

Jessica Weinberg
6512 Carriettowne Lane
Toledo, OH 43615

November 30, 2018

Ohio House Insurance Committee
Rep. Thomas Brinkman, Chair
77 S. High St
11th Floor
Columbus, OH 43215

Chairman Brinkman, Vice Chair Henne, Ranking Member Bocchieri, and Members of the Ohio House Insurance Committee:

Thank you for the opportunity to **submit written testimony** about the Ohio Health Security Act, House Bill 440.

First, I want to applaud the Insurance Committee for allowing these hearings to go forward, because I am sure that there is pressure from powerful interests – perhaps including leaders of one or both parties – to **not** do so. It is encouraging that you are resisting that pressure.

I am a resident of the Toledo area (Sylvania Township), and I have found myself in a sort of health insurance no-man's land in between the population that is able to obtain health insurance through jobs in the private sector, and those who qualify for public health insurance because they have disabilities.

As a baby, (in the early 1980s), I was diagnosed with a combination of congenital heart defects that pediatric cardiologists call "Shone's Complex," and had two heart surgeries as an infant. I am sure you are hearing from many people who have gone without health insurance; it was impressed on me very strongly by doctors, parents, and others, that going without health insurance isn't an option for me, because of Shone's. Doctors say I am likely to need further surgeries at some point, although they can't predict when. Many people with this condition have already had further surgeries by my age.

When Senator Marco Rubio said during his campaign that he loved our country because it's the country where "the son of a maid and a bartender can run for President," (in other words, the country where you can be anything you to be) I recalled that when I was growing up (in the 1990s) I used to say I was going to be a writer, and recalled the time my mother said, "But you can't ever be self-employed. You have to have health insurance, because of your heart."

As a child and adolescent, I was very successful academically, but I showed signs of developmental delay in areas such as socialization, emotional growth, and other less-tangible

skills. No one could pin down a diagnosis that seemed to fit, and I was getting “good grades,” and so I was never identified or treated or served as a special-needs student, and it was assumed I would go to college and have a career. It wasn’t until my freshman year in college that I was diagnosed with high-functioning Autism Spectrum Disorder. I graduated from college, but struggled to find employment due to autism traits (and other professionals later diagnosed me with ADHD and Anxiety Disorder.)

In Ohio, everyone who qualifies to be a client of their county Board of Developmental Disabilities gets Medicaid. I didn’t / don’t qualify for Board of DD services, because back then they required your IQ to be below a certain level, and now, they examine not only your diagnosis, but also specific functional impairments. Although the Boards of DD serve many people with autism diagnosis. I don’t / didn’t meet the other criteria. It was as though, because I had thrived in the classroom and succeeded in college, I was seen as not disabled enough to need help

When I exhausted my years on my parents’ health insurance and on COBRA, I applied for an individual health insurance policy (some time shortly before the Affordable Care Act when into effect – mid 2000s) – and was denied due to my pre-existing condition. The majority of people with autism are not employed or only work a few hours a week. I was making monthly income ranging from \$900-1200 at a part-time job, and therefore, was over the income limits for Supplemental Security Income (SSI).

I asked about a program I had heard of called Medicaid Buy-in for Workers with Disabilities. Medicaid / JFS told me that in order to qualify for this, I still had to be deemed disabled by the Social Security Administration. JFS said, this program is for people who qualify for SSI and increase their income at some point after getting SSI. SSA, because they had already determined I didn’t qualify on income grounds, wouldn’t do the disability determination.

I was advised by a JFS worker that I should cut my work hours (and thus my income). Two of my doctors – the general physician and the cardiologist who has been following me for Shone’s – echoed this advice. They told me that the necessity of having health insurance came before anything else – including being employed.

I was uncomfortable with purposely working less than I could. Because of how my disabilities were kind of overlooked when I was growing up, as I have already related, I had been raised on the mentality that I was “supposed to” become self-sufficient. However, through my part-time jobs, as well as advocacy and volunteering, I know that many people who have disabilities or otherwise are in a position to make a case that they qualify for Medicaid - are doing just what my doctors told me to do: **impoverishing themselves and working less than they are capable of, to make sure they qualify for benefits**. HB 440 would eliminate this trend, since everyone would be eligible regardless of income.

While I was figuring out how to get Medicaid Buy-in for Workers with Disabilities, something started in Ohio that was called “open enrollment” (again, pre-Affordable Care Act). The good news was, I couldn’t be denied the policy; the bad news was, it cost about \$500 a month when I was making \$900 to \$1200 a month. Later, it was more like \$700. I know a lot of Ohioans and Americans, faced with those numbers, would have decided it was unaffordable – again, being

uninsured wasn't an option. In fact, I remember thinking that I was very lucky that the premium was actually less than my monthly income, and knowing that others weren't so lucky. Even so, I remember having to pay some bills of \$1000 or more in installments over the course of several months, and having some written off.

I was also fortunate that, through my jobs and disability advocacy, I had many contacts who were disability advocates, and one of them explained to me that JFS itself could deem me disabled and therefore eligible for Medicaid Buy-in for Workers with Disabilities. I basically had to advocate and teach JFS its own program, but I did eventually get Medicaid Buy-in for Workers with Disabilities.

I realize that this story sounds like evidence of government incompetence and inefficiency, but ever since I have had Medicaid, I have paid virtually nothing for health care, except for a few hundred dollars a year for dental care, since I chose to stick with a dentist I had been seeing going years back, who didn't take Medicaid. JFS and the state of Ohio have been competent about actually getting my care covered.

The real issue in my story is that there are specific and complex criteria for qualifying for public health insurance (Medicaid) under our current system. Many people with autism disorders get college degrees, and then they have trouble proving their disabled, even if they're not over SSI income limits, as I was.

Better training for JFS workers about the Medicaid Buy-in Program might be a step in the right direction to help people like me, but **none of the issues I had would be issues under a single-payer system, because everyone would qualify for public health insurance regardless of disability status or income.**

Since September of 2016, I have been employed full-time by (perhaps ironically) the Lucas County Board of Developmental Disabilities, so I currently have a good private insurance plan as well as Medicaid. Under that plan, however, I would be paying about \$1500 a year out of pocket if I didn't also have Medicaid.

Further, although I had braces, jaw surgery, to correct an underbite, and other orthodontia treatment as a teenager (through my parents' insurance), my dentist and orthodontist say there is need for further work. It would cost me about \$6000 out of pocket, since insurance only covers orthodontia for children and adolescents.

Medicaid requires that if a beneficiary's address, income, or other circumstances change, that the beneficiary report that change. I have had many problems getting through to them by phone and problems using what they claim are web portals for uploading information.

But there would be no need to go through the process of applying for Medicaid or getting through to them with changes if everyone automatically qualified. Consider how much citizens' time, government workers' time, and taxpayer money would be saved if no disability or income determinations were necessary to qualify anyone for public health insurance.

I think it's also relevant to share that one of the biggest reasons I have struggled with employment is that I have never been able to get my driver's license, and there's a big question about whether I can ever drive safely. Many disability advocates will tell you Ohio's public transportation does not provide access to employment equal to that that drivers have. When the Toledo Area Regional Transit Authority (TARTA) announced recently that they probably have to make service cuts in 2019, they cited the cost of their employees' health care as a major strain on their budget. That probably applies to other agencies and businesses as well – how many other agencies would have more money to serve clients if they didn't have to pay for health insurance for their employees (or rather, they could pay a small payroll tax toward the HB 440 system instead.)

I know that part of the fear some people have about Medicare for All is that activists who are advocating for it are also advocating for other things to be provided by the taxpayers, such as tuition-free college. So it seems like single-payer health care is a first step toward general socialism. However, please consider the possibility that some of the other injustices that those activists are trying to remedy would actually be alleviated by single-payer (without the other programs).

For example – student debt. One of the reasons young people borrow money to go to college is to be done with college before they're too old for their parents' health insurance. Under a single-payer system, people could go to college at any age and be assured of being insured. That might make people more willing to work and save money first, and go to college later.

Job creation: there is plenty of work that needs to be done. The real problem is getting those who don't have work ready to do the work that needs to be done. A single-payer health care system would make it possible for people to leave a field that isn't hiring and get trained for one that is, without losing health insurance, and make it easier for people to start their own businesses or to earn money doing things like repairs or lawn-mowing for older neighbors, without having to be part of a company that provided health insurance.

There was a time when my dad had retired and my mother hadn't yet turned 65, and was working for a small agency, and was paying over \$800 per month in individual health insurance premiums. IRAs can't be accessed before about age 60 without penalty, but under a single-payer system, people 60 and older who had saved well for retirement could retire without worrying about insurance coverage, and they would be free to do socially useful work that doesn't necessarily pay (i.e., volunteer work).

Violence – HB 440 would provide better access to mental health treatment, and also would reduce stress by reducing economic hardship.

Family breakdown and instability for young people – Medical expenses cause economic stress, which is a known cause of divorce and other forms of breakdown of human relationships.

Lawsuits and crowded courts – If everyone who got injured and was in a position to make a case that another person or company caused their injury knew that their medical bills would be taken care of automatically, would as many of them be motivated to sue?

Interested Party Written Testimony on HB 440 from Jessica Weinberg

In short, I think HB 440 might be a solution to a lot of our problems – without adding in any additional government programs besides single-payer.

Thank you for this opportunity to submit written testimony in favor of HB 440 as an interested party.

Jessica Weinberg

6512 Carrietowne Lane

Toledo, OH 43615

419-708-1129



The Conservative Case for Single Payer Health Care

Why would Single Payer be attractive to a Conservative?

Many people think a single payer health care system is a concept that comes straight from the most liberal thinkers, but in reality, it is comprised of conservative, independent and liberal aspects.

The most basic component of single payer health care that attracts conservatives is the economic aspect of the plan. Single Payer is much more fiscally conservative than our current health care system.

- ◆ It saves money. Every other advanced democracy covers virtually all of their citizens at a much lower rate than in the United States. We have one of the most inefficient health care systems that exist at twice the cost that leaves large numbers of Americans out entirely and many more Americans severely under insured.
- ◆ It spreads the risk among the largest pool possible, reducing the costs to the individual. Business people understand this and it makes sense.
- ◆ It eliminates a tremendous amount of wasteful spending. Estimates show that almost 30% of our health care spending is wasteful.
- ◆ It reduces the burden on business and allows them to be competitive globally. Small business benefits by being able to attract the best employees who would otherwise look for the job that comes with benefits.

Top Ten Reasons to Support Single Payer Health Care

1. It is simpler than Obamacare and easier to administer.
2. Any rationing would be by need, not an arbitrary decision based on an individual's financial status or job status.
3. The system can be held accountable. Currently, insurance companies are only accountable to shareholders.
4. Government regulation already exists, but a single payer system would consolidate systems, making it easier to administer and saving money.
5. Government has more power to negotiate prices and hold costs down.
6. Ideology is holding us down. Concentrate on methodology instead.
7. It makes business more competitive on the global market.
8. Small businesses have a more level playing field when competing for employees.
9. It restores the doctor patient relationship.
10. It restores the free market of health care providers.



Our Goal: Lifetime, Comprehensive Healthcare for All

**Ohio
Small
Businesses**

**Benefits from Universal, Publicly
Funded
Healthcare**

Most employers subsidize a large percentage of their employees' health insurance premiums as a cost of doing business. Today's premiums are so expensive that they are unaffordable to most employees, so they look for employers that offer health coverage as part of a benefits package.

One major problem with our current private, employer-sponsored health insurance is that it creates double-whammy inflation. If health care costs rise 7%, insurance goes up 11%. Someone must pay extra to cover irrationally exuberant corporate profits, CEO salaries and additional bureaucracies, all of which divert health care dollars away from necessary care.

Companies expect health insurance costs to rise on average 10% per year, as they have for the past several years. However, no one can know who will develop a severe or chronic illness. If just one person develops cancer, diabetes, multiple sclerosis, has a heart attack or stroke, or if one family has a child with a chronic genetic illness such as hemophilia or cerebral palsy, then premiums will skyrocket for the entire group.

Employers then must either pay more, shift costs to employees, or reduce benefits by switching to a cheaper plan. The problem with cheaper plans is they put employees at much greater risk of financial catastrophe caused by medical expenses.

The single-payer solution presented in this brochure solves all of these problems by putting every American into a single risk pool, which much more effectively minimizes the impact of high-cost illness on individuals and society as a whole. The cost to cover everyone would rise at a predictable rate every year without expenses due to unpredictable and unreliable insurance coverage forcing companies out of business or employees into bankruptcy.

Small businesses know the private health insurance industry does not work for them. Here are elements business owners want in a health care system and how a statewide, publicly funded, universal health care system would meet these needs:

REMOVE BUSINESS OWNERS FROM THE HEALTH CARE BUSINESS

Universal care relieves employers of all administrative responsibilities. Employers do not need to manage funds, determine benefits, or pay providers.

KEEP HEALTH CARE COSTS PREDICTABLE

Universal publicly funded health care allows every individual and business owner to know their share of costs as a taxpayer. These costs do not change regardless of health, family size, or employment status.

KEEP EMPLOYEES, FULL- AND PARTTIME, HEALTHY AND PRODUCTIVE

By removing deductibles and co-payments, universal care encourages employees to seek health care early. Employees stay healthier and more productive, reducing sick time costs.

Small Business Majority and Ohio's Small Business Network on Health Care surveyed Ohio businesses in 2009 on the subject of health care.

69% of small businesses did not offer health coverage.

77% of those who don't said they couldn't afford it.

71% of those who offered health coverage said they are really struggling to do so.

While the Affordable Care Act makes it a little easier for small businesses (less than 25 full time equivalent employees) to offer health insurance with tax credits, costs are still high. As costs continue to go up, fewer businesses offer insurance or shift costs to employees.

Ohio's small businesses employed 2.1 million, or about half of the state's private workforce in 2011.

Resources:

SPAN Ohio: www.spanohio.org

Physicians for a National Health Program: www.pnhp.org

Business Coalition for Single Payer:
www.businesscoalition.net

Provide employees with competitive health care benefits. Keep productive employees from seeking better benefits at another company.

Universal care means every employee gets the same comprehensive benefits regardless of employer. Entrepreneurs can start a new business and retain health care access for themselves, their families, and new employees. Employers do not need to split full-time positions into multiple part time positions to reduce health care costs.

Level the playing field for businesses large and small. Companies won't pay less by reducing or eliminating health care benefits.

All individuals and businesses will pay their fair share for providing universal health care. Ohio companies will have a strong competitive advantage over states with employer-based health care and will be better able to compete internationally with countries already providing universal care.

Assure health care independent of labor management negotiations.

Benefits are determined by the single payer agency, not by individual labor-management contracts.

Remove the costs of providing care for retired and disabled employees.

A universal health care system provides everyone in Ohio with the same benefits, regardless of age, employment status or disability, relieving businesses of the burden of paying for retiree health plans.

