

My name is Sarah Kellner. I am a current second year medical student at Albert Einstein College of Medicine here in the Bronx.

I would like to speak to you today about the amount of time spent in our medical school curriculum on learning how to help our patients afford medical care, and how to make medical decisions based on what will be affordable for our patients.

In our last five days of classes, we have had 17 hours of classroom time. Four hours and fifteen minutes of this class time was dedicated to learning about how to help our patients receive care when they cannot afford it. That is 25% of our last week of class time.

In one of these classes we were given a case based on a real patient – a woman who lived and worked in the Bronx, who was having infertility issues, and needed treatment in order to become pregnant. She was underinsured, and would largely have to pay out of pocket for many of the treatment options. Our task was to decide which option—ranging in both cost and effectiveness -- we would suggest for her, considering the huge economic burden that any of the treatments might place on the woman. In groups we worked through this impossible task – trying to find the right balance between effective health care and affordability – thinking through questions no doctor should have to consider: what is a baby worth to this woman? Is it worth housing instability? Is it worth bankruptcy?

In another class, we were presented with the real-life case of a woman from the Bronx with diabetes, congestive heart failure, and several other health problems, came to her doctor in economic crisis. She did not qualify for Medicare, but she could not truly afford the high deductible and copays on her health insurance alongside rent, utilities, and basic canned food. We reviewed her medication list and considered if there were cheaper – though possibly less effective – medications we could place her on. One of our preceptors, a current physician in the Bronx, suggested to us that as physicians we could write a letter to Con Edison on behalf of this patient requesting that they keep the power on so that she could pay for her medications this month instead of the power bill. Imagine that – a doctor begging the utility company to leave the lights on so that a patient can receive the basic care she needs.

What a ridiculous way to learn medicine – we should be learning how to diagnose and then treat in the most efficacious way. Instead we must learn this game of trying to balance keeping our patients alive, often with less than ideal treatment, while preventing them from losing housing and the ability to feed themselves because of the high costs of their healthcare.

Unfortunately, in our current health insurance system, these *are* some of the most important lessons we will learn in medical school, because it doesn't matter if we know the best treatment option if our patient cannot afford to pay for it and therefore does not show up for their appointment. It doesn't matter if we know the most effective drug to prescribe, if our patient will never fill the prescription because they cannot afford it. We are learning how to practice medicine in a broken system, and we are sick and tired of it.

I and so many of my classmates support the New York Health Act because we envision a time when we don't need to devote so much of our medical education learning how to jump through hoops to get our patients even minimal care. We did not go to medical school so that we could decide whether having a baby is worth risking bankruptcy or to beg the utility company to keep a patient's lights on. When we become physicians, we want to be able to give the highest level of care to all of our patients – no matter their socioeconomic, employment, marital, or any other status. That is why we need the New York Health Act.

Thank you.