

## Raymond Zakhari

October 30, 2007 Partnership for Coverage Hearing

Dear Mr. Chairman,

The estimates of the uninsured in the United States are approximately 47 million people. While Americans would like all people to have equitable and affordable access to quality health care they hold more fundamentally the right to due process. Americans do not want their rights to life, liberty and the pursuit of happiness infringed upon in anyway. This a fundamental feature of the American way of life.

It has been demonstrated time and time again that the free market is the ultimate check and balance system. Deregulation and competition have time and time again proved to decrease costs of services, increase access to services and enhance quality. Some clear examples of this include cell phones, home computers and lap tops, air travel. Specifically in health care the "luxury" services have also come down in price and increased in quality i.e. lasik eye surgery and plastic surgery. As the price continues to drop it will become more and more accessible to the masses.

What New York can learn from their neighbor to the north is how much emphasis is placed on primary care. We also can learn how long people have to wait to access specialty care, radiological testing, and likelihood of cancer survival. It has been said that in the US has the best health care system and the worst health care system. It has been said in relation to health care "in Canada everything is free, but nothing is readily accessible, and in America everything is readily accessible, but nothing is free."

A market answer to the health care crisis is the best approach that is fundamentally congruent with the American ideal of freedom of choice. If we as state could set the example for the nation and the world by addressing our health care delivery problem with a market solution of deregulation and increased competition and turn a profit our health indicators may one day match our innovative achievements.

Nurse practitioners are licensed health care providers with prescriptive authority for therapeutic medications, devices, narcotics, tests, and therapies. Currently they work in mandated collaborative practice relationship with physicians. These collaborative relationships do nothing to ensure outcomes or safety. These mandated relationships only serve to keep health care unattainable for the many under served in our population. Most NPs treat a fairly stable chronic disease population, provide health education and screening services for many common conditions that may arise across the life span.

I propose that the laws surrounding Nurse Practitioners be relaxed, deleted, abolished. Remove the barriers to practice that require physician collaboration or involvement in the Nurse Practitioner patient relationship.

Many states in the nation do not require physician involvement in the practice of nurse practitioners. In many head to head studies compare physicians to NPs out comes have

proved either comparable. Patients increasingly report increased satisfaction with the care they receive from NPs over and above the care they receive from the physician colleague.

If the archaic laws that prohibit NPs from certifying a hospice case, signing and ordering home health services, forming business partnerships with other health care professionals, pronouncing death, admitting patients to skilled nursing facilities then you would have more qualified providers able to render all of this care with direct accountability.

Currently much of the care rendered in the home care arena, hospices, and nursing homes, and hospitals, is rendered by nurse practitioners. The outcomes are comparable, however all of this care requires a signature (usually a blind signature) from a physician. That signature does nothing to ensure safe or quality care. It is merely as a result of a powerful medical lobby looking to preserve the earnings of a particular group of individuals. When the NP answers the phone in the middle of the night from the physician practice he is employed, or the pager on the surgical service, or the nursing home that he is covering--the physician is sound asleep. The NP assess the problem, identifies available resources in the given context and gives the telephone order for patient management in the moment. Collaboration should be at the discretion of the one seeking the collaboration as opposed to arbitrarily mandated.

We should not dissuade doctors from seeking specialty practice. We should encourage people to practice their desired areas of specialty. Nurse Practitioners like primary care doctors and internists will clearly do the same thing that their colleagues do when they encounter a condition that is outside their expertise. They will make a referral.

Interestingly enough whenever the subject of rural medicine comes up all kinds of waivers and provisions are allowed but only when it comes to competing for prime practice locations are disingenuous reasons mentioned for opposition. The people in the states of Washington, Oregon, Arizona, New Mexico, Main, Alaska, Hawaii, Utah, Montana, Michigan, and New Hampshire are physiologically no different than the good people of NY. Government programs and subsidies should always be a last resort. We ought attempt everything possible and feasible before we ask the government to bail out a problem. If we truly want to answer the problem of the uninsured, by increasing access to affordable high quality care then the untapped resource is staring us in the face.

NY is the ideal state to serve as a test site for a deregulated health care environment that can serve as a reasonable solution to the US's health care problem, and socialized medicines world of impending health care doom. The countries with socialized systems are scrambling to figure out how they are going to continue to fund a system that is already insolvent and is only expected to have more demands placed upon it.