**As a primary care physician caring for poor and uninsured patients for decades, I can tell you that good insurance coverage saves lives and saves money. I saw a near miss every day, a wounding every week and a death every few months due to care delayed or denied due to the gaps and barriers of our sickness care non system. Governor Kasich’s Medicaid expansion under Obamacare provided fairly comprehensive coverage for an additional 702,000 Ohioans. Sadly, some conservatives persist in their misguided effort to repeal this coverage including Obamacare’s pre-existing conditions protections. Real lives are being saved. Real suffering, disability and deaths are being prevented with appropriate care. Multiple studies show that for every 1 million who are uninsured, 1000 will die unnecessarily from treatable causes. 700,000 Ohioans remain uninsured. If we repeal Obamacare and do not replace it with universal coverage, 1400 Ohioans will die unnecessarily every year due to illnesses that we know how to treat. Preventable deaths due to lack of health insurance would rank as the 13th most common cause of death in Ohio. The extent of excess disability, loss of worker productivity and added human suffering due to lack of health insurance is unmeasured.**

**Obamacare helped but it didn’t solve our problems. It didn’t attack the fundamental disease of American health care – its financial complexity. This complexity substantially contributes to our health care costs which are the highest per capita in the world. Despite spending double that of most European nations, our health outcomes are worse including worse life expectancy, infant mortality and maternal mortality, and excess deaths due to treatable illness. Private insurance policies are now incomprehensible for patients and physicians alike. 28 million Americans remain uninsured, but we are all unsure about our coverage. It is those with private insurance that have seen copays and deductibles soar adding “financial toxicity” to the dangers of medical treatment. Our insurance coverage now mimics those skimpy hospital gowns leaving us seriously exposed. Over half of personal bankruptcies are due to large medical bills and most of those going bankrupt had insurance at the start of their bankrupting illness.**

**We could have used some of the trillion dollar federal tax cut to provide what ordinary people really need: universal health care, repairs to our infrastructure and our educational systems and support for alternative energy and energy conservation efforts that would help us get off of planet killing fossil fuels. Although we are here to discuss health system reform, we should all remember that the social determinants of our health are as important as medical care. The most important things we could do to improve the health of our nation would be to eliminate poverty, improve the education system, and improve housing and neighborhood safety.**

**Americans have an almost religious belief that market forces can solve any problem. We have applied a multitude of market based ideas to our health care system over the past three decades. We have tried privatization of Medicare though a market of competing Medicare Advantage plans, privatization of Medicaid by competing HMO’s, privatizing facilities like nursing homes, home care, hospices and dialysis. We have tried insurance reforms such as market exchanges like those of Obamacare, the federal employee health benefit system, high risk pools to reduce insurer risk and expanding insurance markets across state lines. We have tried putting providers and patients at risk through HMO’s, PPO’s ACO’s, capitation, health savings accounts, high deductible health plans, bundled payments, pay for performance, and the Holy Grail for doctors- malpractice reforms. All have all failed to control costs, improve outcomes, or expand access.**

**Most economists agree that health care is not a commodity like a can of soup or a bar of soap. The information needed to make health decisions is often uncertain and expensive to obtain and for the most serious and expensive conditions, you buy or die. Most people only want the health care that they need. For example, if open heart surgery was on sale, would you have two? Health care is a basic human need and should be a human right especially in a rich country like ours. Winston Churchill is rumored to have said “You can always count on Americans to do the right thing, after they have exhausted all the other possibilities.” I suspect we are there.**

**There are only three successful types of universal coverage systems among the rich democracies: a national health service where the doctors and hospitals are state owned and operated like the fire department, a single payer like an improved and expanded Medicare for all, and highly government regulated private not for profit insurers which are banded together into a single insurance pool combined with a some sort of legal mandate that people must buy coverage. There are variation but these are the ones that are operational. We could go to school on them.**

**Given the failure of the private insurance competition model and our familiarity with our successful Medicare system an improved and expanded Medicare like system makes it an excellent familiar model to build on. Legislation using the Medicare model is already in front of both houses of congress and of the Ohio legislature. This legislation would create a unified health care system that would cover everyone with comprehensive benefits, allows complete choice of doctors and hospitals, eliminates copays and deductibles and still saves money- a lot of it. We have multiple national studies of the financial feasibility of this approach and now we have a financial feasibility study that proves we can do it in Ohio too.** E**ven studies by our opponents agree that Medicare for all’s administrative simplicity could save hundreds of billions and allow first-dollar comprehensive coverage for all without cutting the pay of caregivers. Medicare allows complete choice of caregiver and hospital. It would save lives, save money and take the burden of seeking and purchasing health insurance off of businesses and individuals.**

**The needed savings come from dramatic administrative simplification. Hospitals would be budgeted for operating and capital expenses and bill no one. There is one comprehensive set of benefits for patients with one fee schedule for office providers with no need to collect copayments or deductibles. Added savings come from negotiating for pharmaceuticals and durable equipment, and the elimination of insurance administration and profits.** B**usinesses save administrative dollars as they no longer need to obtain or manage health insurance for employees. We save on the duplicative health insurance that is built into our auto, home, business, malpractice, and other liability insurance and the medical piece of workers compensation.**

**We propose maintaining current public spending from Medicare and Medicaid. Regressive out of pocket payments and regressive private insurance premiums that hit working families harder than the rich are replaced by progressive income, payroll and other taxes. All revenues are placed into a trust fund. Low income families and small businesses would be protected from large tax increases. This creates affordable, predictable and stable financing. Everybody is in and nobody is out. Everybody pays in and everybody gets the care they need without added financial barriers at the time of service.**

**We should also appreciate that the high costs of our excessively complex health care financing system are built into every American product. This reduces our global competitiveness. We can use the economic boost from health system savings and increased productivity to improve other needed programs that would attack the previously mentioned social determinants of health that also add to morbidity, mortality and social costs.**

**We know Medicare is constitutional and works. It successfully covers the most expensive and complex patients, the chronically ill elderly and disabled. The private insurers would not cover these high risk patients prior to Medicare’s passage in 1965. Being old was a pre-existing condition!**

**Why should we suffer the financial toxicity and complexity of this private insurance market failure in Ohio when we can afford an improved and expanded Medicare like system to all? We have a bill to create this system here in Ohio and we have a study that confirms the bill’s financial feasibility. We need the courage of our elected leaders to challenge the moneyed interests that profit at the cost of our health and security. We need the political will to move forward. An improved and expanded Medicare like system for Ohio would cover everyone and provide liberal benefits with conservative spending. It would end medical bill bankruptcy. It will keep care providers whole. It will eliminate pre-existing condition restrictions. It will save businesses money. It will create fairer financing based on ability to pay. It will improve the health, financial security and productivity of Ohio’s workers. It is the logical and effective plan that could replace Obamacare to the benefit of all Ohioans. It will save lives, save money and (thank you Winston Churchill) it is the right thing to do.**

**Johnathon S. Ross MD MPH**

**3468 Brookside Road**

**Toledo, Ohio 43606**

**Phone 419 270 3621**