**Congressional testimony**

**Capitol Hill**

**March 16, 2017**

****

**Sam Zager, MD**

**Ranking Members Present**

Democratic Whip Steny H. Hoyer (MD-05)
Rep. Frank Pallone, Ranking Member on the Energy & Commerce Committee (NJ-06)
Rep. Richard Neal, Ranking Member on the Ways & Means Committee (MA-01)
Rep. Bobby Scott, Ranking Member on the Education & the Workforce Committee (VA-03)

Whip Hoyer, Congressman Pallone, Congressman Neal, Congressman Scott, and committee members,

Thank you. My name is Sam Zager, and it is a privilege to be here today as a *patient advocate* to speak up for millions of Americans who stand to lose if Speaker Ryan’s American Health Care Act were to become law. I am not here representing an organization; rather, I hope to share just a few stories from the front line of American healthcare of people whose fates are in Congress’s hands. These are *not* fictitious or composite stories, but I *am* changing a few key identifiers to preserve confidentiality.

As a family physician, at the non-profit Martin’s Point Healthcare in Portland, Maine, I care for patients from all walks of life. Many obtained health insurance through the Affordable Care Act.

One of them was a polite grandmother in her late 40s who I’ll call Angela. She came for the first time to my office for a general exam, and we got to know each other a bit. She told me she often sews clothes for her 6-year old grand-son, who she babysits. But it wasn’t until two weeks later that Angela’s principal health concern became clear: she was addicted to opiates, and had shown up at our clinic that second time in withdrawal.

After medically stabilizing her, Angela and I had a long, honest talk. She said that she had hidden her addiction for nearly two decades from her family and friends. That night, though, Angela went home and told her partner the truth. To her relief, he was supportive, and they went *together* to her first substance abuse counselling appointment.

We also began buprenorphine-naloxone (Suboxone®) therapy, and she started attending a 12-step support group. Angela told me, “As I got more sober last week, I came more to terms with the damage from my addiction…I’ve begun making peace with the people I’ve hurt.” Her grandson’s father, it turned out died of a drug overdose in 2010, and his mother (Angela’s daughter) was still in the throes of her own addiction. In addition to buprenorphine treatment, we also continued to work on preventive measures central to primary care. Now, almost a year-and-a-half later, her life is much more stable; she is in the process of assuming custody of her grandson, and looks forward to breaking the cycle of addiction in *his* generation.

This renaissance began for Angela when she got insurance through the ACA. As a working class woman, approaching fifty, suffering from the mental health diagnosis of addiction, Angela is *exactly* the kind of American who could lose under the AHCA. And, by extension, so would her grandson.

\* \* \* \* \*

Yesterday, I saw a 50-something-year old man who I’ll call Mike. Mike became my patient about the same time as Angela, after he, too, gained insurance through the ACA marketplace. Like Angela, Mike is a *hard* worker. He told me he earns about $30 thousand per year. I asked him how he thinks the AHCA might affect him. “I’m gonna get c-r-r-r-rushed!” he told me. Indeed, when I plugged in his numbers to the Kaiser Family Foundation website, it calculated that Mike stands to *lose* 48% of his tax credits under Speaker Ryan’s plan compared to the ACA.

\* \* \* \* \*

Much of my view of the ACA comes from listening to my patients. My visceral connection to the ACA, however, stems from the most awful year in my family’s life.

In the two-month interval between finishing my residency training and the start date of my employer-based coverage, my wife, Tracy, was diagnosed with stage 2 breast cancer. And I was told, after an ultrasound, that a lump I’d felt in my leg might be cancer as well.

Anyone who has be told those words understands the terror that follows.

My tumor ended up being benign, but the year of surgeries and chemotherapy that Tracy endured was a grim and fearful time for our school-age daughters and us. In our weekly support group, we met many families facing life-threatening illness: sometimes in parents or caregivers, other times in children. A frequent theme in our weekly groups was how the spectre of financial ruin compounded the terror of the disease itself.

One measure of comfort for our own family was that we *had* health insurance coverage, from the ACA marketplace. Thank heavens, treatment went well. Today, Tracy is cured of her breast cancer, and back to work supporting teachers in public schools. We are incredibly grateful to those who restored our health, and also that we had health *insurance*.

\* \* \* \* \*

These are just a few of the many stories in which the ACA played a central role. In public debate in Congress, the actual people can be obscured by graphs and numbers. But ladies and gentlemen, every day in clinic, I am one-on-one with the real people, real Americans who could take steps *closer* to health, or *suffer* more with this Congress’s decision. I urge you and your colleagues to reject the American Health Care Act, and instead, strengthen the Affordable Care Act.

Thank you.