

## David Mead

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**From:** Abigail Nobel <amnhchrn@yahoo.com>  
**Sent:** Wednesday, June 12, 2013 12:59 AM  
**To:** David Mead  
**Subject:** MI Competitiveness Committee Testimony 6-11-13

Dear Mr Mead,

Thank you for your assistance Tuesday as I oriented my nephew and attended meetings at the Legislature. I appreciate you entering my comments into the record as follows.

Sincerely,

Abigail Nobel, BSN, RN-BC

Committee Michigan Competitiveness; Chair Representative Mike Shirkey

Clerk Phone Number David Mead 517-373-2013

Location Room 519, House Office Building, Lansing, MI; Date, Tuesday, 6/11/2013

Agenda HB 4714 (Rep. Lori) Human services; medical services; Medicaid eligibility expansion; provide for, and sunset under certain conditions.

Good afternoon, Mr Chairman, Committee Members, and guests. My name is Abigail Nobel. I am a bachelors-prepared nurse in the state of MI. I advocate reform rather than expansion of Medicaid, but I will try to make my remarks pertinent to the nature of this bill.

I would like to begin with a quote, transcribed by me, from the May 30 Kalamazoo Channel 3 Town Hall on Healthcare Reform. "We cannot take our poorest and most vulnerable population and give them .... a savings account ... and expect them to manage it and make the best healthcare choices for themselves, which is why we have expert professionals ...." [It would be] "very irresponsible and basically a setup for failure in my opinion." Denise Crawford, President and CEO of Family Health Center of Kalamazoo, described herself as a federal employee because the center receives federal monies, and she stated that the majority of their patients are Medicaid recipients.

It is clear from her words that the current system fosters long-term patient dependence and even administrator paternalism, rather than the view that Medicaid is a temporary safety net of last resort for an essentially self-sufficient people. My own observation from almost 30 years of healthcare is that this attitude is deep and entrenched among public employees, and is becoming generational and endemic among a growing segment of the population.

Most people who seek careers in healthcare do so from a desire to help people. One of the most counter-intuitive lessons a nurse learns is that caring for patients most often does NOT mean doing things for them. It means challenging them to do everything possible for themselves. When we encourage walking the halls after surgery, it is not in order to make the bed. It's because the human body is meant to move, to flex muscles, to increase circulation; and because it is the best way to prevent blood clots, pneumonia, and the spiritual helplessness and hopelessness that result from immobility. I would submit that social welfare programs offer a close parallel to surgery, and that for health to be regained, casework needs to be as individualized, local and firmly loving as nursing care.

It will take strong support and incentives to reverse the victim class trend in Medicaid. To reset the goal of patient strength and independence, I would encourage the committee to explore free market options such as HSA's and particularly early-out incentives. Obviously, reform will fail if implementation depends upon employees incentivized by job security, increased numbers and prolonged dependency of Medicaid participants. Policy change in private sector employees often occurs through fresh leadership and bonus and reward systems. Please, do whatever it takes, for the sake of Michigan's health and freedom.

Thank you for your consideration.