

## **U.S. SENATE HEARING**

### **JUDICIARY COMMITTEE**

**Thursday, Oct. 15, 2020**

**Written testimony by Dr. Farhan Bhatti, MD (family physician, Lansing, Mich).**

Thank you to this committee for welcoming me here to share my experiences as a frontline doctor and concerns regarding the fate of the Affordable Care Act on my patients' care.

My name is Farhan Bhatti, and I'm a family physician practicing in Lansing, Michigan. I'm the CEO of a nonprofit, Care Free Medical, which provides medical, dental, and optometry care to low-income, underinsured, and uninsured individuals.

I'm also a board member and the Michigan state lead for the Committee to Protect Medicare, a national organization of physicians in more than 40 states who want to make sure our patients get the health care they need, regardless of financial status.

I appreciate this opportunity to speak before you today to share my perspective as a physician who cares about my patients, their well-being, and their security.

For more than 8 years, I've had the privilege to do what I love, which is caring for and healing people in my community.

Together with a team of amazing staff and volunteers, our safety-net clinic provides more than 15,000 visits each year for uninsured and under-insured men, women, and children.

Almost two-thirds of my patients are Medicaid recipients -- men and women who work two, sometimes three, jobs. These are people who work very hard to get by. Yet, despite their hard work, they do not have the security of health insurance through their jobs.

The working families I serve are among the millions of people across the nation who have at least one person in the household working, yet are often uninsured. And the problem of health coverage in recent years is getting [worse](#): In 2018, 27.9 million non-elderly individuals had no healthcare, an increase of nearly a half-million people from the year before. Between 2016, when the United States had the fewest uninsured people in our history, and now, the number of people without healthcare has only gone up. In 2018, 1.9 million people joined the ranks of the [uninsured](#), and the Census Bureau reported earlier in October that an additional 1 million Americans lost coverage in 2019.

The people I provide care for are mostly low-income working men, women, and children who previously had no healthcare or who had limited, costly healthcare before the ACA became law (and more specifically, before the provision in the ACA that allowed the expansion of Medicaid to include individuals who make about 138 percent above the federal poverty level).

These are the families I advocate for passionately every day: The people who work hard, play by the rules, do what we as a society ask them to do — yet do not have the safety and security of healthcare that many of us in this hearing enjoy, because we get coverage through our employers or can afford to pay premiums and other costs out of our own pockets. For many families, an unexpected \$70 visit to the clinic is also money for food, rent, or gas for the car.

Each of the thousands of individuals we see in our safety-net clinic every year deserves to live with peace of mind and security knowing that when they get sick or injured, they have a place to go to where they can get care without going broke.

The Affordable Care Act has been essential toward achieving this goal. Because Michigan chose to expand Medicaid in 2014 in a bipartisan fashion (in large measure due to the determination and grit of our now-governor Gretchen Whitmer), more than 750,000 Michiganders who were once uninsured can now see a doctor.

Before 2014, they would only get medical care in the ER, going there as a last resort, because an illness or injury they had ignored for too long was no longer bearable: The individual who brushed off chest pains for days until it turned into a full-blown heart attack; the diabetic who skipped insulin they couldn't afford until life-threatening hyperglycemia or ketoacidosis set in; and the woman who ignored the lump for too long until it was too late.

I know these patients because I have met them many times and I can tell you: When people don't have health insurance, they delay seeking healthcare. And sometimes, the cost of that delay is deadly.

Across my state of Michigan and this nation, we still have millions of mothers and fathers, husbands and wives, children and loved ones who are suffering or slowly dying because they had no way to go to a clinic and pay for it. We don't always see these fellow Americans, but the data is clear. Nearly 28 million Americans still have [no health insurance](#). People who don't have health coverage are more likely to die, and an [estimated](#) 18,000 people die each year because they lack coverage. For those of us in this hearing who have health insurance, the odds of us dying are up to 30 percent less than someone without insurance.

And that statistic doesn't even begin to factor in the added stress and worry that follows you when you don't have health coverage. The fear that you or your loved one simply cannot get injured. And if you do, the heart wrenching decision to not get care that follows because you

simply cannot afford it. For those who do seek care without coverage — because their illness is potentially deadly, like cancer — the bills can be astronomical. Medical bankruptcy in this country is in the hundreds of millions of dollars. It breaks my heart.

When the ACA became the law of the land, millions who were previously uninsured or denied care because of preexisting conditions received the security of healthcare. They could go to a clinic. They could get treated early. Their chances of living longer than those without healthcare increased by 30 percent.

The ACA doesn't just save lives -- it also provides freedom, independence, and security to my patients.

Let me share a few stories:

The first is a middle-aged male who had recently acquired Medicaid and who had a long history of uncontrolled diabetes. He wasn't able to afford insulin before getting Medicaid insurance. We tested his blood in our office and found out that his Hemoglobin A1c had risen to 17.5 percent, when normal is 5.6 percent or below. An A1c of 17.5 percent means that his blood sugar was averaging 455 mg/dL, and as a physician, my goal is to have diabetic patients average 150 mg/dL or less. Blood sugar as high as his, if left untreated, will almost certainly lead to death. Because of the ACA, I was able to start him on an intensive insulin regimen and within 4 months, his blood sugar had dropped by more than 200 points. The blurred vision he was experiencing significantly improved, his kidney function improved, and he was able to find a job. The ACA literally saved this man's life.

Another story I want to share involves a teen with a history of being suspended from middle and high school numerous times for threatening other students and teachers. Law enforcement was aware of him. His risk of physically hurting someone was exceedingly high and I was very concerned he would eventually land in prison, or worse. I was able to get him into psychotherapy and prescribe him an antipsychotic medication to stabilize him. Because the ACA allows young people to stay on their parents' health plan until they turn 26, this young individual stayed on his mother's insurance and could get the care he needed. Without the ACA, he would have been uninsured when he turned 19 and lost access to the medication that kept him calm and the people around him safe. Because of the ACA, he is no longer a threat to the public or to himself. Because of the ACA, he stayed out of the prison system and is currently enrolled in a program to learn the skills he'll need to get a job.

A third story I'd like to share with this committee involves a patient with bipolar disorder who was doing well and who was stable and healthy before she lost her job due to COVID and lost the health insurance that came with the job. I was prescribing a medication that worked wonders to keep her mood stable but, without insurance, that medication costs more than

\$1,000 per month, which she couldn't afford. I tried prescribing older, inexpensive generic medications so she could pay cash for them, hoping we'd find an effective alternative. None of them worked. She developed a severe depressive episode. Her energy and motivation vanished, she gained significant weight because of the side-effects of the older generic medications, she had uncontrollable crying spells, and she experienced suicidal ideation. Because Michigan expanded Medicaid as allowed under the ACA, my patient's suffering -- however harrowing -- was temporary because we eventually got her enrolled in Medicaid. We resumed the medication she desperately needed, regulated her dopamine, and stabilized her mood. She can once again contribute to the economy and support herself financially.

These are just a fraction of the many everyday stories I can share to show how the ACA helps people.

Many of my patients with heart disease now get regular checkups and screenings, which can prevent heart failure and heart attacks. My patients can get abdominal pains checked out before an appendix ruptures. At our clinic, they can get things many of us take for granted like dental care, which doesn't just help prevent oral injuries and illnesses but in many cases, gives individuals the confidence to attend job interviews.

Because of the healthcare they now have through the ACA, I have seen people reroute their lives from one destined for an early grave, to one of new hope and purpose. Simply put, as a frontline doctor, I witness every day how the ACA has improved, is improving, and will continue to improve the lives of ordinary, hard-working people.

Of course, to discuss health care today, one cannot fail to note that we are in the midst of a pandemic that has killed hundreds of thousands of Americans.

In light of COVID-19's devastation on people's health and their economic security, healthcare is more important than ever.

In Oakland County in Michigan where I was raised, and where my parents still live, COVID-19 has [sickened](#) nearly 22,000 people and killed more than 1,200. Many others have lost their jobs and their job-related healthcare.

During a public health crisis that continues to kill 1,000 Americans each day, people need the ACA now more than ever. Though we are still learning about COVID-19, scientists increasingly fear it may cause long-term damage to vital organs such as the lungs and the brain, creating preexisting conditions in millions of survivors.

Without the ACA, insurance companies could discriminate against this new generation of people with COVID-19-related preexisting conditions -- indeed anyone with any preexisting

condition, from diabetes to asthma to arthritis -- by refusing to cover them or raising their rates.

I'm a family doctor who cares deeply about my patients — which is why I am grateful to be here today to advocate for them and all patients in our great nation. And I'm here to urge against striking down this life-saving law — or confirming to the Supreme Court anyone who would seek to do so.

People's lives and security are at stake, and the work of providing Americans with healthcare is only just beginning. We should be doing more, not less — especially now, during a pandemic that threatens families across the country and an economic recession that has caused [11 million](#) Americans to lose their jobs between April and now (including 1.2 million [married women](#) and an unemployment rate exceeding 10 percent for Latinx and Hispanic workers). Around 14 million Americans and their dependents have now lost [employer-provided health insurance](#).

Healthcare and access to healthcare in all their forms -- Medicaid, Medicare, health insurance that people can afford -- represent the bright red line that separates families from enjoying full, safe, and secure lives, and those who struggle under the cloud of untreated illnesses, medical bankruptcies, despair, and suffering. As a nation, we should strive to provide more healthcare, affordably and simply, to more people so we may expand the horizons of hope for our fellow Americans.

As a non-lawyer, I can't address with expertise legal debates over things like "originalism" or "textualism."

As a physician, however, I can talk about the real-world harm of ending the ACA to the real-life Americans who have to choose between going to a doctor or buying groceries. And as a physician who engages with other doctors across the nation, I share the concern that any judge who opposes the ACA endangers a lifeline that my patients count on to stay healthy — and in many cases, to stay alive.

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