Proponent Testimony Ohio HB 440

December 5, 2018

Hello, my name is Dr. Katherine Lambes. I am a primary care physician from Dayton. I work for a community health center delivering care to all persons in our area regardless of type of insurance or uninsured.

I have seen the devastation of the Great Recession and unemployment above 10%. That was also before passage of the Affordable Care Act and Medicaid expansion. Over 40% of our patients were completely uninsured. Most of those unemployed and uninsured were single men of working age who were not eligible for Medicaid under the pre-expansion criteria. Since their healthcare was directly tied to employment, most lost insurance and were unable to regain it due to pre-existing conditions even once employed again. They were unable to get care for the chronic conditions for which they needed it most. This led to many who struggled to keep jobs due to uncontrolled health problems that interfered with their ability to work.

This cruel and barbaric system was made only slight less cruel by the ACA and Medicaid expansion in Ohio. Once Medicaid expansion came, most of these people were able to receive Medicaid and get long untreated problems back under control. This in turn lead to more of my patients being able to report they were able to attain and retain employment. Any physician will tell you that health must always come before work.

As more of my patients regained meaningful employment after the Recession, most found jobs that do not pay living wages. Though they still struggled to pay rent and eat, we had the slight thankfulness that they were at least able to get real healthcare through Medicaid.

Another large section of my patient population came in excitedly to announce they had gotten a job that provided “real” health insurance, only to return in a few months to state their new insurance didn’t pay for anything useful like medications, office visits, or testing. They also found that copays and deductibles were unaffordable. They were going to have to stop seeing their specialist, counselor, or me for routine care.

I have some specific examples:

I have a couple who has for-profit insurance that does not cover any brand name medications. The wife’s inhalers are not made generic and cost over $150 per inhaler per month out of pocket. She needs 3 inhalers per month. We are forced to rely on pharmaceutical samples that are both inconsistent in supply and brand. She often must switch brand of medication and even dosing almost month to month just to have anything. This is both bad medicine and bad economics as it leads to her health being less controlled and requiring more frequent ER visits and hospitalizations.

A single father of 3 came in to tell me the new for-profit insurance he was getting would not pay for any of his medications that were previously covered by Medicaid. He asked, why when he does all the “right” things, like work hard and get a job, is he punished by deserving less healthcare. He would not be able to afford the premiums for this useless private insurance and afford to put a down payment on a house for his girls. He was making the hard decision to forgo healthcare or not buy a house for his family. I did not have any good answer for him. Our current system is cruel and unnecessary, especially since it costs us all more to deny him care based on a labor-intensive bureaucracy that requires intimate details of his financial situation, than it would just to give healthcare to everyone, simply based on residency.

When it comes to my seniors and disabled patients who have Medicare, most have not been helped at all by the ACA or Medicaid expansion. Private Medicare Advantage plans are just taking advantage of our most vulnerable citizens. Part B and D plans impose high premiums, deductibles, and copays on persons who can least afford them. Seniors who are retired, or hope to retire, and those who are disabled are a large portion of my patients who will skip needed care. They need the most care and specialty care yet have some of the highest costs to receive this care.

I have a 70 year old patient who simply cannot retire because she would be financially crippled by a for-profit “dis”advantage plan. Her age and chronic health problems should allow her to retire with peace of mind and not fear of poverty and homelessness. It is a disgrace that our parents and grandparents must choose between retirement or healthcare and financial ruin. This is not a choice that any senior should face in this country.

Fortunately, Ohio can change this with legislation that gives healthcare to all its residents. An Ohio health plan would eliminate the endless parade of patients I see that have lost insurance with changing jobs. It would eliminate the job lock for other patients that feel they cannot seek a better job, return to school, or start their own business simply because they fear losing even bad healthcare. Our seniors and disabled citizens would have Medicare premiums covered under an Ohio health plan and no longer have to decide which doctor appointment they can afford to keep this month or which medication they should ration. The Ohio health plan would take up the role of truly being an Advantage plan for them rather than a financially ruining disadvantage plan like they have now.

The myth is that people want more choice of insurance. As a physician, I hear every day that the healthcare freedom people really want is which doctor or hospital they can see. When asked where I will refer someone for additional care, I have to say it depends on your insurance. I don’t get to refer patients based on who I think will serve them best or who they think will serve them best. No one wants choice of insurance that restricts their care. They want to decide for themselves with their primary care physician what is best. That is real healthcare freedom.

Which medication will I prescribe? It depends on your insurance. How we started letting for-profit companies play doctor, I don’t know. My patients and I want real healthcare freedom. Freedom to go the hospital or doctor of our choice, freedom to choose a medication or test based on the scientific evidence that this is the best medical choice for this person, freedom to know they will be able to get that test done or see the specialist without holding their breath about a letter that states “the services you requested have been approved. This approval does not guarantee payment”.

The Ohio Health Plan will allow me to get back to practicing medicine they way I was trained. I will waste less time in useless billing and paper work and be able to spend more time with patients. There will be more incentive for physicians to enter primary care as they know they will be able to set up their own practices again without the burden of overwhelming bureaucracy that leads most to become slaves to the assembly line of large hospital system primary care.

In summary, Ohio cannot afford the extra $25 billion we are wasting in our current private-public health system. If we truly want less bureaucracy, more economic growth, and true freedom to choose our own healthcare path, we must pass Single Payer legislation in Ohio with House Bill 440.

A healthcare system owned by and accountable to the citizens of Ohio is the only way to lower healthcare costs while simultaneously giving access to healthcare to ALL our residents. Our economy is crumbling under the weight of for-profit insurance and pharmaceutical corporations that have no obligation to serve the people they so happily hold hostage for their lives and their economic security with threats of bankruptcy and death.

I urge the Ohio House of Representatives to do what is right AND fiscally conservative to save our economy and our lives by passing house bill 440.

Thank you.