

1814 Maxfield Dr
Columbus OH 43212
November 21, 2018

To: Insurance Committee
Re: HB 440

Dear Chairman Brinkman,

Thank you for the opportunity to share my experiences as a physician, which led me to decide that Medicare should be expanded to cover everybody. These experiences, during my 50 years of medical practice, included neighborhood health centers, VA hospitals, academic medicine, and private practice.

When HMOs and PPOs were introduced into the private sector in the 1980s, the purpose was to control rapidly rising healthcare costs. However, the inevitable result was loss of continuity of care. Often my patients disappeared as they were forced to find network physicians when their employers shopped around for insurance plans that lowered their own costs.

In 1990, I left my position at Wright State University School of Medicine to become the medical director of Medicare part B in Ohio and West Virginia. "Don't do it," my colleagues advised me. "The government can't do anything right." How wrong they were.

I learned, after reading the 1965 amendment to the Social Security act which created Medicare and Medicaid, why these programs have done so much to keep seniors out of poverty and extend their life expectancy. In particular, section 1862 established the exclusions that denied payment for services deemed not "reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member." These exclusions were: dental care, eyeglasses, hearing aids, routine foot care, routine physical checkups, immunizations, cosmetic surgery, and custodial care. (Later, benefits were increased to cover immunizations and preventive care checkups that preserved health and lowered future costs.) Nowhere are there exclusions for pre-existing conditions or limitations on access to hospitals or physicians not listed as preferred providers. These abominations are inventions of private insurance companies, whose mission is to increase their value to shareholders, not to improve the public health.

It is your mission to protect the public health.

I also observed that the dedicated staff in Medicare introduced efficiencies and anti-fraud measures later adopted by private insurance companies. Some examples are:

- A uniform fee schedule based on rational criteria
- A uniform claim form for all providers regardless of insurance plans
- Software that captures inappropriate combinations of billing codes

In addition, the medical directors worked closely with specialty organizations to develop coverage policies for innovations in treatment that met scientific criteria for efficacy. The “government” does not decide what should be covered. Providers continue to be involved in such decisions. None of these oft-maligned government employees receive multi-million dollar salaries.

In retirement, I volunteered my time seeing patients at a local free clinic providing services for those who had no access to health insurance. It is a national disgrace that the wealthiest nation on this planet even has to have free clinics. All other industrialized nations provide healthcare to all of their residents, and often without cost to vacationers from abroad. While the types of systems vary from socialism (the U.K.) to highly regulated private insurance companies (Switzerland), with a variety of public/private partnerships in other countries, all subscribe to the ethic that universal health care is an essential feature of a civilized society.

Numerous polls show that the majority of Americans, regardless of party, support single payer health insurance, a system that provides for private delivery of health care that is paid for from a single pool of public funds. The details are spelled out in an economic impact study available for your perusal.

I urge you to move HB 440 forward for discussion, debate and action.

Sincerely,

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