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LEGISLATIVE REFERENCE BUREAU
State of Hawaii
State Capitol, Room 446
415 S. Beretania Street
Honolulu, Hawaii 96813

Written Comments

HB1717 RELATING TO HEALTH

Comments by the Legislative Reference Bureau
Charlotte A. Carter-Yamauchi, Director

Presented to the House Committee on Health and Human Services

Wednesday, January 24, 2018, 10:00 a.m.
Conference Room 329

Chair Mizuno and Members of the Committee:

Good morning Chair Mizuno and members of the Committee, my name is Charlotte Carter-Yamauchi and I am the Director of the Legislative Reference Bureau. Thank you for providing the opportunity to submit written comments on H.B. No. 1717, Relating to Health.

The purpose of this measure is to have the Legislative Reference Bureau conduct a study on the projected costs and effects to the State if it were to implement a single-payer health care system similar to that proposed in the federal Medicare for All Act of 2017.

Specifically, the measure requires the Bureau to include the following components in the study:

- (1) The cost estimate of implementing a single-payer health care system in the State including requirements for planning and implementation;
- (2) The cost savings potential of a single-payer health care system in the State;
- (3) Potential means of financing for a single-payer health care system in the State; and
- (4) The projected effect of a single-payer health care system on health insurance enrollment, employer-union benefits and related issues, prescription drug costs, and financial and social impact on families and businesses in the State.

The measure also appropriates an unspecified sum of general revenues in fiscal year 2018-2019 to conduct a study.

The Bureau takes no position on this measure, but submits the following comments for your consideration.

Generally speaking, the measure directs the Bureau to study the potential fiscal ramifications of implementing legislation that was originally crafted to be enacted at the federal level, throughout all states, as opposed to legislation that has been specifically crafted to be implemented in Hawaii's very unique health insurance market, which is governed not only by the federal Patient Protection and Affordable Care Act, but the State's Prepaid Health Care Act (PHCA). Moreover, Hawaii's PHCA maintains an explicit, limited exemption from the federal Employee Retirement Income Security Act of 1974 (ERISA); provided that no substantive amendments to the PHCA are made. In our cursory review of the proposed federal Medicare for All Act of 2017 legislation, such a study would be like comparing apples to oranges, with many policy variables that need to be fleshed-out prior to any meaningful study to commence. In other words, without knowing how the Legislature would specifically modify the provisions of the federal model to meet the requirements of our State, the Bureau would find it difficult, if not impossible, to provide any meaningful analysis.

To this end, based on existing law and practice, section 23-51, Hawaii Revised Statutes (HRS), requires that:

"Before any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and financial effects of the proposed mandated coverage. The concurrent resolutions *shall designate a specific legislative bill that:*

- (1) *Has been introduced in the legislature;* and
- (2) Includes, at a minimum, information identifying the:
 - (A) Specific health service, disease, or provider that would be covered;
 - (B) Extent of the coverage;
 - (C) Target groups that would be covered;
 - (D) Limits on utilization, if any; and
 - (E) Standards of care.

For purposes of this part, mandated health insurance coverage shall not include mandated optionals." (emphasis added)

In addition to the foregoing requirements under section 23-51, section 23-52, HRS, also requires the Auditor to assess the social and fiscal impacts of any proposed health coverage mandate as follows:

"**§23-52 Assessment report; contents.** The report required under section 23-51 for assessing the impact of a proposed mandate of health coverage shall include at the minimum and to the extent that information is available, the following:

- (1) The social impact.
 - (A) The extent to which the treatment or service is generally utilized by a significant portion of the population;
 - (B) The extent to which such insurance coverage is already generally available;
 - (C) If coverage is not generally available, the extent to which the lack of coverage results in persons being unable to obtain necessary health care treatment;
 - (D) If the coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship on those persons needing treatment;
 - (E) The level of public demand for the treatment or service;
 - (F) The level of public demand for individual or group insurance coverage of the treatment or service;
 - (G) The level of interest of collective bargaining organizations in negotiating privately for inclusion of this coverage in group contracts;
 - (H) The impact of providing coverage for the treatment or service (such as morbidity, mortality, quality of care, change in practice patterns, provider competition, or related items); and
 - (I) The impact of any other indirect costs upon the costs and benefits of coverage as may be directed by the legislature or deemed necessary by the auditor in order to carry out the intent of this section.
- (2) The financial impact.
 - (A) The extent to which insurance coverage of the kind proposed would increase or decrease the cost of the treatment or service;
 - (B) The extent to which the proposed coverage might increase the use of the treatment or service;
 - (C) The extent to which the mandated treatment or service might serve as an alternative for more expensive treatment or service;
 - (D) The extent to which insurance coverage of the health care service or provider can be reasonably expected to increase or decrease the insurance premium and administrative expenses of policyholders; and
 - (E) The impact of this coverage on the total cost of health care."

It is our understanding that the emphasized provisions of section 23-51, HRS, exist to address the Auditor's need for specific guidance on the application of new coverages or regulations within the specific context of Hawaii health insurance law in order to conduct a thorough analysis. Past legislative practice has aligned with this requirement, and historically, bills have been introduced that specifically detail the type of amendments to be made to Hawaii health insurance law that the Auditor must analyze. H.B. No. 1717, as presently drafted, does not involve the Auditor, and as such, section 23-51 or 23-52, HRS, do not directly apply; however, the Bureau believes that the same rationale applies here, especially given that this is such a complicated policy initiative. Accordingly, the Bureau believes that any such study must be based upon specific state legislation that takes into account the PHCA.

Finally, the Bureau notes that it lacks any specific expertise in how to assess health insurance mandates, as that responsibility has historically and statutorily been assigned to the Auditor pursuant to Part IV, Chapter 23, HRS. Due to this lack of expertise, the Bureau

would have to contract the services of a person or entity with relevant budgetary knowledge and experience. Accordingly, while we appreciate the appropriation section currently contained in the bill, we request that the appropriation section be amended to specifically provide for the option to contract for services. In addition, to ensure the study can be completed in a timely manner and submitted prior to the 2019 Regular Session, we would request that the contract be made exempt from the Procurement Code (Chapter 103D, HRS).

In summary, if the Bureau is to conduct the study, we respectfully request the following amendments:

- (1) Specific guidance be provided via the introduction of state legislation that contains the provisions of federal Medicare for All Act of 2017 that are desirable for inclusion in state law;
- (2) The appropriation section be amended to explicitly authorize the Bureau to contract the services of an outside entity for the purpose of the study; and
- (3) An exemption from the Procurement Code (Chapter 103D, HRS) be provided for any contract executed for the study.

If the measure is amended to fully address the concerns noted above, the Bureau believes that the services requested under this measure are manageable and that the Bureau will be able to provide the services in the time allotted; provided that the Bureau is able to timely contract for the services of an outside expert and the Bureau's interim workload is not adversely impacted by too many other studies or additional responsibilities, such as conducting, writing, or finalizing other reports, drafting legislation, or both, for other state agencies, task forces, or working groups that may be requested or required under other legislative measures.

Thank you again for your consideration.

Testimony of
Jonathan Ching
Government Relations Specialist

Before:
House Committee on Health & Human Services
The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair

January 24, 2018
10:00 a.m.
Conference Room 329

Re: HB1717 Relating to Health

Chair Mizuno, Vice-Chair Kobayashi, and committee members, thank you for this opportunity to provide testimony on HB1717, which requires the Legislative Reference Bureau to conduct a study on the projected costs and effects to the state of implementing a single-payer health care system similar to what is proposed in S.1804, the federal Medicare for All Act of 2017.

Kaiser Permanente Hawaii appreciates the intent of HB1717 and offers the following COMMENTS.

We recognize and agree with the preamble of HB1717, which notes “[t]he high cost of and continually rising need for health care in the United States are pressing national concerns.”

As the state’s largest integrated health care system, we provide both care and coverage to over 250,000 members in Hawai‘i. Based on our relevant experiences, we are committing to addressing affordability while also improving quality, service and access. Therefore, we suggest that the study sought to be conducted by the Legislative Reference Bureau via HB1717 be expanded to study approaches to achieving universal health coverage in Hawai‘i that build off the progress made under Hawai‘i’s Prepaid Health Care Act of 1974 and the Patient Protection and Affordable Care Act of 2010.

We look forward to continuing to work to lower health care costs through our integrated model of coverage and care and welcome the opportunity to work with the committee to ensure that everyone has access to good quality health services without suffering financial hardship.

Mahalo for the opportunity to testify on this important measure.

HB-1717

Submitted on: 1/23/2018 12:39:09 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	OCC Legislative Priorities	Support	Yes

Comments:

**PRESENTATION OF THE
OAHU COUNTY COMMITTEE ON LEGISLATIVE PRIORITIES
TO THE [COMMITTEE ON HEALTH & HUMAN SERVICES](#)**

HOUSE OF REPRESENTATIVES

THE TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

Wednesday, January 24, 2018

10:00 a.m.

Hawaii State Capitol, Conference Room 329

RE: TESTIMONY IN SUPPORT OF HOUSE BILL NO. 1717, RELATING TO SINGLE-PAYER HEALTH CARE; REPORT AND APPROPRIATION

To the Honorable John M. Mizuno, Chair; the Honorable Bertrand Kobayashi, Vice Chair; and Members of the Health and Human Services Committee:

My name is Melodie Aduja. I serve as Chair of the Oahu County Committee (“OCC”) on Legislative Priorities. Thank you for the opportunity to provide written testimony on House Bill No. 1717, relating to Single-Payer Health Care, reporting to the Legislature in 2019, and making appropriations for such Study. The OCC Legislative Priorities Committee is strongly in favor of House Bill No. 1717.

A proposed Single-Payer Health Care System would mirror the Federal Medicare for All Act of 2017. As with the Federal Medicare for All Act of 2017, a Hawaii Single-Payer Health Care System would entitle all individuals residing in the State of Hawaii to a universal, best quality standard of care of all medically necessary services, including the following: (1) Primary care and prevention, (2) Approved dietary and nutritional therapies. (3) Inpatient care. (4) Outpatient care, (5) Emergency care, (6) Prescription drugs, (7) Durable medical equipment, (8) Long-term care, (9) Palliative care, (10) Mental health services, (11) dental services, (12)

Substance abuse treatment services, (13) Chiropractic services, (14) Basic vision care and vision correction, (15) Hearing services, including hearing aids, and (16) Podiatric care. There would be no Cost-Sharing: no deductibles, copayments, coinsurance, or other cost-sharing imposed with respect to covered benefits.

The main justifications for a Single-Payer Health Care System are as follows: (1) eliminates administrative waste; (2) provides for a simplified, standardized payment to doctors and hospitals across all plans and requiring hospitals to operate as non-profit organizations; (3) uses administrative savings to reduce prices and fees paid without harming providers of care; (4) provides for negotiated fees and prices, including the cost of drugs wherein Hawaii's Medicaid joins the "Sovereign States Drug Consortium" for the group purchase of drugs at a discount; (5) reduces administrative burdens making the State of Hawaii attractive for new doctors, especially on the neighbor islands; (6) improves access to outpatient care, especially for Medicaid and will reduce excessive Emergency Room and hospital spending; (7) Worker's Compensation would be eliminated as the benefit, including disability pay, would be covered under this System; and (8) provide for a savings of between 30% to 40% of the amount currently spent on healthcare.

Importantly, the Study will examine the potential means of financing for a single-payer health care system in the State. The Medicare for All Act of 2017 provides for appropriations to the Medicare for All Trust Fund amounts sufficient to carry out this Act from the following sources: (A) existing sources of Federal government revenues for health care; (B) increasing personal income taxes on the top 5 percent income earners; (C) instituting a modest and progressive excise tax on payroll and self-employment income; (D) instituting a modest tax on unearned income; and (E) instituting a small tax on stock and bond transactions. The Study will reveal similar methods of financing for such Single-Payer Health Care System at the State taxation level as opposed to the Federal taxation level.

It is further recommended that the appropriate agency to design a Single-Payer health care system and commission an economic study of such a proposal act with the participation of Dr. Stephen Kemble, a highly knowledgeable expert in this field.

A Single-Payer Health Care System would be of tremendous benefit to the citizens of the State of Hawaii. It would provide for a statewide health insurance, set all fees for medical care, and pay those fees directly to doctors and hospitals via a single government plan. A study of the rising costs of healthcare and the effects to the State of Hawaii of the implementation of a single-payer health care system is sorely needed as it should reveal a great cost savings of 30% to 40% to all individuals in Hawaii for best practices, quality health care.

Thank you very much for your kind consideration.

Sincerely yours,

/s/ **Melodie Aduja**

Melodie Aduja

Chair, OCC Legislative Priorities Committee

Email: legislativepriorities@gmail.com, Tel.: (808) 258-8889



46-063 Emepela Pl. #U101 Kaneohe, HI 96744 · (808) 679-7454 · Kris Coffield · Co-founder/Executive Director

TESTIMONY FOR HOUSE BILL 1717, RELATING TO HEALTH

House Committee on Health and Human Services

Hon. John Mizuno, Chair

Hon. Bertrand Kobayashi, Vice Chair

Wednesday, January 24, 2018, 10:00 AM

State Capitol, Conference Room 329

Honorable Chair Mizuno and committee members:

I am Kris Coffield, representing IMUAlliance, a nonpartisan political advocacy organization that currently boasts over 400 members. On behalf of our members, we offer this testimony in support of, with proposed amendments for House Bill 1717, relating to health.

Hawai'i has one of the lowest uninsured rates in the United States, according a September report by personal-finance website WalletHub.com. The state has an average uninsured rate of 3.53 percent, a rate that dropped by 4.36 percent between 2010 and 2016. The children's uninsured rate in the islands is also among the best in the nation at 2.2 percent, ranking also second on the list. The only state that has a lower uninsured rate and children's uninsured rate than Hawai'i is Massachusetts, with 2.54 percent and 0.9 percent, respectively.

Yet, those who are uninsured in our state often face severe economic hardship due to Hawai'i's highest-in-the-nation cost of living. Moreover, individuals and families who have health insurance are often underinsured, with coverage that may not provide full benefits in a health care crisis. To ensure that all of Hawai'i's people have health insurance that satisfies their basic needs, policymakers should evaluate the potential impact of implementing a state single-payer health care system.

A single-payer system would have a number of benefits. To begin, it is in the best interest of the state for each and every state citizen to have publicly provided, high quality, affordable health care. Health care is more than just medical insurance payouts—it includes cost-saving, preventive, and early intervention measures to prohibit medical conditions from becoming chronic, permanently disabling, or fatal.

Moreover, Hawai'i's current health care insurance system is a disjointed, costly, inefficient, and unnecessarily complicated, multi-payer, private medical insurance model that is mostly profit-

driven, adversarial, beset with constant cost-shifting and reluctant health care delivery, onerously bureaucratic, and economically irrational, all at a time when health care rates are skyrocketing, creating an affordability and accessibility crisis for local residents. The two largest cost-drivers of health care in the United States and in the islands are: (1) the profit-driven complex of payment-reluctant, multi-payer health insurance bureaucracies competing to insure only the healthy and the wealthy, while leaving those who need health care the most to the taxpayers; and (2) the high cost of prescription drugs.

For more than a quarter of a century, Hawai'i was far ahead of most other states and often called itself "the health state" because of the 1974 Hawai'i Prepaid Health Care Act. Today, however, thousands of residents lack health care coverage, many of whom are children. Many other residents are, again, underinsured, unable to use their insurance properly, or even at all, because of increasingly expensive deductibles and out-of-pocket co-payments for outpatient visits, diagnostic tests, and prescription drugs, among other factors. Even well-insured individuals experience problems with their insurers denying, or very reluctantly dispensing, expensive medicines and treatments. About half of all bankruptcies are due to extremely expensive, catastrophic illnesses that are not covered after a certain cap is reached. Other people are near bankruptcy with their quality of life seriously impacted.

A universal, publicly administered, health care-for-all insurance model with one payout agency for caregivers and providers, adapted to meet the unique conditions in Hawai'i, would be beneficial for the following reasons:

- 1) For union members and their employers, it means taking health care off the negotiating table;
- 2) For patients, as taxpayers and insurance premium-payers, it means significant reductions in overall costs, increases in benefits, and the slowing of annual inflation cost increases. It also means a comeback from increasingly uncaring, profit-driven health care to the restoration of human-need-driven, mutually respectful and caring patient-doctor-nurse-and other caregiver relationships, which in earlier times were fundamental to meaningful health care;
- 3) For businesses, large and small, it reduces significant overhead expenses;
- 4) For the local economy, it means keeping almost all health care dollars in the State;
- 5) For government, it means having one integrated, electronic, health information database for unprecedented planning and cost-containment capabilities. It also means relief from the perceived emerging problem of unfunded liabilities associated with long-term funding of government retiree health care benefits;
- 6) For physicians, nurses, and other caregivers, it means less paperwork, less work stress, and more time with patients;
- 7) For hospitals, community health clinics, homecare providers, and long-term care facilities, it means sufficient and dependable annual financing through global budgets; and

8) For the public, it means accessible and affordable health care for every person and relief from the increasing stresses of constant worries over health care coverage instability.

That said, we humbly ask you to ensure that the study envisioned by this proposal has sufficient information about single-payer health care systems by **amending the measure to allow the Legislative Reference Bureau to seek information from relevant state agencies, including the Department of Health and the Hawai'i Health Authority, the latter of which has already compiled a number of studies related to a health plan that covers all of Hawai'i's people.**

Health care is a human right, one that will be advanced by passage of this measure. Mahalo for the opportunity to testify in support of this bill.

Sincerely,
Kris Coffield
Executive Director
IMUAlliance



HAWAII

AMERICANS FOR DEMOCRATIC ACTION

OFFICERS

John Bickel, President
23404
Alan Burdick, Vice President
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MAILING ADDRESS

Cameron Sato
PO. Box
Honolulu
Hawai'i 96823

January 22 , 2018

TO: Honorable Chair Mizuno and Members of the Health & Human Services Committee

RE: HB 1717 Relating to Health

.
Support for hearing on Jan 24

Americans for Democratic Action is an organization founded in the 1950s by leading supporters of the New Deal and led by Patsy Mink in the 1970s. We are devoted to the promotion of progressive public policies.

We support HB 1717 for a study on the costs and effects in the State of implementing a single-payer health care system. We support a single-payer system. From the data we have seen, single-payer systems are more efficient as they reduce administrative costs and advertising. On a more philosophical level, they replace the profit motive that is meant to deny care in favor of profit with public motive for health. It is certainly worth a study.

Thank you for your favorable consideration.

Sincerely,

John Bickel
President

To: The Honorable John Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members of the House Committee on Health and Human Services

Re: HB 1717- RELATING TO HEALTH

Hearing: Wednesday, January 24, 2018, 10:00 a.m., House Conference Room 329

Position: Support WITH RESERVATIONS AND CONDITIONS

I am an Executive Board Member-at-Large of the Health Committee under the Democratic Party of Hawaii, and the reason I mention that here is to impress upon you how fervent my commitment to single-payer healthcare in Hawaii, as the life boat for Hawaii's ship, now sinking in bureaucratic (mis)"management".

My testimony here, however, is as an individual. I receive Medicare and Medicaid for a disability, and as these programs are increasingly imperiled, so I see my very life imperiled if we do not heed the voluminous evidence-based data from nationally-recognized studies showing that only a single-payer healthcare delivery system for ALL is capable of effectively cutting the unsustainable rising costs of administrative waste, while also restoring the (currently crumbling) physician-patient covenant.

I support the intent of this measure, but only provisionally, with amendments below and for the following reasons:

Unfortunately, while a study of single-payer healthcare in Hawaii is a commendable first step, its results can only be as reliable as the parties designing and conducting the study. This measure calls for the Legislative Reference Bureau, a non-partisan and neutral third party, to conduct the study. However unbiased this agency, it is not equipped to design and analyze complex healthcare economics without hiring outside consultants -- and the neutrality of these consultants may be highly questionable. This measure, as written, leaves the appointment of research open to stakeholders in the private, corporate for-profit insurance sector, as well as state administrators who are allied with them. This would doom the impartiality of any authentic single-payer study designed to analyze economic outcomes that are free of market-driven, private insurance forces.

We have already seen casualties of such studies in Hawaii, California, and Vermont, which lead to the consequent flawed conclusions that single-payer healthcare is not more economically feasible. We would be doing this measure and its long-term intent a terrible disservice to allow such an outcome.

Accordingly, I am strongly recommending that this measure be amended to:

1. Specifically indicate which departments, parties, agencies, organizations, or individuals SHALL NOT BE COMMISSIONED FOR THIS STUDY. This would include any and all parties with a conflict of interest, as affiliated with insurance companies or their stakeholders, as well as the Department of Health (headed by Dr. Virginia Pressler, since she has historically opposed the single payer model which removes insurance companies as the middle-man.)
2. Conversely, indicate which entities SHALL BE COMMISSIONED FOR THIS STUDY. I strongly recommend language emphasizing a collaborative approach restricted to members of the healthcare professional community, allied social service consultants, and healthcare economics experts, all of whom are 100% independent public service representatives. I recommend including by name Dr. Stephen Kemble and others who have held positions within the Hawaii Health Authority (HHA), an agency already established in statute for such

independent cost-benefit analysis; and additionally, any other sources under their purview they may deem appropriate for further consultation.

Additional amendments I strongly recommend:

3. Replace the template of Senator Bernard Sanders' S. 1804 Medicare For All Act of 2017 in this measure with H.R. 676, the Expanded and Improved Medicare for All Act (introduced by John Conyers in 2017), since the latter is more comprehensive and provides a superior model for universal coverage (explanations available upon request)

See this link: <https://www.congress.gov/bill/115th-congress/house-bill/676>

4. **Add language mandating that upon the study's results favoring the economic viability of a single-payer model and its cost savings, that the HHA, in its capacity spelled out in HRS 322-H, be effectuated as Hawaii's healthcare policy-creating institution, and staffed immediately, to propose an implementation plan to the Legislature for further funding, as needed.**

On a final note: **the HHA is ALREADY perfectly suited to design the type of study that this measure assigns to the Legislative Reference Bureau.** The HHA would have a mostly volunteer force of ready-made health professional consultants, **making the alternatives in HB 1717 redundant and concerning, for the objectivity threats described above. Ideally, you would designate the HHA for this task, as part its existing function,** in this legislation. However, the only acceptable compromise would be the current bill with the amendments above.

My main ask is that if there is any study to be done, **that the design of it be 100% independent and that the HB1717 ensure this by naming the appropriate parties and/or the HHA specifically with this reliable background and expertise of many years.** Let's not have the fox constructing the chicken coop! If this can't be done, I do not support this measure.

Mahalo for this opportunity to testify on this very timely and desperate issue, as the national climate worsens.

We in Hawaii can turn this around and make history!

HB-1717

Submitted on: 1/21/2018 3:55:02 PM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kerry Porter	Windward ReSisters	Support	No

Comments:

It is important that money is appropriated for the study of universal or single payer healthcare in the state of Hawaii so we can move ahead with affordable healthcare for all. I would like to see standardized payment of healthcare services and reduction of administrative costs. I am a RN and have been in healthcare for 40 years.

HB-1717

Submitted on: 1/22/2018 9:09:12 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kimiko LaHaela Walter	Sierra Club of Hawai'i	Support	No

Comments:

Aloha Chair Mizuno, Vice Chair Kobayashi, and members of the Committee,

I am in **strong support** of HB1717, which appropriates funds to conduct a study on the costs and effects in the State of implementing a single-payer health care system. If we cannot catch up to the rest of the developed world in health care coverage **for all** at the federal level, then we should take steps at the state level.

I lived and studied in Germany for five years to receive my masters degree. During this time, I was covered under their comprehensive single-payer system. I did pay a monthly premium, of course, but never had to even think twice about going to the doctor. I was free to see whichever doctor I chose. Mental health care was also covered. Seeing a doctor for women's health issues was covered. It was very easy to take care of my holistic wellness under their healthcare system. I would gladly contribute more, as a member of our Hawai'i community, such that all people of Hawai'i are eligible for coverage.

Please, support funding a study to explore this option for Hawai'i. We NEED a better healthcare system. Period.

Mahalo for the opportunity to testify on this important matter.

Sincerely,

Kimiko LaHaela Walter

Mo'ili'i-McCully

2017 Resolution

Requesting The Convening of a Statewide Rare Disease Advisory Board

Whereas, a rare disease is defined as a disease that affects fewer than 200,000 people in the United States; and Whereas, there are 7,000 different known rare diseases affecting approximately 30,000,000 men, women, and children in the United States; and Whereas, out of a population of 1,431,000 persons in the State of Hawai'i, more than 143,000 persons are affected by a rare disease, with more than half of these rare disease being specific to the Pacific region; and Whereas, while the exact cause for many rare diseases remains unknown, eighty percent of rare diseases are genetic in origin and can be linked to a mutation in a single gene or in multiple genes and these genetic diseases may be passed from generation to generation; and Whereas, it is sound public policy that an advisory body of qualified persons be convened, including persons living with rare diseases, to encourage and fund research in the development of new treatments for rare disease; now, therefore, be it *Resolved*, that the Democratic Party of Hawai'i urges the creation of a Advisory Board to report to the Department of Health and the Legislature biennially on its activities, including findings and recommendations on issues relating to quality, cost effectiveness, and accessibility of treatments and services to persons with rare diseases in the State; and be it further

Ordered, That copies of this resolution be transmitted to the Democratic members of the Hawai'i State Legislature, and the members of the Hawai'i congressional delegation.

Written by; U.S. Moore 2017

HB-1717

Submitted on: 1/22/2018 12:39:16 PM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph Kohn MD	We Are One, Inc. - www.WeAreOne.cc - WAO	Support	No

Comments:

Strongly Support Single Payer Healthcare For All.

www.WeAreOne.cc

***** Amended *****

Personal testimony by Dennis B Miller

TO THE COMMITTEE ON HEALTH & HUMAN SERVICES HOUSE OF REPRESENTATIVES THE TWENTY-NINTH
LEGISLATURE REGULAR SESSION OF 2018

Wednesday, January 24, 2018 10:00 a.m.

Conference Room 329

**RE: TESTIMONY IN SUPPORT OF HOUSE BILL NO. 1717, RELATING TO
SINGLEPAYER HEALTH CARE; REPORT AND APPROPRIATION**

To the Honorable John M. Mizuno, Chair; the Honorable Bertrand Kobayashi, Vice Chair; and Members of the Health and Human Services Committee:

My name is Dennis B Miller. I serve as a community advocate for healthcare without insurance bureaucracy with the Health Committee of the Hawaii Democratic Party and with the grass roots group Healthcare For All Hawaii. Thank you for the opportunity to provide written testimony on House Bill No. 1717, relating to Single-Payer Health Care, reporting to the Legislature in 2019, and making appropriations for such Study. I am strongly in favor of House Bill No. 1717 if certain necessary amendments are added to the bill.

This bill calls for a Single Payer study, but doesn't specify what will be studied. It is imperative to verify that a "quality" Single Payer Healthcare System, like any of the five attached studies, is the basis of this study.

If this is not done, a poorly designed study could misrepresent the general concept of Single Payer to the members of the legislature and to the public. In 2016, Governor Jerry Brown of California commissioned a Single Payer study, and his study ignored the proposed Single Payer bill in CA, which was based on simplifying insurance administration. Instead, Governor Browns study simply studied the cost of providing insurance at the current 'insurance company' cost to everyone, including the uninsured. Of course, the total cost was very high. UMass did a Single Payer study for the proposed CA Single Payer bill which showed an annual savings \$37 billion, due to administrative simplification.

Clearly, it is imperative to identify what will be studied.

This bill states that the Legislative Reference Bureau will hire consultants to design a Single Payer Healthcare System, and then show how much it will cost. This is a noble idea, which has been successfully performed many times in other states. I have attached just five examples of “quality” single payer studies.

It is imperative that the consultants who are hired are not from the Department of Health because a fair and non-biased willingness to publicly discuss the cause of increases in health insurance premiums is a prerequisite for designing a study to simplify healthcare administration. For example, physicians and insurance companies are spending considerably more time on patient reporting, but the public position of the DoH is that this does not cause cost increases. It is unwise to decline to discuss the non-medical costs of health insurance administration. Let's hire policy experts who will explain how our non-medical healthcare dollars, aka 'administrative overhead,' are being spent.

It is imperative that the consultants who are hired by the LRB are already healthcare policy experts in the attached studies, and have a history of dedicated advocacy for Healthcare without unnecessary non-medical expenses. Furthermore, the consultants should not be employees of an industry that will see its work force significantly reduced by 'administrative simplification.' Therefore, neither the DoH nor HMSA nor any other insurance or For-Profit Hospital stakeholder can be allowed to participate in the design of Hawaii's Single Payer Healthcare System.

It is my view and the view of most voters in Hawaii that health insurance bureaucracy is out of control, and that prescription drug prices are out of control, and, Dr. Stephen Kemble is the primary source for effective healthcare policy reform. I urge this committee to immediately schedule at least a 60-minute meeting with Dr. Kemble, so that you can hear first hand how to simplify healthcare administration.

HB1717 is supportable only if the study is done fairly. Please ensure that the studies used are not conducted by private health insurers because they are the drivers of the health care cost explosion. Meaning... HB1717 should ONLY be supported if the studies used by the LRB are not conducted by private industries, and are based on:

- its Bureaucratic efficiency.
- whether it covers EVERYONE.
- whether it relieves employers from Workers Compensation.
- whether it bundles prescription drugs via a multi-State model
- whether it compels for-profit hospitals to become non-profit.
- whether it compels regulated and transparent billings.

Here is a sample of comprehensive Single Payer Studies which show a variety of “quality” paths, each one demonstrating how Single Payer Healthcare lowers costs and allows a Universal system to cover everyone at a total cost which is less than we pay right now while not covering everyone.

<https://www.dropbox.com/s/rn5epbcpga3axhs/Financing%20the%20Maryland%20Health%20Security%20Act%2002-22-12.pdf?dl=0>

<https://www.dropbox.com/s/hke7q1igjv009kc/Friedman-Fiscal-Study-New-York-Health-Act-FINAL-3-13-15.pdf?dl=0>

<https://www.dropbox.com/s/og4gl24zctdzzni/FriedmanColoHealthV2.3%2C021813.pdf?dl=0>

<https://www.dropbox.com/s/naes3lz1tph1nl/Healthy%20California%20-%20Pollin-Economic-Analysis-SB-562.pdf?dl=0>

<https://www.dropbox.com/s/4j25mk8n9akw1b1/Lange-Growth%20%26%20Justice-Beyond%20the%20ACA%20-Unified%20System%2003-28-12.pdf?dl=0>

Thank you for your time,

Dennis B Miller

Dennis B Miller 226 Lewers Street Ste L209 Honolulu, HI 96815 (808) 227-8241
singlepayerhawaii@gmail.com



HB-1717

Submitted on: 1/23/2018 12:32:48 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
pat gegen	KIUC, Zero Waste Kauai, HHSC - KR	Support	No

Comments:

Strongly Support single-payer. I have the pleasure of dealing with multiple "payers" as a business manager for my wife's primary care health care business. The current system is wasteful of resources, adds unnecessary additional expenses and all payers seem to have inconsistent rules and policies that seem more determined to prevent health care visits and billing rather than promoting preventative care and timely visits. Bill HB1717 is a move in the right direction for a system that needs many moves in the right direction to become world class.....

thank you.

Aloha, Honorable Lawmakers!

If we are going to successfully reduce health care costs for the state of Hawaii, we must establish the correct diagnosis of the reasons our costs are out of control, or else our solutions will fail. The reality is that the current insurance model is actually the biggest driver of excess cost.

Please support the bill for a Single Payer Healthcare System Study for Hawaii. The study needs to:

1. Cut non- medical bureaucracy
2. Negotiate prescription drug prices via membership in a multi-state org (SSDC)
3. Simplify medical billing
4. Eliminate workers comp as a separate bureaucracy but fold WC benefits into a universal system
5. Be a universal system: everybody in, nobody out, except VA and DoD, who are fully covered by those two systems.

Previous studies of health care in states like California examine single payer programs that are not well-designed systems, which result in false conclusions that single payer won't work.

The dominant health plans are invested in an old, administratively heavy business model. They can't "see outside the box" to correctly understand the problem. The health insurance industry has been in charge for a decade, and they clearly can't accomplish the goals of reform, including reducing total cost.

The state of Hawaii can't afford to waste another 10 years going down a dead- end street with increasing administrative costs, demoralization of doctors so they move away, and worsening access to appropriate care leading to increased ER and hospital spending, and rapidly rising total cost. We really should support an independent policy-making board that is not tied to special interests, is charged by statute with serving the public good, and then empower it to do its job.

Here are links to just a few of the many existing studies which demonstrate how a single payer system costs less and covers everyone. They show that, if you spend less money on non-medical administration, you spend less money for healthcare.

<https://www.dropbox.com/.../Financing%20the%20Maryland...>
<https://www.dropbox.com/.../Friedman-Fiscal-Study-New...>
<https://www.dropbox.com/.../FriedmanColoHealthV2.3...>
<https://www.dropbox.com/.../Healthy%20California%20...>
<https://www.dropbox.com/.../Lange-Growth%20%26%20Justice...>

Single payer health care is the best way to go. The proof is in a well-designed study. Please support a bill that studies a system designed by policy experts who know what to include in the study.

That means that Dr. Stephen Kemble with a team of health policy experts need to be hired by the Legislative Reference Bureau (LRB) as the consultants who can assist in designing the study. Mahalo nui loa for your time and favorable attention.

Sincerely,
Marya Mann, Ph.D.
P. O. Box 5154, Kailua Kona, HI
808-345-0050

HB-1717

Submitted on: 1/23/2018 9:29:01 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Christine Weger		Support	No

Comments:

I conditionally support passage of HB1717. Single payer should be studied but only by a body that is free of influence from the health insurance industry. For single payer to be affordable, it must be accompanied by administrative changes/simplifications that require study by a group with complete objectivity, lack of financial stake in the outcome and a willingness to consider alternatives that may not be in the long term interests of private insurers.

The reason California studied, and then dropped, the possibility of a single payer system is that it did not fully consider alternatives that would dramatically cut costs. True single payer may require the elimination of the separate workers compensation system (now a historical albatross) and the elimination of most of the non-medical bureaucracy.

Due to changes being made by health insurers, doctors are demoralized and fleeing private practice. Administrative costs have soared. The costs of employer provided healthcare are becoming a real burden, particularly on small businesses.

The Hawaii Health Authority has the expertise and independence to do a study that is objective--they have the independence to think "outside the box". Please pass this bill but please do not assign this critical task to the OHT which may be dominated by special interests.

The people of Hawaii are your constituents, although insurers may be donors. The people need and expect action to cut healthcare costs that does not treat the health insurance industry as a sacred cow. All options need to be considered.

Please do this in a new way. Put the people first.

Christine D. Weger

Diehl & Weger, Attys at Law

733 Bishop St., Suite 1410

Honolulu, HI 96813

HB-1717

Submitted on: 1/23/2018 10:12:38 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jacqueline Sato	University of Hawaii School of Social Work	Support	Yes

Comments:

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Committee on Health & Human Services

Jacqueline Sato

**University of Hawaii at Manoa
Myron B. Thompson School of Social Work**

Wednesday, January 24, 2018

Support for H.B. No. 1717, Relating to health

My name is Jacqueline Sato and I am a graduate student at the University of Hawaii at Manoa, Myron B. Thompson School of Social Work. I would like to testify my support for H.B. No. 1717. As a social work student, I have gained insight on health disparities that plague our nation. These may include differences or gaps in quality of care, socioeconomic status and lack of access. As the demand for costs rise for healthcare, I fear disparities in healthcare will continue to rise. However, I am optimistic for a future system that is cost efficient and supports health equity.

The primary goal for the Affordable Care Act (ACA) is to ensure individuals have access to affordable healthcare plans. However, affordable insurance premiums

may still be out of reach and high cost of copayments and deductibles leave individuals underinsured. As part of the Masters of Social Work (MSW) program, I am required to complete a minimum of 450 hours of field work. Currently, I am placed in an oncology clinic as my internship and witness the financial hardship cancer patients experience. I have seen insured patients faced with expensive treatment costs, which they are unable to afford. According to the Journal of Oncology Practice, the median cost for cancer medication is \$10,000 per month and can reach up to \$35,000 per month. Cancer patients should not be faced with financial barriers that interfere with their treatment plans.

I am in support of H.B. No. 1717, to conduct an investigation on addressing high cost of healthcare and strategies to provide medicare for all. I strongly believe that a single payer healthcare system has the potential to address high cost-sharing and premiums that leave a financial burden. By providing accessible healthcare for all, we are promoting that healthcare is a human right. Thank you for this opportunity to testify on an important manner.

HB-1717

Submitted on: 1/23/2018 9:32:17 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Leslie Iijima	DPH	Support	No

Comments:

HB1717 Single Payer,

The Universal Healthcare -Single payer is widely proven to be more cost efficient and provide better outcome. Hawaii should lead the Nation in implementing the Single Payer.

Thank you

Leslie Iijima



Progressive Democrats of Hawai'i

<http://pd-hawaii.com>

PO Box 231 Honolulu HI 96809

email: info@pd-hawaii.com

January 22, 2018

To: House of Representatives Committee on Health and Human Services

Re: HB 1717 – Requiring Legislative Reference Bureau to Conduct Study on Universal Healthcare

Hearing: Wednesday, January 24, 2018, 10:00 a.m. Room 329

Position: Support with Amendments

Progressive Democrats of Hawaii thank the Committee for this opportunity to testify on the critical issue of Universal Healthcare in Hawaii. We strongly support the underlying purpose of this bill, which is to promote progress toward achieving Universal Healthcare in the State of Hawaii, free of the constraints of private insurance. This bill would advance that goal.

However, Progressive Democrats urge certain amendments and cautions. First, while the bill wisely references S.1804, the federal Senate bill introduced last year by Senator Bernie Sanders, there is a broader federal bill that really should provide the primary guidance on what should constitute “Universal Healthcare.” That is the “Expanded and Improved Medicare for All Act,” H.R. 676, introduced by John Conyers in the U.S. House of Representatives. While Rep. Conyers is no longer in the House, the bill remains very much alive. Among other things, H.R. 676 envisages healthcare that includes vision, hearing, and dental care, as well as standard medical care. It requires that hospitals be non-profit. These are critical goals for any comprehensive healthcare system, which is what we need.

Further, we must emphasize that any healthcare system worthy of the name must fully cover pharmaceuticals as well as injuries that are currently covered under workers’ compensation.

Separately, we must also emphasize that the studies envisaged by this bill must be completely free of influence by the insurance industry.

We have faith in the Legislative Reference Bureau to be independent, but we are unsure that it has the capacity to handle this task on its own. We ask the committee to ensure that the LRB have adequate support for this very critical obligation.

Thank you very much for the opportunity to testify.

Alan B. Burdick, Co-Chair

Burdick808@gmail.com / 808-486-1018

kobayashi2 - Kevin

From: YPDA Hawai'i <action@ypdahawaii.org>
Sent: Monday, January 22, 2018 4:08 PM
To: hhstestimony
Subject: Testimony in support of HB1717

Aloha Chair Mizuno, Vice Chair Kobayashi and members of the HHS Committee,

On behalf of YPDA Hawai'i's 586 registered members, I would like to express **strong support** for HB1717, Single-Payer Health Care; Report; Appropriation.

Effectively lowering the cost and increasing the quality of our healthcare system will require the implementation of a state-based, universal single-payer healthcare plan. A state-based, single-payer plan will result in consolidating all insurance providers into one plan in Hawai'i, including Workers Comp companies. This will result in significant savings for employers and, at the same time, improve reimbursement for providers and improve the quality of care and availability of care for all state residents.

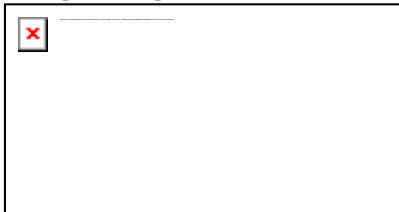
Sen. Bernie Sanders introduced a single-payer bill in mid-September with 16 Democratic co-sponsors—16 more than he got when he introduced the bill two years earlier. When he ran for president in 2016, he campaigned on this issue and used it to simultaneously spark debate over the dreadful state of our current healthcare system and to energize voters who have been disenfranchised by the current system: students, the elderly, the poor and basically everyone else who needs healthcare but has trouble paying for it currently. That demographic is massive, and it includes most of our membership. We are therefore extremely interested in seeing a study on how best to implement single payer healthcare here in Hawaii funded.

Please pass HB1717 out of your committee with your full support and continue to advocate for it as it makes its way through the session.

Mahalo nui loa,

Will Caron
Social Justice Action Committee Chair
8083874920

--
YPDA Hawai'i
Energize. Organize. Mobilize.



HB-1717

Submitted on: 1/20/2018 11:41:39 PM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jun Shin		Support	No

Comments:

HB-1717

Submitted on: 1/21/2018 8:52:03 PM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Morgan Bonnet		Support	No

Comments:

HB-1717

Submitted on: 1/21/2018 10:21:43 PM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Greg and Pat Farstrup		Support	No

Comments:

HB-1717

Submitted on: 1/22/2018 7:59:58 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
John Zwiebel		Support	No

Comments:

There is more than enough evidence to show that a single-payer healthcare system, where the government (either the state or federal government) is responsible for paying the insurance bill, will save lives and cost the citizens of Hawaii much, much less. Health Insurance company executives are making billions of dollars simply because they are at the top of what could be considered a criminal enterprise. These insurance companies are the "Death Panels" that Sarah Palin warned against. It is immoral that profit should be made from the misery of others!

HB-1717

Submitted on: 1/22/2018 8:23:25 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Lu Kelley		Support	No

Comments:

Aloha.

I want single-payer, universal health insurance for Hawaii and I want it now.

Thank you,

Mary Lu Kelley POB 289

Lawai, HI 96765

Testimony for the
HEALTH AND HUMAN SERVICES COMMITTEE
HEARING: January 24, 2018
Conf. Room 329
10:00 a.m.

Testifier: Karen K. Cobeen

From District: House District 7, Hawaii Island

Position: In Favor, WITH CONDITIONS.

To: Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Committee Members

Aloha:

I strongly support this bill and the need for a serious and credible study about the need for Single Payer Healthcare in Hawaii by the Legislative Reference Bureau. A well researched study will reveal enormous cost savings, particularly as it relates to administrative costs of a plan. Other states have undertaken these kinds of studies with surprising results.

It is essential however, that the LRB utilize policy experts in the field, even if that means hiring outside professionals.

The experts cannot be those in the industry or their lobbyists who stand to profit from the study outcomes. Their bias could and will benefit the bottom line of those industries and not the citizens of Hawaii.

Respectfully,

Karen K. Cobeen
P.O. Box 7028
Kamuela, HI 96743
808-938-0089

HB-1717

Submitted on: 1/22/2018 11:10:35 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Younghi Overly	NONE	Support	No

Comments:

For my husband and I who work as individual contractors, the healthcare cost is already too high. According to Insurance Commissioner Ito, the health insurance premium alone is expected to double every 10 years (see [this article](#) in Star Advertiser and [9.6.17 AHIWG meeting video](#)) which means my husband and I will be not able to afford healthcare insurance. I have an inherited cancer syndrome and without healthcare insurance, I won't be able to afford the necessary medical tests to detect and treat various cancers in their early stage which I have been able to do so far. For first time in our lives, we wish we lived in another country, one with affordable healthcare. **Please commission a study which will look at both what it will cost to provide universal healthcare in Hawaii but also how we can reduce the total healthcare cost.** The "[Economic Analysis of Healthy California](#)" done by UMass shows that while universal coverage in California could increase the total cost by 10%, a single payer system with reduced administrative cost could decrease the total cost by 18%. Please figure out how to have affordable healthcare in Hawaii for my and other residents of Hawaii but also become a role model for other states. Mahalo.

HB-1717

Submitted on: 1/22/2018 11:19:37 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez		Support	No

Comments:

HB-1717

Submitted on: 1/22/2018 1:39:13 PM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
chelsea pang		Support	No

Comments:

I support this bill *if it studies a system that is designed by policy experts who know what to include in the study.*

That means that Dr Stephen Kemble with a team of health policy experts need to be hired by the Legislative Reference Bureau (LRB) as the consultants who can assist in designing the study.

Basically, the study needs to be premised on all of the below:

- 1. Cut non medical bureaucracy
- 2. Negotiate prescription drug prices via membership in a multi state org (SSDC)
- 3. Simplify medical billing
- 4. Eliminate workers comp as a separate bureaucracy but fold WC benefits into a universal system
- 5. Be a universal system: everybody in, nobody out, except VA and DoD, who are fully covered by those two systems.

thank you!

HB-1717

Submitted on: 1/22/2018 3:22:26 PM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
mary oâ€™shea		Support	No

Comments:

I fully support HB1717

in Kona there is only one doctor who would accept me under Workers Compensation. He splits his time between Hilo and Kona . This is unjust. This is only one reason I support HB1717.

HB-1717

Submitted on: 1/22/2018 4:27:26 PM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nathan Yuen		Support	No

Comments:

I support HB1717, Single-Payer Health Care; Report; Appropriation. Hawaii's healthcare system can be improved by eliminating and consolidating insurance providers into a single plan. The savings from administering and marketing these plans is significant and can be applied towards the actual delivery of healthcare services. The people of Hawaii would be better served by restructuring the system to respond to the needs of the people and not for the corporate profits of health insurers. I urge you to pass HB1717 to devise a system that will maximize public benefit.

HB-1717

Submitted on: 1/22/2018 6:34:29 PM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Shane Albritton		Support	No

Comments:

My name is Shane Albritton, and I'm a public school teacher from Maui.

My the premiums for my current HMSA plan for myself and my son constitute over 20% of my net income, and the copays make visits to the doctor cost prohibitive - and I'm "lucky" enough to have employer subsidized health insurance.

Allowing insurance companies to reap tens of millions of dollars in profits a year while premiums become ever more unaffordable is unethical and inhumane.

Enough is enough. We need to follow the lead of other first world countries and offer health care as a fundamental right to our citizens.

Thank you in advance for your support of this important issue.

HB-1717

Submitted on: 1/22/2018 7:32:11 PM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marion McHenry		Support	No

Comments:

The study needs to be premised on all of the following;

1. Cut non medical bureaucracy
2. Negotiate prescription drug prices via membership in a multi state org (SSDC)
3. Simplify medical billing
4. Eliminate workers comp as a separate bureaucracy but fold WC benefits into a universal system
5. Be a universal system: everybody in, nobody out, except VA and DoD, who are fully covered by those two systems.

It is important for our state to move forward on medical care for all before our state medical costs become astronomical.

HB 1717 calls for a study on the economics of a single-payer health care system for Hawaii, which we strongly support. This bill proposes the Legislative Reference Bureau as the agency to arrange for such a study, with funding for this purpose.

There have been many studies on the economic implications of various single-payer proposals, in several states including Hawaii and also for national proposals. The results of an economic study depend heavily on the design details of a single-payer proposal, and in some cases (including the last Lewin Group study in Hawaii in 2007), inappropriate assumptions can lead to very misleading conclusions. Using Bernie Sander's national bill as a template would not accommodate the specific circumstances of a state-level proposal in Hawaii.

The Legislative Reference Bureau is a neutral and non-partisan, with a mission to serve the public interest, but it has no expertise in health policy or on single-payer system design. Developing a specific proposal for universal health care in Hawaii and commissioning an economic study are already under the specific purview of the Hawaii Health Authority (HRS 322-H), although the HHA has not been re-appointed by Gov. Ige nor funded to do its work.

The Hawaii Health Authority is appointed by the Governor with input from the Senate President and the Speaker of the House. Its mission is clearly to serve the public interest, and it is designed to have specific expertise in health policy. Other health

planning bodies, including the governor's Office of Health Transformation, are beholden to special interests whose goal is to sabotage health reform that threatens their business model, and this is a major cause of escalating health care cost in Hawaii and worsening dysfunction in our health care system. The HHA already had the appropriate expertise to design a universal system for Hawaii and it would be more appropriate to reconvene the Hawaii Health Authority and give it the funding to commission an economic study.

The real problem is that if we are going to successfully reduce health care costs for the state of Hawaii, we must establish the correct diagnosis of the reasons our cost is out of control, or else our solutions will fail. Turning health planning over to the insurance industry over the past decade has resulted in markedly increased administrative cost, demoralization of doctors and a worsening doctor shortage, worsening access to appropriate care leading to increased ER and hospital spending, and steadily rising total cost. The state of Hawaii cannot afford to waste another 10 years going down a dead end street.

The appropriate agency to design a universal health care system and commission an economic study of such a proposal in Hawaii is the Hawaii Health Authority. It is an independent policy-making board that is not tied to special interests; it is charged by statute with serving the public good; and it should be empowered to do its job.

HB-1717

Submitted on: 1/22/2018 10:39:43 PM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Shannon Rudolph		Support	No

Comments:

I SUPPORT HB 1717 and agree with Dennis B. Miller and Stephen Kemble, below.

Some single payer studies do not study a well designed system, which results in a result which falsely proves that single payer won't work.

Governor Jerry Brown did that in 2016 in California.

His study ignored the proposed single payer bill, and instead studied the cost of providing health insurance to everyone, including the uninsured, without any administrative simplification.

That false study deceived the public and resulted in diminished public support for single payer.

UMass did a study for the proposed 2016 California Single Payer bill which was based on admin simplification, and it showed a \$37 billion annual savings for CA in the first year of eliminating much non medical overhead.

I support this bill if it studies a system that is designed by policy experts who know what to include in the study.

That means that Dr Stephen Kemble with a team of health policy experts need to be hired by the Legislative Reference Bureau (LRB) as the consultants who can assist in designing the study.

Basically, the study needs to be premised on all of the below:

1. Cut non medical bureaucracy
2. Negotiate prescription drug prices via membership in a multi state org (SSDC)
3. Simplify medical billing
4. Eliminate workers comp as a separate bureaucracy but fold WC benefits into a universal system
5. Be a universal system: everybody in, nobody out, except VA and DoD, who are fully covered by those two systems.

Here are Dr. Stephen Kemble's thoughts on HB1717

HB 1717 calls for a study on the economics of a single-payer health care system for Hawaii, which we strongly support. This bill proposes the Legislative Reference Bureau as the agency to arrange for such a study, with funding for this purpose.

There have been many studies on the economic implications of various single-payer proposals, in several states including Hawaii and also for national proposals. The results of an economic study depend heavily on the design details of a single-payer proposal, and in some cases (including the last Lewin Group study in Hawaii in 2007), inappropriate assumptions can lead to very misleading conclusions. Using Bernie Sander's national bill as a template would not accommodate the specific circumstances of a state-level proposal in Hawaii.

The Legislative Reference Bureau is a neutral and non-partisan, with a mission to serve the public interest, but it has no expertise in health policy or on single-payer system design. Developing a specific proposal for universal health care in Hawaii and commissioning an economic study are already under the specific purview of the Hawaii Health Authority (HRS 322-H), although the HHA has not been re-appointed by Gov. Ige nor funded to do its work.

The Hawaii Health Authority is appointed by the Governor with input from the Senate President and the Speaker of the House. Its mission is clearly to serve the public interest, and it is designed to have specific expertise in health policy. Other health planning bodies, including the governor's Office of Health Transformation, are beholden to special interests whose goal is to sabotage health reform that threatens their business model, and this is a major cause of escalating health care cost in Hawaii and worsening dysfunction in our health care system. The HHA already had the appropriate expertise to design a universal system for Hawaii and it would be more appropriate to reconvene the Hawaii Health Authority and give it the funding to commission an economic study.

The real problem is that if we are going to successfully reduce health care costs for the state of Hawaii, we must establish the correct diagnosis of the reasons our cost is out of control, or else our solutions will fail. Turning health planning over to the insurance industry over the past decade has resulted in markedly increased administrative cost, demoralization of doctors and a worsening doctor shortage, worsening access to appropriate care leading to increased ER and hospital spending, and steadily rising total cost. The state of Hawaii cannot afford to waste another 10 years going down a dead end street.

The appropriate agency to design a universal health care system and commission an economic study of such a proposal in Hawaii is the Hawaii Health Authority. It is an independent policy-making board that is not tied to special interests; it is charged by statute with serving the public good; and it should be empowered to do its job.

[Stephen Kemble](#)

Here are links to just a few of the many existing studies which demonstrate how a single payer system costs less and covers everyone:

(these are just a few of the dozens of studies which show that, if you spend less money on non medical administration, you spend less money for healthcare.)

<https://www.dropbox.com/.../Financing%20the%20Maryland%20Heal...>

<https://www.dropbox.com/.../Friedman-Fiscal-Study-New-York-He...>

<https://www.dropbox.com/.../FriedmanColoHealthV2.3%2C021813.p...>

<https://www.dropbox.com/.../Healthy%20Californmia%20-%20Polli...>

<https://www.dropbox.com/.../Lange-Growth%20%26%20Justice-Beyo...>

A hui ho and Imua, let's go! Single Payer!

HB-1717

Submitted on: 1/22/2018 11:33:46 PM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gaye Chan		Comments	No

Comments:

I object to charging the Legislative Reference Bureau for this study. It has no expertise in health policy or on single-payer system design so it is the wrong entity to take on the charge of studying the single-payer system. Developing a specific proposal for universal health care in Hawaii and commissioning an economic study are already under the specific purview of the Hawaii Health Authority (HRS 322-H). The proper course of action is for Governor Ige to reappoint the committee and fund its work.

The Hawaii Health Authority is the only entity with the expertise and not beholden to special interests whose goal is to sabotage health reform for their own profit. Do not sell our our healthcare to special interest.

HB-1717

Submitted on: 1/22/2018 11:54:22 PM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kendrick Farm		Support	No

Comments:

To the Honorable John M. Mizuno, Chair; the Honorable Bertrand Kobayashi, Vice Chair; and Members of the Health and Human Services Committee:

Thank you for the opportunity to provide written testimony on House Bill No. 1717 I am strongly in favor of House Bill No. 1717.

A proposed Single-Payer Health Care System would mirror the Federal Medicare for All Act of 2017. As with the Federal Medicare for All Act of 2017, a Hawaii Single-Payer Health Care System would entitle all individuals residing in the State of Hawaii to a universal, best quality standard of care of all medically necessary services, including the following: (1) Primary care and prevention, (2) Approved dietary and nutritional therapies. (3) Inpatient care. (4) Outpatient care, (5) Emergency care, (6) Prescription drugs, (7) Durable medical equipment, (8) Long-term care, (9) Palliative care, (10) Mental health services, (11) dental services, (12) Substance abuse treatment services, (13) Chiropractic services, (14) Basic vision care and vision correction, (15) Hearing services, including hearing aids, and (16) Podiatric care. There would be no Cost-Sharing: no deductibles, copayments, coinsurance, or other cost-sharing imposed with respect to covered benefits.

The main justifications for a Single-Payer Health Care System are as follows: (1) eliminates administrative waste; (2) provides for a simplified, standardized payment to doctors and hospitals across all plans and requiring hospitals to operate as non-profit organizations; (3) uses administrative savings to reduce prices and fees paid without harming providers of care; (4) provides for negotiated fees and prices, including the cost of drugs wherein Hawaii's Medicaid joins the "Sovereign States Drug Consortium" for the group purchase of drugs at a discount; (5) reduces administrative burdens

The Honorable John M. Mizuno, Chair,

The Honorable Bertrand Kobayashi, Vice-Chair,

Members of the Health and Human Services Committee

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making the State of Hawaii attractive for new doctors, especially on the neighbor islands; (6) improves access to outpatient care, especially for Medicaid and will reduce excessive Emergency Room and hospital spending; (7) Worker's Compensation would be eliminated as the benefit, including disability pay, would be covered under this System; and (8) provide for a savings of between 30% to 40% of the amount currently spent on healthcare.

It is further recommended that the appropriate agency to design a Single-Payer health care system and commission an economic study of such a proposal act with the participation of Dr. Stephen Kemble, a highly knowledgeable expert in this field.

Thank you very much for your kind consideration.

Sincerely,

Kendrick Farm

I support the passage of HB1717 for the following reasons.

In a recent article in the Honolulu Star Advertiser dated January 21, 2018, and written by Christine Consillio, it was stated that “Hawaii health insurance premiums are projected to skyrocket to \$14,000 per person \$42,500 for a family of 4 in the next 8 years. Massive rate increases for Hawaii residents will be unsustainable, with premiums doubling every 10 years, and outpacing inflation and wages.” It is critical that we must study other models of health care insurance. If we continue with our present model it will severely impact the ability of employers and individuals to afford health insurance.

In the above mentioned article, Gordon Ito, State insurance commissioner, suggests that “If the case that health insurance is unaffordable..then we must abandon that model”, he added “We should go to a model like universal health care”.

It is critical that an alternative model like the single payer system or universal health care be studied and that this study be fully funded.

Please pass and fully fund HB1717.

Thank you.

Sylvia Ching, 808-523-1798, 1611 Miller St., #304, Honolulu, HI 96813

HB-1717

Submitted on: 1/23/2018 7:53:51 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Margaret Maupin	Ho'ola Lahui Hawai'i	Support	No

Comments:

HB-1717

Submitted on: 1/23/2018 8:44:37 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kirk Johnson		Support	No

Comments:

The healthcare system we have is not working and it is worth exploring all the options that exist to see if we can improve and make this better. Affordable healthcare, when you live below the poverty line, can feel like an oxymoronic statement when every dollar counts towards something. Yes our healthcare system is complicated, but continuing to allow it to become more complicated is not going resolve the issues we currently facing. We can't keep kicking the can down the road hoping things will resolve themselves. They won't. We have a broken system that is socio-economically classist and we can do better. We talk about the aloha spirit here in Hawaii, but not doing everything we can to ensure that we all have access to good medical care regardless of economic status is going against this value. I hope that you will support this bill and explore if single payer could be a viable option. Having more information on this issue and spending the time to research all options only serves to make us more informed and make better decisions that enable us to build our communities.

HB-1717

Submitted on: 1/23/2018 9:15:05 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
DJ Iijima		Support	No

Comments:

HB1717 I AM IN SUPPORT OF THE SINGLE PAYER.. I ASK THE LEGISLATION REFERENCE BUREAU TO CONDUCT A STUDY ON THE COST AND EFFECTS IN THE STATE OF IMPLEMENTING A SINGLE PAYER HEALTHCARE SYSTEM.

MAHALO

DJ IJIMA

HB-1717

Submitted on: 1/23/2018 9:20:35 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Katherine Kogl		Support	No

Comments:

I support this measure with the amendments proposed by members of the Democratic Party of Hawaii Health Committee.

HB-1717

Submitted on: 1/23/2018 9:53:33 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Erynn Fernandez		Support	Yes

Comments:

HB-1717

Submitted on: 1/23/2018 11:02:56 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Eduardo A. Gandolfo		Support	No

Comments:

HB 1717 calls for a study on the economics of a single-payer health care system for Hawaii, which I strongly support. This bill proposes the Legislative Reference Bureau as the agency to arrange for such a study, with funding for this purpose.

There have been many studies on the economic implications of various single-payer proposals, in several states including Hawaii and also for national proposals. The results of an economic study depend heavily on the design details of a single-payer proposal, and in some cases (including the last Lewin Group study in Hawaii in 2007), inappropriate assumptions can lead to very misleading conclusions. Using Bernie Sander's national bill as a template would not accommodate the specific circumstances of a state-level proposal in Hawaii.

The Legislative Reference Bureau is a neutral and non-partisan, with a mission to serve the public interest, but it has no expertise in health policy or on single-payer system design. Developing a specific proposal for universal health care in Hawaii and commissioning an economic study are already under the specific purview of the Hawaii Health Authority (HRS 322-H), although the HHA has not been re-appointed by Gov. Ige nor funded to do its work.

The Hawaii Health Authority is appointed by the Governor with input from the Senate President and the Speaker of the House. Its mission is clearly to serve the public interest, and it is designed to have specific expertise in health policy. Other health planning bodies, including the governor's Office of Health Transformation, are beholden to special interests whose goal is to sabotage health reform that threatens their business model, and this is a major cause of escalating health care cost in Hawaii and worsening dysfunction in our health care system. The HHA already had the appropriate expertise to design a universal system for Hawaii and it would be more appropriate to reconvene the Hawaii Health Authority and give it the funding to commission an economic study.

The real problem is that if we are going to successfully reduce health care costs for the state of Hawaii, we must establish the correct diagnosis of the reasons our cost is out of control, or else our solutions will fail. Turning health planning over to the insurance industry over the past decade has resulted in markedly increased administrative cost,

demoralization of doctors and a worsening doctor shortage, worsening access to appropriate care leading to increased ER and hospital spending, and steadily rising total cost. The state of Hawaii cannot afford to waste another 10 years going down a dead end street.

The appropriate agency to design a universal health care system and commission an economic study of such a proposal in Hawaii is the Hawaii Health Authority. It is an independent policy-making board that is not tied to special interests; it is charged by statute with serving the public good; and it should be empowered to do its job.

Just thinking how much money we are wasting with our actual system that calls for re applying every year in the hawaii healthcare marketplace, and all the others expenses that follow that bureaucracy, amazes me. Money that we definitely will be saving with a single payer system.

HB-1717

Submitted on: 1/23/2018 11:52:19 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ali Ameden		Support	No

Comments:

Health care should be a right like most industrialized countries. Need to end the greed of insurance companies and big pharm.

HB-1717

Submitted on: 1/23/2018 11:18:29 AM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Charles Grigsby		Support	No

Comments:

I strongly support any action taken to investigate and implement a single payer health care system. Too many of our citizens are unable to afford health care. The costs of commercial health care is excessive, largely due to the overhead costs of running insurance companies (especially executive salaries, marketing and advertising, and generating profits for shareholders). The rules imposed by insurance companies on health care providers makes small physician offices marginally able to operate. The health care system is broken largely because large companies look to profit from providing services without actually providing any useful work to the system.

Medicare is the largest health care provider in the US. It operates with small margins, no profit motive, and low overhead. Medicare for all would address very important economic and social justice issues within our society. The failure of the US federal government to address this issue in a rational fashion leaves it to the states to develop approaches for protecting the health of the citizens.

Again, I strongly urge the Hawai`i State Legislature to pass legislation to investigate single payer options within the State of Hawai`i.

HB-1717

Submitted on: 1/23/2018 2:33:05 PM

Testimony for HHS on 1/24/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joy Fisher		Support	No

Comments:

I would support this bill *if it were amended to study a system that is designed by policy experts who know what to include in the study.*

Basically, the study needs to be premised on all of the following:

- 1. Cut non medical bureaucracy
- 2. Negotiate prescription drug prices via membership in a multi state org (SSDC)
- 3. Simplify medical billing
- 4. Eliminate workers comp as a separate bureaucracy but fold WC benefits into a universal system
- 5. Be a universal system: everybody in, nobody out, except VA and DoD, who are fully covered by those two systems.