

Representative Conyer, Representative Jackson Lee, fellow physicians -- I am honored to join you today to discuss why I think a public option is an important component of comprehensive health care reform.

My name is Dr. Alex Blum. I am a Pediatrician and Health and Evidence Policy Fellow at Mt. Sinai School of Medicine. Both physicians and our patients need health insurance reform now.

Six years ago, when I was a medical student at Howard University College of Medicine in Washington, DC, I spent the summer doing an internship at the Centers for Disease Control in Atlanta. I became very sick, went to the emergency room and was told I was in acute kidney failure. The problem was that my medical school insurance only covered me if I got sick near Washington, DC. It didn't cover me in Atlanta; I qualified as under-insured. Aware that we could not afford out-of-pocket payment for a renal dialysis unit as was being recommended, my father, also a physician, drove me through the night from Atlanta, waking me every few minutes to make sure I was responsive, until we finally reached Washington, DC the next morning. Even those of us who chose to enter the profession of caring for others are not immune to the dysfunction of our health care system.

I am here today because there are 47 million uninsured and 87 million underinsured Americans who deserve better. We all know the uninsured and underinsured. I trained in Pediatric medicine at a County Hospital outside of Los Angeles. At this County hospital I cared for uninsured children, and those enrolled in SCHIP and Medicaid. What I most enjoyed about working within that system was that we provided high quality care to those who needed it the most. My patients on Medicaid and SCHIP were able to easily see sub specialists: Dermatologist, Ophthalmologist, and Gastro-intestinal physicians.

My patients who had private insurance often faced health care barriers which my patients on SCHIP and Medicaid never had to navigate. When children who had private medical insurance visited my County Hospital Pediatric clinic, staff there had to seek pre-approval from the private insurance company so that patient's parents were not billed and required to pay the cost of care out- of- pocket.

In this County Pediatric clinic I once cared for a 9 month old boy who had a swollen-face covered in a rash on his forehead and cheeks, and raw in his neck folds. He sat before me and scratched his arms, trunk, and face uncontrollably to the point of bleeding. Because of his constant scratching his skin had started to harden. He had uncontrolled eczema and his mother told me in tears how she had not been able to obtain a referral to a Dermatologist. The County Pediatric Dermatologist's one afternoon a month clinic time was that same day. To prevent the patient's mother from receiving a large medical bill, I did what I normally do, I got on the phone to her private insurance company and asked the insurance bureaucrat to agree to pay for the visit. As my other patients had to wait for me, I wasted time on the phone trying to solicit pre approval from her insurance company. But I could not sway the insurance gate keeper. I tried my hardest

to make this bureaucrat understand the child's bloody scabs, the mother's tears. But to no avail. The dermatologist took pity on the child and did what we physicians often do, he saw the patient for free.

Why have we allowed insurance bureaucrats to come between me and my patients? We can do better than allow profit driven bureaucrats decide what medicines my patients receive.

I want a health care system where when I write a prescription my patient does not have to worry whether their insurance company will pay for it. An insurance bureaucrat sitting in their cubicle, should play no part in the relationship between me and my patient.

We need to reform our system. Every year, more than \$400 billion of private health insurance money go to profits, marketing, executives, and buildings. This is \$400 billion dollars a year which in no way improves the care physicians provide for their patients. We need a system where revenue generated improves patient care and not income for insurance executives. We need a system that does not allow the CEO of United Health Care to make \$102000 per hour when a 9 month old patient of mine is denied a dermatology consult. Of the money flowing into for-profit private insurance, only 65 percent is used for actual health care services. This is in contrast to Medicare, where more than 95 percent is directly used to provide health services to our seniors.

If enacted, the public option would be a very important component of comprehensive health care reform. A public option would allow my patients' parents to choose between public and private health insurance. Choice and competition is vital to providing high quality coverage in markets too often dominated by one insurance provider. According to a 2008 study by the American Medical Association, Well Point dominates 71 percent of the market in Maine, 58 percent of the market in Indiana, and over half the market in Georgia, Kentucky, and Virginia. Reform opponents cannot argue that the market place will provide the most affordable, highest quality health care plan.

Without a public option, insurance companies will continue to drive up costs, decrease access, and continue to sacrifice patient care in the interest of stockholders. And it is not only destitute families who need change. In my clinic, I have quietly comforted countless parents who are jobless and struggling to pay hundreds of dollars in monthly COBRA payments. The reality for most Americans is that your private health insurance is only as secure as your job.

The vast majority of physicians support a public option. Last month, the New England Journal of Medicine -- our most prestigious medical journal -- published a survey of doctors that showed that 72% of physicians supported a public option like the one that is in the House Bill, or something even stronger. In the same study, only one quarter of physician support patients having private insurance plan options. Physician support of the public option is consistent across geographical regions and medical specialties. My message to you today, is that physicians

support a public option and prefer the public option to be part of the robust health care reform legislation our nation needs.

Now is the time for Congress to move beyond political jockeying and reform our health care system.

If you don't think the system is broken, ask your doctor. We see the gaps and inequities every day in a system that all too often puts every other interest ahead of patient care. And nearly every major physician organization supports this reform: Doctors for America, the National Physicians Alliance, the American Medical Association, the American College of Physicians, the American Academy of Family Physicians, the American Academy of Pediatricians, the American College of Surgeons, the American College of Obstetrics and Gynecologists, the American Osteopathic Association, the American Medical Student Association, and many others. These organizations represent more than 500,000 doctors -- a clear majority of the 800,000 practicing physicians in this country. I and hundreds of thousands of my fellow physicians will fight hard to get health care reform passed this year for us, and our patients.