Addendum to testimony submitted by Lisa Kavanaugh, 56 Shipherd Circle, Oberlin, OH 44074:

Here is information on the patients I cared for as a nurse on a maternity in a CT community hospital during the early days (1980’s) of “insurance-run medicine”: New mothers were given 24 hours from the moment of birth (routine vaginal delivery) to remain in the hospital with insurance coverage. After that, they could stay at their own expense which was prohibitive for most in this community. First-time mothers who were exhausted from labor were expected to learn how to care for themselves post-delivery, breast feed their child, care for their new baby and learn safety procedures within this time frame. Many left the hospital in tears, begging for help. A group of concerned nurses decided to visit these new mothers at home to reinforce teachings for the safety of both mother and child. These nurses did so free of charge. We fought this harmful decision made by insurance companies and we won! The length of stay covered by insurance was changed to 3 days from the time of admission.

On a personal note, I developed Lyme disease while living in CT in 2006. Although testing was inconclusive, and regimes of antibiotics by mouth were given multiple times, only to have the symptoms return, my doctors (all specialists in neurology and infectious diseases) decided it was time for IV antibiotics. It took me over a year, more than 7 letters from physicians from 3 different hospitals (including Columbia in NYC) and a hearing where the infectious disease physician who was a Lyme specialist testified on my behalf, to get approval from my insurance company in order for them to pay for this treatment. Due to delayed treatment, it is believed by the Cleveland Clinic genetics department, that my current, rare disorder was the result of long term infection with Lyme disease. Since there was way to prove what was wrong within 24 months, I was unable to continue to collect long-term disability insurance. A muscle biopsy several months later confirmed a rare mitochondrial disorder (generally it takes years to conclusively diagnose “mitochondrial disease”), which is a progressive, degenerative disorder for which there is no cure. Supportive therapy includes large doses of specific supplements to support cell function, none of which is covered by insurance and can cost more than $1000/month, out of pocket. It is my opinion, had insurance covered me for IV antibiotics at the onset of my disease, I would not be disabled and facing an early death from organ failure, a death I would not wish on my worst enemy. Visit [www.UMDF.org](http://www.UMDF.org) or [www.mitoaction.org](http://www.mitoaction.org) for more information on this disorder.