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House Committee on Health and Committee on Public Safety, Intergovernmental, and Military Affairs
Senator Jarrett Keohokalole, Chair
Senator Clarence K. Nishihara, Chair

Hearing Date: March 28, 2022

ACS CAN SUPPORTS SCR 208 / SR 201 – URGING THE UNITED STATES CONGRESS AND HAWAII'S CONGRESSIONAL DELEGATION TO SUPPORT LEGISLATION ESTABLISHING MEDICARE FOR ALL

Cynthia Au, Government Relations Director– Hawaii Guam
American Cancer Society Cancer Action Network

Thank you for the opportunity to SUPPORT SCR 208 / SR 201 which would urge the United States Congress and Hawaii's congressional delegation to support legislation establishing Medicare for All.

The American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. We support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

Cancer is the second leading cause of death in Hawaii taking over 2,500 lives each year. Disparities in cancer care are largely attributed to obstacles to accessing health care services. These obstacles include, but are not limited to, lack of or inadequate health insurance coverage, individuals with limited incomes, lacking a usual source of care, transportation difficulties and health literacy challenges especially affecting the many rural communities across the state of Hawaii. The pandemic has further illuminated these health disparities and worsened the problems.

Successfully fighting cancer depends on access to timely, high-quality, affordable health care coverage and treatment. Without adequate coverage options, people are less likely to get screened for cancer and are more likely to be diagnosed with cancer at an advanced stage when survival is less likely and the cost of care is higher. All individuals should have equitable access to quality cancer care and equal opportunity to live a healthy life. Our ability to continue to make progress against cancer relies heavily on eliminating the inequities that exist in cancer care.

ACS CAN urges the United States Congress and Hawaii's congressional delegation to support legislation establishing Medicare for All to eliminate health disparities and improve the quality of life of Hawaii's diverse populations.

Thank you for the opportunity to support this important resolution.



March 27, 2022

To: The Honorable Jarrett Keohokalole, Chair,
The Honorable Rosalyn H. Baker, Vice Chair, and
Members of the Senate Committee on Health

The Honorable Clarence K. Nishihara, Chair,
The Honorable Lynn DeCoite, Vice Chair, and
Members of the Senate Committee on Public Safety, Intergovernmental, &
Military Affairs

Re: **SCR 208/SR 201 – Urging Support for Medicare for All**

Hearing: Monday, March 28, 2022, 1:02 pm, Conf Room 225 & videoconference

Position: **Very strong support!**

The Democratic Party of Hawai‘i has adopted a plank in its platform supporting universal healthcare which we believe is best embodied right now in bills in the U.S. Congress calling for establishment of “Medicare for All,” in HR 1976. We would like very much to see the Hawaii Congressional Delegation support it. Meanwhile, we believe it is important to itemize a number of the serious problems in the present system that we believe can only be ameliorated by a bill like HR 1976 to restore the health, safety, and national security of our people in the State of Hawai‘i:

1. **Employment-based health insurance locks too many people into bad jobs, discourages self-employed entrepreneurial enterprise, and discourages certain populations from working at all.** Too many Americans stay in their jobs primarily or solely because of the health insurance coverage attached to those jobs. It’s a de facto lock-in. There’s no portability. Conversely, if they lose the job, they lose the coverage (COBRA being ridiculously expensive). The link between employment and health insurance is a historical artifact – that health insurance began as a side benefit of union contracts back in the day when we once had strong unions in the

United States. For capable independent contractors and those disabled persons whose healthcare benefits require employment, employer-based healthcare coverage presents a major threat to personal economic success. That linkage is no longer helpful, and in fact it is very detrimental.

2. **Only in America do we suffer medical bankruptcies and deaths caused by lack of health insurance.** These bankruptcies occur even among literally thousands of people who have health insurance. And they are the largest cause of bankruptcy in the country.

<https://www.investopedia.com/financial-edge/0310/top-5-reasons-people-go-bankrupt.aspx>. A 2009 Harvard study estimates 45,000 Americans die each year attributable to lack of health insurance coverage. <https://news.harvard.edu/gazette/story/2009/09/new-study-finds-45000-deaths-annually-linked-to-lack-of-health-coverage/> (While Obamacare has reduced overall uninsured totals in the U.S., about 30 million Americans are still uninsured, a drop from 48.2 million in 2010. <https://aspe.hhs.gov/system/files/pdf/265041/trends-in-the-us-uninsured.pdf>)

3. **Our health insurance coverages are too limited.** Coverages have high deductibles and co-payments, and narrow networks that make insurance virtually unusable for far too many people. The profit motive corrupts the system as it creates incentives to deny prudent care. Moreover, Medicare and Medicaid do not cover services for vision, dental, and hearing, even though lack of care in these areas is all debilitating. (“in 2019 ... health insurance is not owned by around 44 million adults in the US, while 38 million do not have adequate health coverage.” Policy Advice, Feb.14, 2021, <https://policyadvice.net/insurance/insights/how-many-uninsured-americans/>).

4. **Too many health insurers create massive administrative burdens on our medical providers.** Hundreds of health insurers all have different codes and standards that require physicians, hospitals, laboratories, rehab centers, and others to employ vast numbers of personnel to process myriad claims pursuant to these myriad different requirements. These administrative burdens are the single biggest drivers of physician burnout in Hawaii, and probably across the country. See [Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties](#); and [Physician Burnout in the Electronic Health Record Era: Are We Ignoring the Real Cause?](#)

5. **Reimbursement levels for medical providers, especially frontline providers, are often too low.** Our system currently pays the CEOs of health insurers massive sums that are not morally deserved, while frontline medical providers, starting with nurses are severely overworked – especially during this Covid emergency – and underpaid. There is a **crisis** in Hawaii’s primary medical care, especially on the Neighbor Islands. That crisis is caused by a combination of low compensation levels and ever-increasing administrative burdens. See the 2020 report from the remaining members of the Hawaii Health Authority. <https://www.dropbox.com/s/5lr9a0kh1uj88cx/HHA%20Report%202020.docx?dl=0>.

6. **Overall, the United States pays twice or more per capita for healthcare, but has worse outcomes, than almost any other “advanced” industrialized country.** This is a direct outcome of the failure and refusal of the United States – almost alone – to do what every other country has done, which is to adopt a universalized, government-sponsored healthcare system

that ensures that everyone is provided healthcare as a human right. <https://news.harvard.edu/gazette/story/2018/03/u-s-pays-more-for-health-care-with-worse-population-health-outcomes/>

Halfway measures and tinkering around the edges are not the proper way to respond to these myriad and intertwined failures in our present healthcare “system” – those halfway measures and tinkering are what have proven to be failures, impractical, and too expensive. A proper health care infrastructure, such as the other industrialized countries have, with a simplified, universalized, government-sponsored system ensuring that everyone has access to their choice of providers, would save money. We must do fundamentally better as a society, and the time to do that is now. For these reasons, we must move forward to universal healthcare essentially as outlined in HR 1976. There is no practical alternative.

“How are we going to pay for it?” if we adopt what we need to adopt – a universal system, such as that proposed in HR 1976. The answers are several, starting with the first one, which is that we are already paying for “it” – a bad healthcare system that unnecessarily KILLS perhaps as many as 45,000 Americans, every year – people who do not have health insurance. Starting with those who desperately need INSULIN, which Big Pharma no longer sells at an affordable price, unless you have the right insurance. <https://www.npr.org/sections/health-shots/2018/09/01/641615877/insulins-high-cost-leads-to-lethal-rationing>. And please bear in mind that, even after a decade of Obamacare, some thirty million Americans are still uninsured!

Moreover, the question of “how you are going to pay for it?” all too often ignores two fundamentals, one economic and one moral: People who are ill are not productive and; therefore, are not producing in the economy; and one much broader and higher and human and what we should care most about: “pursuit of happiness” - making life better! We are not supposed to be a third-world country! So, we must not focus too narrowly when we think about costs and benefits.

Healthcare is a part of our national infrastructure, just as much as highways, bridges, airports, universities, and educational systems are. We pay for them from the general revenues. Indeed, while many forms of infrastructure can be paid for from user fees, healthcare is one part of our infrastructure where the people using it the most are likely to be the ones least able to pay for it. For this key reason, especially, we believe that we can and should “pay for” healthcare primarily by progressive taxation. Reversing the Trump tax giveaways would be a good start.

We also want to emphasize that a “Medicare for All” system will likely cost substantially less overall than the current hodge-podge system based on private insurance, and it would provide much better outcomes. The Congressional Budget Office has scored recent single-payer proposals. See People’s Policy Project, CBO: Medicare for All Reduces Health Spending, Dec. 11, 2020. <https://www.peoplespolicyproject.org/2020/12/11/cbo-medicare-for-all-reduces-health-spending/>. Naturally, all estimates at this stage are broad, including the CBO’s, but per capita comparisons of U.S. expenditures versus per capita expenditures in Canada and Europe show it to be a quite reasonable estimate that the U.S. would spend overall 30% less than it is currently spending and receive more comprehensive care, with better outcomes.

If the United States cannot find the Covid emergency to be an urgent enough crisis to justify abandoning our severely dysfunctional system of delivery of medical services, we cannot fathom what will. We believe that President Biden wants to be the Franklin Delano Roosevelt of the 21st Century,¹ and healthcare is one of the areas in which he can make his mark.

Thank you very much for the opportunity to testify on this very critical issue. Please pass these Resolutions.

Very truly yours,

Melodie R. Aduja

Melodie R. Aduja
Chair, Health Committee

Stephen B. Kemble M.D.

Stephen B. Kemble, M.D.
Member, Health Committee, and
Member, Hawaii Health Authority

Marion Poirier R.N., retired

Marion Poirier, R.N., retired
Vice Chair, Health Committee, and
Member, Hawaii Health Authority

Alan B. Burdick

Alan B. Burdick
Treasurer, Health Committee

¹ The New York Times published an article illustrating President Biden's redecoration of the Oval Office. The largest portrait over the fireplace, by far, is a painting of Franklin D. Roosevelt, surrounded by smaller ones of Washington, Lincoln, Hamilton, and Jefferson, with a sculpted bust of Robert F. Kennedy close by, clear indications that he favors progressive leaders. See, THE ART IN THE OVAL OFFICE TELLS A STORY. HERE'S HOW TO SEE IT. <https://www.nytimes.com/interactive/2021/05/05/arts/design/oval-office-art.html?action=click&module=Top%20Stories&pgtype=Homepage>.

SCR-208

Submitted on: 3/25/2022 10:37:34 AM

Testimony for HTH on 3/28/2022 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Ronald Taniguchi, Pharm.D.	Individual	Support	Written Testimony Only

Comments:

I support SCR 208. Mahalo