Remarks of Dr. Claudia Fegan, national coordinator at Physicians for a National Health Program, on the Physicians' Proposal for Single-Payer Health Care
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PNHP note: This is an unofficial transcript of Dr. Fegan's remarks.

Thank you very much. I'm very happy to be here to talk about the Physicians' Proposal.

Many people may ask, "Well, why do we have a Physicians' Proposal? Why now? Didn't we get there with the Affordable Care Act?"

And the simple answer is no. The simple answer is, "What is OK about a plan that leaves 27 million people still uninsured?" We're not even talking about the underinsured; I'm talking about the uninsured.

Because sometimes when we throw those numbers around, they're too big for people to conceptualize. Think of the city where you live. And what if tomorrow, everyone – not just you, not just your neighbor, but everyone in that city – were uninsured. And you would still be talking about a fraction of the people who have been left out.

So the idea that we said, "Well, we almost got there, there's just 27 million people who won't be covered at the end of the day when were finished, we're almost there," and not to talk about 39 million people who are underinsured. Because very few people understand what it means to be underinsured, until they have a family member or friend who's sick. And they find out that that policy they have, that they thought was pretty good, covers them much like a hospital gown: Looks pretty good in the front and has everything open in the back – when we find out that having insurance is coverage in name only.

One of the speakers said having health insurance is not health care. And the problem with this society, the problem with the United States today, is that we create the illusion of offering health care. We say we have the best health care in the world, but by what measure.

So the Affordable Care Act didn't get there. One, it leaves 27 million people still uninsured at the end of the day. Two, it codifies the notion of shifting the cost to the patient, whether the patient can afford it or not. The idea that we are saying, "It's OK to have a policy with a $3,500 deductible. It's OK to have a co-payment or co-insurance, where you have to pay $200 to go in to be seen. That people are able to make decisions and know whether this little cold, this little cough, this little twinge in my chest, it's a little thing, and I shouldn't spend that $200, or I shouldn't spend the full cost it will be if I have to get to $3,500, before I go in. Or to know that "Oh, this is really serious, and my life is worth that much, and so what if I lose my home, so what if I can't afford to make a payment on my car, or so what if we can't pay the kids' tuition this month.

So: One, it leaves too many people uncovered. Two, it says it's OK to have higher and higher cost sharing. And three – and this is clear to everyone – it increases the bureaucracy of health care in this country.

(over, please)

I grant you that we're covering more people, but we have people who have never been insured before who have to figure out how they pick a policy, whether this policy meets their needs, and whether this policy will let them go to the clinic on the corner or if they have to go all the way across town. It increases the bureaucracy, with the insurance overhead increasing. It's not going down. The amount of money going to administration, the amount of money deciding who's covered – increasing, not going down, not going to patient care.

And so we continue to put barriers in front of people who are trying to access health care in this country.

We created the electronic health record because it was supposed to improve health care and make it safer. But the electronic health record was designed to improve billing, and the safety benefits are collateral benefits. If we were designing an electronic health record to improve documentation, to improve safety, trust me, we would have designed something very different from what we're doing in this country today.

What we need is something simple, that decreases administrative costs, and we'll take the money we're spending and allow us to begin to work on the real issues of health care in this country, whether we can have reliable, safe, health care – high-quality, affordable health care – and we maintain that we are spending enough money, we are spending enough money to do that. And enough money to take care of everyone.

And until you're a physician or a nurse and you've looked into the eyes of someone who has made a decision about whether they can afford the care that they need, and may have made a bad decision, because they didn't understand the seriousness of their problem, you cannot understand the flaws and the problems of what we have today.

So we're happy about the Physicians' Proposal because it's another opportunity to talk about we have an opportunity to get it right. It's not like there's no chance to do it. We have an opportunity to make it right. And that's what we're hoping to further that dialogue with the Physicians' Proposal. So we welcome your questions. Thank you very much.

Dr. Claudia Fegan is executive medical officer for the Cook County Health and Hospital System and chief medical officer at John H. Stroger Jr. Hospital of Cook County. A past president and current national coordinator of Physicians for a National Health Program, Dr. Fegan has testified before congressional committees and appeared on a number of national television and radio programs on behalf of PNHP. She is co-author of the book "Universal Healthcare: What the United States Can Learn from Canada" and a contributor to the book "10 Excellent Reasons for National Health Care."