# Newbury Health Clinic

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## S53 and H248, the Universal Primary Care bills. 1/23/18

Dear Members of the Senate Health and Welfare and House Health Care Committees:

My name is Melanie Lawrence and I am a family physician in Newbury, Vermont along the Connecticut River bordering Haverhill, New Hampshire. Thank you for taking comments on health care issues this evening.

I moved to Newbury as a teenager and worked on the family dairy farm until my late 20's. When my children were in middle-school I began medical school at the University of Vermont while working on my Masters Degree in Health Care Quality and Improvement at The Dartmouth Institute. I completed my residency in Family Medicine at Dartmouth Hitchcock Medical Center in 2003 and helped establish Little Rivers Health Care, our local FQHC (Federally Qualified Health Center). In 2010 I established my private practice in Newbury Village and continued to deliver babies, do home visits, hospital care and regular office visits.

Cottage Hospital in Woodsville, NH no longer provides maternity care due to financial losses providing that service and my practice is now limited to office and home visits for newborn to geriatric patients including hospice. I have 500 patients ranging in age from newborn to 95 years old. Last month 41% of my claims are VT Medicaid, 9% NH Medicaid, 38% Commercial, 10% Medicare and 2% Uninsured.

In the past 3 years I have noted a dramatic decrease in patients seeking care for chronic issues such as diabetes, depression, asthma, hypertension and substance abuse of all types including tobacco and alcohol. In my office we can clearly identify the main cause of this change in chronic care as well as many patients waiting until they are sicker with acute issues to come in for care.

1. Out of pocket expenses are not affordable for low and moderate-income families. Personal and Family Deductibles for patients working at one of local banks now have a $6,500 personal deductible or a $12,000 family. These are full-time employees, often married to a spouse working full-time without benefits, who must pay towards their health insurance monthly in addition to the high deductibles and some with co-pays as well.

2. Medications for asthma and diabetes are not significantly covered if at all by many insurance plans.

3. Reimbursement to the physician is decreased or non-existent for prolonged visits so patients are not able to address multiple health issues when they come in for a preventative care visit.

Examples:

1. 46-year-old health care employee debates if she should get care for fever and bacterial infection due to $35 co-pay, time out from work at $15 an hour(after 17 years of employment there), $6,300 personal deductible and $500 for out-of-pocket for pharmacy. She pays $110 per month towards her premium. She was seen yesterday and started on multiple medications – one not covered by insurance and one at Tier II – both necessary. She already had an inhaler which is also not covered by her insurance. Today we follow-up by phone. Also start her on prednisone but don't get an xray despite her history of pneumonia - due to cost.
2. 44-year-old man with a neck mass – who did come in for assessment. $4,400.00 expense with imaging studies, labs and $90 office charge. Unlikely to be cancer based on labs and ultrasound but $6,000 deductible may still end up being met soon.
3. 58-year-old woman with ailing older husband, full-time job, multiple medical issues including worsening severe depression is not getting medical care because she can not afford the $5,000 deductible working full-time for a health care organization.
4. One of my employees has insurance through her husband's employer - $10,000 deductible for the couple. They earn little enough combined that their children qualify for Medicaid.

A single payer system would allow consistent guidelines for reimbursement, medication coverage, lab study allowability and dramatically reduce the cost to the tax payer and system overall. I realize this may not currently be feasible but it is quite likely that I will be driven out of business due to insurance issues. More than one FTE is required in my solo-physician practice to deal with insurance billing and issues. In 2016, I earned less that my school-teacher husband. I chose to work with underserved populations and recognize that I will be reimbursed significantly less than the FQHC and RHC's nearby but I love my independence, clinical work and patient families. I meet the highest ratings for NCQA standards, participate in Blue Print and multiple quality projects and clinical research through CHAMP, The Dartmouth Research CO-OP and SYNERGY. I have delivered babies and seen them graduate from college or become local farmers and parents. We consistently score as one of the top 2 or 3 practices in the entire state for immunization rates. We are good at what we do but our patients are not getting the care they need.

It is not just the people between 200-300% of the poverty rate who are not receiving adequate care due to out-of-pocket expenses. It is now the lower middle class and higher who have non-affordable health care expenses limiting their access to health care. We do not have affordable health care for so many of our citizens who need and deserve this care. More importantly, our system is ultimately worsening national health and costing us money.

Thank you for your consideration and dedication,

Melanie Lawrence, MD, MS