

**Testimony of Dr. Robert Stone, MD,
Director, Hoosiers for a Commonsense Health Plan,
House Education and the Workforce Subcommittee on
Health, Employment, Labor and Pensions
Greenville, IN
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Good Morning Mr. Chairman and Members of the Subcommittee,

Thank you for the opportunity to testify today.

My name is Robert Stone, MD. I was born and raised in Evansville and have practiced medicine in Bloomington the past 31 years, including 28 years in the Emergency Department. A doctor in the ER is on the front line of American medicine. There's nowhere to hide. Everything good and bad about our healthcare system is in plain site.

I can't tell you how many times I've seen a guy limp in and tell me how he'd fallen a few days before, and his ankle is still swollen and not getting better. I examine it, gently probe the sore spots, and say, "I'm worried it could be broken. We need an X-ray." "Doc, I can't afford an X-ray, I don't have any insurance!" What's an X-ray going to add to his bill? At least \$200. No wonder he walked on it for days.

Then there is diabetes. It's not simple to take care of, and the cost of the medication is bad enough, but it's the test strips used in the glucose monitor that are the expense that adds up and cuts into people's budgets. It's commonly believed that if you have a serious condition like diabetes you must qualify for some sort of insurance, but that's not true. Our best estimate is that there are around 75 thousand diabetics in Indiana with no health insurance. I've seen this many times: at first they thought they were coming down with a cold, but then they started vomiting. They ran out of test strips and were afraid to take their insulin for fear of dropping their blood sugar too low, but when they got to the ER they were near death with a sugar over 500. For lack of a 50-cent test strip they spent a \$10,000 night in the ICU.

The incidence of diabetes in Indiana is higher than the national average, which is not surprising since 30% of our adults are obese. We rank 41st nationally in overall health, and 45th in infant mortality. That is shameful. We are less healthy than our neighboring states of Ohio, Michigan, and Illinois, but have traditionally done a little better than Kentucky. Kentucky is catching up with us now because they have cut their percentage of uninsured dramatically by taking full advantage of the Affordable Care Act.

Some people say there are those who don't deserve health care. I disagree. Everyone deserves health care. I've been heartened to find support from Governor Pence. Listen to the language he has been using over the past four months:

"I have long believed that a society may be judged not only by how it deals with its most vulnerable, but also by how it comes alongside those often forgotten working people who are striving every day for a better life."

"Low-income, working Hoosiers... lack access to the kind of quality health insurance that their better-off neighbors enjoy. Many Hoosiers ... cannot access affordable coverage and live in uncertainty."

"Hoosiers have long-cherished the principle that we must 'love our neighbor as ourselves;' that we must not 'walk by on the opposite side of the road' when our neighbors are hurting and in need."

In these words, I hear an implicit understanding of the failure of our current system to meet the needs of too many, and an acknowledgement that government must take a larger role in guaranteeing access to healthcare.

Make no mistake, Governor Pence is no friend of the Affordable Care Act. But he has done the right thing by moving forward to expand Medicaid through the ACA under the title of HIP 2.0.

Mr. Messer, it appears you too are a sworn opponent of the ACA, but you have supported Governor Pence on Medicaid expansion, and I commend you for that. However, I want to address some of the misleading points in your ["Editorial" on August 26, "Congress Coming to Greenfield,"](#)

You imply that Hoosiers purchasing coverage through the Health Insurance Exchanges will see their premiums rise sharply. To start with, insurance premiums have been rising much faster than wages or inflation for decades. This trend is much older than the ACA. Last Friday the [Associated Press](#) reported “Indiana residents will have more than triple the number of health insurance plans to choose from when the federal insurance exchange enrollment period starts in November,” according to the Indiana Department of Insurance. And instead of your prediction that premiums will rise 13%, the Department of Insurance predicts only a 5% increase.

Likewise, employers have been cutting hours of part time workers to avoid paying benefits for years. Mr. Messer, you claim that the Congressional Budget Office predicts that the ACA will “push as many as 2.3 million people out of the workforce over the next seven years.” Last February the [Washington Post](#) refuted that number in an article titled “What the CBO report on Obamacare really found.” Under Congressional questioning, “CBO director Douglas Elmendorf confirmed that in reality, his report suggests Obamacare will *reduce* unemployment.”

This is my family’s experience: my son, daughter, and son-in-law are all covered this year under the Exchange. The cost of all three policies is less than what we paid for my son alone last year.

There is an elephant in the room that no one is talking about. The real fear in this room today is not that the ACA is somehow going to ruin this country. It’s the fear Mr. Messer has that as the ACA goes forward, as people understand it and are helped by it, they are going to want to go further, not to go back. They don’t want healthcare taken away from them. The elephant here, the real fear, is that as people come to appreciate the ACA they are going to vote against politicians who are trying to take it away from them.

I went to medical school to take care of people. We need to figure out how to take care of everyone. Everyone. It’s that simple.