

TESTIMONY OF **CLAIRE MORTIMER, FNP, MSN**

Public Hearing before the Joint Standing Committee on Insurance and Financial Services

Regarding LD 1397, HP 1026

An Act to Establish a Single-Payor Health Care System to be Effective in 2017

May 3, 2011 Augusta, Maine

PHOTO TO COME **Claire Mortimer, FNP, MSN** Blue Hill ME

Mainers are proud people. If they do not have insurance, or they do not have money, they will suffer and not seek health care, even when the consequences are deadly. ([Read more...](#))

My name is Claire Mortimer. I am a Family Nurse Practitioner, and I have 34 years experience in health care, most of those years as a primary care provider. I have worked in Central Maine and Hancock County. I currently have a private practice in Blue Hill, and I work under contract doing in-home geriatric evaluations all over the state.

I strongly support LD 1397, the proposal to establish a Single Payer Health Care System in the state of Maine, and I urge the Committee to recommend its passage.

Every day at work I face the tremendous challenges of how to provide quality health care to my patients. **Mainers are proud people. If they do not have insurance, or they do not have money, they will suffer and not seek health care, even when the consequences are deadly.**

Nationwide, nearly 45,000 deaths annually are associated with lack of health insurance. This is a disgrace. This is a crisis of major proportion that must be addressed.

Uninsured cancer patients are nearly twice as likely to die within five years as those with private coverage. At the Free Medical Clinic in Ellsworth they see cancer patients who have qualified for Maine Care, but who have to wait up to 18 months to enroll and receive services. A growing number of patients with cancer have to turn down recommended chemotherapy or radiation treatment because of inability to pay for care. Some that have insurance find that the small print in their policies excludes such coverage. No one in dire need of medical care should be put in this situation.

For patients who have private insurance, I have to deal with restrictions imposed on medications, medical testing, and referrals to specialists. In addition, insured patients must deal with premiums, co-payments, deductibles, and pre-existing condition exclusions. Escalating premiums make coverage unaffordable for many and prompt many others to reduce their coverage by switching to less expensive catastrophic policies with reduced benefits. As of 2006, approximately 72 per cent of policies in Maine's individual health insurance market had deductibles of \$5,000 or higher, and the average

deductible was approximately \$7,000. These cause great hardships for my patients. And the stress in turn causes their health problems to get worse.

Trying to get by, the uninsured and underinsured delay necessary care, put off filling drug prescriptions or take only some of their medications some of the time. Most are just one major illness or accident away from financial ruin.

A survey in 2007 found that because of medical bills or accumulated medical debt, an estimated 28 million adults in the US reported they used up all their savings, 21 million incurred large credit card debt, and another 21 million were unable to pay for basic necessities. A particularly troubling finding was that 61 per cent of those struggling to pay huge sums for out-of-pocket medical expenses had health insurance.

People in the middle class, who never imagined they would be without health insurance, are finding themselves uninsured. Two thirds of personal bankruptcies stem from medical bills. The families of Maine are losing their life savings and losing their homes paying their medical bills.

Study after study has shown that money invested in preventive health care saves health costs in the long-term. If I can intervene early by controlling blood pressure and diabetes, I can prevent or postpone heart attacks and strokes. But if someone does not come in to be screened, or they can not afford the medication, the costs down the line are much greater than detecting and treating a problem early.

The current health care delivery system is disorganized, inefficient and unfair. It is time to fundamentally change how health care is delivered by abolishing financial barriers. Only a single comprehensive program covering rich and poor alike, as proposed by LD 1397, can end the disparities that compromise the health of the people of Maine. We must embrace the concept that access to health care is a basic human right.

A single payer system, as proposed by LD 1397, would also benefit businesses and the economy of Maine.

A detailed analysis by the Institute for Health and Socio-Economic Policy in 2009 showed that a Single Payer Health system nationwide would result in many benefits for the economy, such as:

- Increased business revenues
- New permanent job creation, with decent salaries
- Increased employee compensation overall because of decreased business expenses and increased business revenues
- Increased tax revenues

According to 72 per cent of the general public, “The time has come for universal healthcare in America.” As far back as 2001 a majority of Portland voters passed a referendum supporting the concept of universal health care. The majority of physicians and nurse practitioners in Maine support a universal single payer health care system such

as "Medicare for All". In response to strong public support, Maine State lawmakers made history in 2009 by passing a resolution calling on President Obama and the Congress to establish a national single payer health system to cover everyone. That has not happened, so Maine must take the lead.

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