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I am grateful that when I was a much younger person, there was a movement that led to the creation of Medicare and Medicaid, so that people in my age range, people with disabilities, and poor people would have some access to healthcare. I'm on Medicare, which means that I have access to primary care and much, though not all, specialist care (notably uncovered for me are dental and hearing). I'm also fortunate to have worked as a public employee in MA, which has made me eligible for a Medicare extension plan at a reasonable premium. In a twist of irony, I found out this week that my extension plan may be on the chopping block, and there was a public hearing in MA about that scheduled for the same day and time as this hearing.

So why am I here? My most serious and recurring health problem over the last 10 to 15 years has been skin cancer. My primary care physician referred me to a specialist for this. Because Medicare covers specialist care, and because of my supplement, I have been able to access treatment and regular check-ups with my dermatologist to catch any new cancers or pre-cancers early on. As a result, none of my skin cancers has developed into life-threatening disease.

This is great for me. It's how our healthcare system should work. What brings me here tonight is that having a proclivity toward skin cancer, which requires monitoring by a specialist, I can't help but think about people who don't have access to the care that I can access, not necessarily for skin cancer, but for some illness they may need treatment for. In a moral and humane healthcare system, a person shouldn't have to qualify for access to care by being old, having an employer who offers comprehensive insurance, or being able to afford an individual policy. A moral and humane healthcare system wouldn't be a patchwork where even those who do qualify face barriers such as high deductibles or limits on what needed care the insurer will cover. A moral and humane healthcare system would focus on human health, not on profits for insurance companies, hospital conglomerates, and pharmaceutical corporations.

Our humanity should be the sole qualifier for access to healthcare, *including but not limited to* primary care. It is simply unacceptable that someone like me wins the healthcare lottery while others suffer or even die.

While it's important that I have access to primary care, in my case, as in many others, my PCP referred me to a specialist. If I were not also able to access specialist care my outcome could have been quite different. This is why I urge the Legislature to fulfill the promise of Act 48 by designing and funding a healthcare system that treats healthcare as a public good and guarantees *all* Vermont residents access to *all* needed care.

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