better aligned with the best medical standards.

- **Strengthening health care for seniors.** The proposal would strengthen Medicare in a number of important ways, including emphasizing more primary and preventive care, eliminating the doughnut hole in the Medicare prescription drug benefit, reducing redundant tests or unnecessary procedures, and eliminating wasteful subsidies to insurance companies.

“We are closer than ever to reforming our broken health care system – in fact, I believe we will get it done this year,” Holt said. “Yet, I know this will not be easy. We have attempted to reform our health system since Teddy Roosevelt was President. My resolve to get this done is resolved by the experience of the health professionals I continue to meet.”

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