



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>.

SR-201

Submitted on: 3/25/2022 11:57:12 AM

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

Submitted By	Organization	Testifier Position	Testify
Jennifer Azuma Chrupalyk	Individual	Support	Written Testimony Only

Comments:

When people in charge of budgets look at medical care, they look at it from the perspective of cost, however the cost of medical care is so high because it is a profit based system. If the government were to create medical coverage for all people and create legislation that stops profiteering from the medical industry, they will clearly see that the high costs of medical care are because the medical industry does not profit from healthy people, therefore it maintains a system of sickness to keep that patient coming back for more care. Most of the time, the reason behind this practice, as well as the reason behind all of the government supported medical research means that the people on welfare - medicaid, quest, medicare, etc... are all being used as test dummies. For instance, if I went to a mental health provider with an expensive medical coverage, they would give me what I need and send me on my way. However as a medicare recipient, they give me a long list of prescription trials that take about 6-8 weeks to see if they indicate any change in the situation, then prescribe more pills to counteract the side effects of the first medicine. What they are failing to tell the public is that medicare people are often given placebo pills for the purpose of medical research, and then given pills that only treat a side effect of the actual problem... which leads to more medication, more trials and more problems. This becomes a heavy burden on taxpayers, which describes why taxpayers have displaced anger against welfare recipients/impoverished people/dependancy upon the system.

Additionally, the mental health professionals continue to call addiction a disease, and to advise the general public to be more sensitive to suicidal people. Let's discuss that - people who commit crimes of passion, have addiction or suicide issues - are ***all disenfranchised socially***. There is no pill that is going to change that. The pills only create new dependencies upon products - pills, to solve a social issue that can be solved through proper legislation of corporate affairs. If this doesn't make sense to you, try explain why so many girls are bulimic or anorexic, after every media, toy, and popular style - all have one thing in common - all of them promote size zero females as the only way to look good. Then media propaganda continues this with telling people the health benefits of working out, as if going to the gym is going to offer eternal life. What this does is mess with people's minds, thus causing both physical and mental ailments for society to pay in terms of medical bills and a dysfunctional society. The negative implications of our current medical care system is tearing our communities down at the seams, and most people aren't educated enough or experienced enough to understand how this works.

By urging Congress to drop the insurance companies, and create a universal healthcare system, we drastically reduce the negative externalities of these practices because we actively destroy that platform without hurting any doctor's HIPAA regulatory status or career.

SR-201

Submitted on: 3/27/2022 4:45:20 PM

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

LATE

Submitted By	Organization	Testifier Position	Testify
Gerard Silva	Individual	Oppose	Written Testimony Only

Comments:

This is not right it will over burden the MEDICARE SYSTEM with alot of people that should not be able to get this Benifit. We will not Vote for any one thayt Proposes this Bill !!!