

My name is Nilesh Kalyanaraman and I am a primary care physician here in Washington, DC. I work with Unity Health Care which is a Federally Qualified Health Center that provides care to 82,000 residents of the District at 31 sites. As a Federally Qualified Health Center, Unity plays a vital role in the health care safety net of DC and provides services at community health centers, mobile vans, a school based center, halfway houses and at the DC Department of Corrections. Indeed, across the country FQHCs are the medical home to over 18 million people who would not otherwise have access to care.

Today I would like to tell you about a patient of mine who I will call Mr. Brown, who I care for at one of our community health centers. Mr. Brown is in his 40's and I've been seeing him for over 3 years now. He works six days a week in the kitchen of a well regarded restaurant here in DC. His employer doesn't offer health insurance and when I met him he couldn't afford to buy private insurance. Fortunately, Mr. Brown qualified for the Alliance insurance program which provides health insurance to DC residents making less than 200 per cent of the federal poverty level. He was able to see me regularly to manage his two chronic medical conditions. During his visits we talked not just about his chronic conditions but also about nutrition, exercise and stress at work. Over the course of two years he changed his diet, started exercising - he's now up to five times a week - and lost weight. He was feeling better overall and he was advancing at work. In fact, he was doing so well at work that he got a promotion and a raise. But the raise increased his salary to the point where he was no longer eligible for Alliance insurance. With his medical conditions he couldn't qualify for private health insurance. He couldn't afford his medications anymore and had to stop taking them. He also missed his usual appointment with me because he didn't think he could come in without insurance. He finally came in a few months later and told me what had happened. As a community health center we are used to handling such problems so we got our social worker involved and crafted a plan. Now a charity program covers his expensive medications, he pays for the inexpensive medications out of pocket and we don't charge him for visits. But he still doesn't have insurance. He worries about what would happen if he needs a CT scan or if he needs to see another doctor because he won't be able to afford these services. He doesn't even want to think about what would happen if he needs to be hospitalized. Today he continues to do his best to stay healthy and hopes that he isn't one medical emergency away from financial ruin.

This is the state of health care today. If you're very poor there's oftentimes a government program that funds health care because there's no way you can get health insurance or afford health care on your own. But what happens when you're just not poor enough to

qualify for aid? My patient and millions of others like him are working hard, earning a living and trying to take care of their health. When people like Mr. Brown try to get private health insurance they find out that they can't get a plan because of their chronic medical conditions. For others who can get a plan they find that between premiums, coinsurance and deductibles the cost of insurance is prohibitively expensive. As it stands, the U.S. Census estimates that Mr. Brown was one of the 46.3 million uninsured in 2008.

We need universal health care in this country and Congress is moving towards this laudable goal. Along with mandates to purchase insurance we need a robust public option to ensure affordable access to care. Over the past ten years the cost of health insurance premiums has increased by over 100% according to the Kaiser Family Foundation and now the health insurance industry is telling us that they plan on increasing health insurance premiums by another 100% over the next ten years. My patients shouldn't be forced to buy private insurance from companies who have consistently shown that profits are more important than affordable access to care. Our government has the right and the responsibility to offer its citizens a choice to purchase affordable insurance in the form of a public option. So often wrongly vilified, our government has shown that it can provide excellent health care insurance as witnessed by the successes of both Medicare and Medicaid. It's time we make sure that all citizens of the U.S. have affordable access to health care and we need to make sure that a robust public option is an integral part of the new landscape of health care in America.