Single Payer Support Statement
Bobby Keith, PA-C, MPA

My name is Bobby Keith and I am a physician assistant who is board certified in both the US & Canada. I have worked providing high quality healthcare to medically underserved communities for over the past 40 years. I am here today in support of single payer health care in the state of Maine. I would like to briefly discuss my experiences both personal and professional to elucidate why this issue is of such great importance to me.

Personal experiences

I was born in 1953 the child of an African-American father and a white mother. As you can imagine growing up during those times were difficult. At birth I had a bilateral club feet a condition which today is relatively rare but back then was more common. From the day that I was born and frequently until the age of 5, I had casts on both feet to try and correct my club feet. Fortunately I was able to receive health care as part of the New York City Health and Hospitals Corporation public health system at Queens General Hospital. This enabled me over the course of my lifetime to receive 4 corrective surgeries for my club foot condition. Barring access to this publicly financed healthcare system it is likely I would had difficulty even walking.

I grew up in a New York City low income housing project, which meant I got to live in a secure, and stable environment. This provided me with the foundation to grow and achieve my current education and professional success.

I attended public schools throughout my educational career, including graduating from the CCNY, in Harlem a part of the City University of New York which at the time was to tuition free.

My career in health care began in the mid 70s as an emergency medical technician working in mid town Manhattan. Emergencies such as heart attacks, shooting, stabbings, people falling from buildings, people stuck under subway cars or delivering babies where a part of my daily routine. After a while I decided that carrying 300 pound people down from fifth floor walk up apartments was fine when you were 26 but might not be a great idea when you turn 68, as I am today. At this point I entered physician assistant training at the United States Public health Hospital in Staten Island New York. Upon graduating in 1980 my first job was to work for Montefiore Medical Center providing high quality care to prisoners at Riker's Island. I started in 1980 and the first case of AIDS was in 1981, as you can imagine this meant that working with prisoners who often had a history of substance use disorder found me in a situation where I was caring for some of the earliest cases of AIDS in the country.

After working for 15 years at Riker's Island I left to become the assistant director of an HIV clinic in lower Manhattan, again part of the NYC Health and Hospitals Corporation public health system. Providing dedicated HIV care to low income New York and was critical at this time as new and finally effective medications were becoming available. After 5 years I

left to teach at a graduate physician assistant program in the Bronx New York. After 8 years as a university professor, my wife a Family Nurse Practitioner, and I decided to move to Canada to directly experience a single payer health care system. In Canada I worked for family physician who was also the medical director of 2 Nursing Homes in the city of Hamilton Ontario. This enabled me to provide both family medicine to local community members as well as geriatric care to the residence of the nursing homes. After working in Canada for 8 years the pilot project under which I was working in Canada ran out of funding. At that time in 2016 my wife and I return to Maine to provide health care in a rural setting. At this time I work for a Federally Qualified Healthcare Center (FQHC) providing services to the local community at Lovejoy Health Center in Albion, Maine. As as FQHC we provide low cost healthcare and sliding scale fees for low-income residents of Maine.

Professional experiences

My 8 years serving in the Canadian Healthcare system allows me to directly contrast my experiences there with my experiences here in the United States. While the Canadian system is not perfect and wait times can be a problem for non emergency conditions overall my Canadian experience was far superior to that of the American healthcare system.

Healthcare costs in Canada are are one half that of per person cost compared to the United States. While much is made of wait times in Canada I find our system with its convoluted insurance requirements often taking weeks to months to obtain approval from the insurance company is much less than satisfactory. And while these delays do not officially constitute wait times, in reality patients often end up waiting for extended periods of time before services can be provided. On top of this the many hours of administrative paperwork necessary to care for people in the United States greatly diminishes the time available to provide direct patient care at tremendous administrative cost. In the United States the public sector takes about $0.03 out of every dollar to administer, whereas in the private sector at about 25-33 cents out of every dollar, this difference meaning many 100s of Billions of dollars per year with could go directly to provide patient care (Most estimates around $600 Billion per year- See medical Journal Lancet article attached).

Important distinction in Canada which had real life consequences was that my patient in Canada often would come to our office early in the course of the disease and therefore could be treated while the symptoms were mild. This leads to the fact that in Canada life expectancy is 2 years greater then the United States. Commonly in Canada was to see a patient who had diabetes with out-of-control glucose, or hypertensive patient who blood pressure was not properly regulated, or a person with depression who was in need of care. In Canada I could often get this problem under control within 4 or 5 weeks by scheduling patient's to return once a week until her blood pressure or sugar or depression was under control. With no cost consideration patient generally kept their appointments and soon achieved control over their medical condition. In the United States when I ask a patient to return once a week for 4 weeks they often tell me they do not have an extra $20 per week to return for care weekly for a month. What would then often happen is they would return 4-6weeks later and I would find that the medication may have given them side effects after the first few days so they stopped taking it. This meant that 4-6 weeks later their blood

pressure or glucose was still out of control. Whereas in Canada after a week the patient would have returned and we could modify their medical regimen to provide health care which achieved the goals of regulating their condition. Therefore, in the United States it often takes several months to achieve the same level of control over medical problems.

Cost concern often mean patient wait before seeking care. When patient's delay care it often means that a receive initial care for a medical condition when they are much sicker.

So what might be some objections to single payer system. They generally consist of 2 or 3 categories of concern. 1- Financial feasibility, 2-ethical concerns, and 3-practical administration.

The primary objection to single very healthcare usually is concerned over the cost. We repeated evaluations in prestigious evidence-based medical journals demonstrate the overwhelming superiority of single payer health care in regards to per patient cost. Articles in such journals and the New England Journal of Medicine Journal of American Medical Association, Health Affairs the premier journal on health policy in the United States consistently demonstrate the cost saving favoring single pair systems over multiple private insurance.

A specific economic analysis of singe payer health care in our state of Maine has been recently completed and also documents the same cost savings available through single payer health care. In addition a nationwide analysis of single payer health care done by 5 PhD economist from the University of Massachusetts at Amherst and reviewed by over 20 health expert including economic Nobel laureate Joseph Stieglitz from Columbia University all document the feasibility pf single payer system in the US. With finely detailed plans on the how to implement of a single payer system and United States. It includes 207 pages of how to pay for it with fair taxes, who to reassign workers from the current of health care system into productive job (https://www.peri.umass.edu/publication/item/1127-economic-analysis-of-medicare-for-all).

We often talk of single payer health care as a human right. This is often done without understanding the ethical principles behind why it should be a human right. Philosophers and ethicists often discussed how different moral reasoning applies to different domains of human activity especially, in the allocation of scarce economic resources. For example if you were to buy a ticket for a rock concert most would agree that a system of first come first served is an appropriate method to distribute this benefit. On the other hand if one were to be seated in business class on an airplane economic ability to pay would be a reasonable way to determine who should get that seat. On the other hand in educational attainment most people feel that merit would be the appropriate criteria to use for who should be accepted into a college admissions program; this is why the recent scandal regarding people paying for their children to go to college was such a concern. Now when he comes to healthcare it seems reasonable that medical need should determined who should be able to get healthcare, this is why many people feel that healthcare is human right.

In concluding my remarks I would just like to say that when people discussed the upfront cost of healthcare they often have a narrow focus on dollar amounts which understates the

benefits to society of a healthy population. A healthy population creates much more active and productive citizens. It also leads to decreases in other social costs in such areas as criminal justice, food stamps etc. This is the case because without good health, work, educational opportunities, and high quality family life become difficult to achieve.

I am happy to answer any questions or to speak about my experiences in healthcare.

Bobby Keith, PA-C, MPA
Home phone: 2070924-2173

Resources:

See attached PDF files for several economic-analysis-of-medicare-for-all documenting the viability of this method for covering the medical needs of our population.

Bobby Keith
Dexter, ME

Helpful article on single payer costs and benefits.
https://www.thelancet.com/article/S0140-6736(19)33019-3/fulltext