

SCR 172

**Measure
Title:**

**URGING CONGRESS TO APPROVE THE
UNITED STATES NATIONAL HEALTH
CARE ACT.**

**Report
Title:**

United States National Health Care Act

From: Leslie Gise [leslieg@maui.net]
Sent: Monday, March 30, 2009 5:25 PM
To: HTHTestimony
Subject: SCR 172 Urging Congress to Approve the United States National Health Care Act

Categories: Green Category, Blue Category

Senator David Y Ige, Chair
Senator Josh Green MD, Vice Chair
Committee on Health

Monday, March 30, 2009

Support of SCR172 Urging Congress to Approve the United States National Health Care Act

I am a medical doctor practicing in Hawai'i for the past 14 years. I struggle daily against a "system" which interferes with patients getting the care they need and deserve.

Most Americans believe our health care system needs reform. Attempts at reform over the past 20 years have failed to reduce costs and improve health outcomes. Individual mandates have failed 7 times in 6 states over 15 years and are failing again in Massachusetts. People can't afford the insurance they are required to buy and the costs are rising more than anticipated.

The United States National Health Care Act (Medicare for All, HR676) would cover the almost 50 million who currently lack insurance and improve benefits for all Americans by eliminating co-pays and deductibles and restoring free choice of physician.

Medicare is popular and has been working for over 40 years. It is not government-run. It is not socialized medicine. People go to the doctor or hospital of their choice. Care is delivered privately and paid fee-for-service. Everyone eligible is covered automatically for life regardless of their medical condition. Medicare provides quality affordable health care. For-profit private insurance companies are not involved with original, traditional Medicare (not Medicare Advantage).

Under the US National Health Care Act, medical care would be paid by combining current sources of government health spending into a single fund with modest new taxes which would amount to less than what people now pay for insurance premiums and out-of-pocket expenses. This is the most fiscally conservative option for reform, slashing private insurance overhead and bureaucracy. Private insurers spend 31 cents of every health care dollar on administration. Without them, \$400 billion would be saved annually and redirected into clinical care.

This kind of reform is supported by most Americans, most doctors, the Hawai'i Medical Association, over 450 labor organizations and dozens of other national organizations. Our Hawai'i Representatives Neil Abercrombie and Mazie Hirono are co-sponsors of the US National Health Care Act which has more co-sponsors than any health care bill in the US House of Representatives. On March 25, 2009 Sen Bernie Sanders (VT) introduced a single-payer health reform bill, the American Health Security Act in the US Senate.

In urging Congress to approve the US National Health Care Act, we take a step toward providing quality, affordable health care for all with the only kind of reform which has sustainable cost control. I urge the committee to pass SCR172. Thank you for this opportunity to testify.

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From: Carol Titcomb [carolth@hawaii.rr.com]
Sent: Monday, March 30, 2009 8:21 PM
To: HTHTestimony
Subject: Fwd: Testimony in Support of SCR 172 to be heard April 1st, 2:45 PM, Conference Room 016

Categories: Green Category, Blue Category

Testimony in Support of SCR 172

TO: Senator David Ige, Chair
Senator Josh Green M.D., Vice-Chair
Members of the Committee on Health

Re: Support of SCR 172
URGING CONGRESS TO APPROVE THE UNITED STATES NATIONAL HEALTH CARE ACT

I am a pediatrician, a researcher in health disparities among Native Hawaiians and an advocate for single payer national health care.

As President Obama said, health care reform is not merely a moral imperative, it is a fiscal imperative. He went on to say that, were he to design national health care from scratch, "[he] would probably go ahead with a single payer system." Former Senator Tom Daschle, his first choice for Health Czar, conceded that single payer, the model used by the "world's highest-ranking health care systems" is "brilliantly simple, ensures equity by providing all people with the same benefits, and saves billions of dollars."

Single payer national health care would enroll each and every one of us in a plan that directly reimburses our choice of doctors, hospitals and pharmacies, and allows us to pay based upon what we earn, through progressive taxation. We already have an example of a program that serves all citizens over the age of 65, Medicare. It does so at a savings of 12% over the privately run "Medicare Advantage" plans.

Commercial insurers blow up to 31% of each dollar on administrative costs; Medicare spends less than 2%. These include shareholder dividends, executive salaries and benefits. The expense of designing and marketing thousands of different insurance plans. Sales commissions paid to independent brokers. Underwriting to weed out high risk applicants from the pool of healthy, profitable participants. An obscenely inefficient claims review, prior authorization, and provider reimbursement process.

Most troubling are administrative dollars devoted to political contributions, federal lobbying and public relations. In the last two year election cycle, insurance companies doled out a total of \$46 million in campaign donations and \$300 million in lobbying activities. These staggering sums do not include the tens of millions of dollars the industry lavishes on professionally-crafted media initiatives to manipulate public opinion against single payer national health care. The Congressional Budget Office estimates that switching to single payer would save taxpayers a minimum of \$250 billion in administrative costs alone.

It will relieve employers of having to ante up for our nation's health care and will generate another \$250 billion in tax revenues simply by eliminating the deduction for employer health premium contributions. This is a huge burden on our manufacturing sector; \$1,500 of the price of every new car is health care related.

National health care will create a net 2.6 million new jobs in manufacturing and trade, information technology and health services, over and above the 470,000 that will be displaced from the private insurance industry. This will serve as a \$317 billion economic stimulus.

National health care will put \$1,300 each month (average cost of employer-based family coverage) back in the hands of every head of household - myself included - who is paying out of pocket for healthcare. That amounts to 31 % of the average household income.

Our government could lower costs by negotiating reasonable fees for healthcare providers and global budgets for hospitals. Together these account for over half our nation's \$2 trillion in health expenditures.

Prescriptions account for another 10 percent. We pay up to 70% more for medications than do citizens of Western Europe and Japan. By contracting directly with pharmaceutical companies to purchase drugs in bulk, our government could lower the cost of drugs. This has been successfully stone-walled by manufacturers, an even larger presence in Washington than the insurance industry. In 2008 they contributed over \$29 million to presidential and congressional candidates and spent \$230 million lobbying on the Hill.

Truth is, multi-payer plans cannot address the root causes of escalating health care costs and deteriorating quality of care: profit-driven administrative waste, lack of universal coverage with cost shifting to the private sector, the need for centralized purchasing and national standards, the lack of coordinated preventive services and chronic disease management, and a system of reimbursement that incentivizes intensive care and unproven technology and that does little to improve the quality of life or the dignity of death.

There are two universal healthcare bills before congress, H.R. 676, the U.S. National Health Care Act introduced by Representative John Conyers and co-signed by 66 Representatives, and the American Health Security Act introduced by Senator Bernie Sanders. They are supported by 500 labor unions, including the AFL-CIO, the National Education Association and the California Nurses Association, preferred by 59% of physicians and two-thirds of Americans. Please lend your support to these bills.

Thank you for your time and consideration.

Respectfully yours,

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