

Testimony of John Conyers, Jr, Member of Congress

Mr. Chairman, Ranking Member Kline, and members of the subcommittee. I am Congressman John Conyers, Jr. and I have the distinct pleasure of representing Michigan's 14th Congressional District. I want to thank the committee for the opportunity to testify here today on behalf of my bill, H.R. 676. "The United States Health Care Act" would establish a non-profit, publicly-financed, privately-delivered health care system that would ensure that all Americans have meaningful access to the medical provider of their choice.

This legislation currently enjoys the support of 79 other Members of Congress – more than any other universal health care bill. It has also been endorsed by a diverse coalition of local governments, labor unions, civil rights organizations, medical professional organizations, and communities of faith that represent over 20 million people.

Most importantly, my bill has been endorsed in the court of public opinion. An Associated Press/Yahoo News poll conducted in December of 2007 found that 65% of the American people believe that the "United States should adopt a universal health insurance program in which everyone is covered under a program like Medicare that is run by the government and financed by the taxpayers."

I want to leave plenty of time for the stellar panel of health care experts assembled here today to answer the committee's questions, but, first, I would like to briefly address some of the myths about single-payer reform that will surely be addressed by some Members today. It is my hope that, with this hearing, we can begin to remove the cloud of misinformation and disinformation that has, until recently, resulted in universal single-payer reform being "off the table" at both ends of Pennsylvania Avenue.

Opponents of single-payer argue that scarcity of care and long waiting lines will inevitably occur in universal single-payer systems. The facts show otherwise. Waiting lines exist when government invests too little in the medical professionals and equipment that make up our health care infrastructure. It is true that Canada and the United Kingdom have had waits for elective procedures, but that is because they spend 60% and 33% less than we do on health care. Waiting lines do not exist in countries that adequately fund national health care. As long as health care is a priority for our nation, this problem will never materialize.

Another argument utilized by those skeptical of single-payer reform is that we cannot afford a single-payer system where we insure every man, woman, and child in the United States. In fact, according to Dr. Steffie Woolhandler of Harvard Medical School, implementing a single-payer system with non-profit delivery would save approximately \$300 billion dollars per year and contain long-term costs. If we deliberately hold down costs with a cohesive and efficient public-private partnership, we can afford to provide true universal health care with the \$2.5 trillion we already spend each year.

The naysayers will also argue that dismantling our employer-based health care system is politically and economically untenable. We have heard this argument before. This argument was initially raised when Medicare was debated in the Congress in the 1960s. Yet, Medicare was enacted in 1965 and fully implemented in 1966.

Additionally, the experience of the nation of Taiwan shows that such a transition is feasible. Until 1995, Taiwan had a private health insurance market remarkably similar to our own. Over the course of the next six years, the country seamlessly transitioned to a single-payer national health insurance system. Today, their system boasts a 70 percent approval rating from doctors and patients, while only spending 2 percent on administrative costs.

I would like to caution the committee about the dangers of enacting partial reforms that leave some individuals uninsured, grow the ranks of the underinsured, and do little to contain the out-of-control growth of health expenditures. The best example of such a legislative failure is the Massachusetts Health Reform Act, enacted by that state's legislature in 2006. The Massachusetts reform effort has failed to contain costs and provide universal coverage because it is built around our broken for-profit private insurance system.

Instead of pursuing a reform strategy that has been successful in developed nations around the world – namely, improving access to health insurance that emphasizes prevention, functions without a profit motive, has low administrative costs, has minimal financial barriers to care, and maximizes value for patients – lawmakers in Massachusetts instead created a government-sanctioned monopoly for an industry that has left thousands of state residents without health insurance due to escalating premiums, co-pays, and deductibles.

Not surprisingly, without the cost-containment measures that are integral parts of any public insurance plan, health care spending has exploded in Massachusetts. In fiscal year 2009, the reform cost taxpayers \$1.3 billion dollars. As a result, Governor Deval Patrick has been forced to cut money from safety-net providers such as public hospitals and community clinics. If the goal of reform is to limit costs and improve access to care, I would respectfully submit that single-payer offers a far better model for reform than the incremental, private insurance giveaway pursued in Massachusetts.

I want to again thank the Chairman for providing this forum for the serious consideration of the single-payer concept at this critical juncture in our nation's history. We are the richest country in the world and our doctors and medical facilities are the envy of our

neighbors. Yet, our broken private insurance system burdens our business community and allows many of our fellow citizens to die and be hurt unnecessarily. Two thirds of our nation's personal bankruptcies can be attributed directly to an individual's inability to pay medical bills. A single payer system will allow us to cover everyone without spending any more money than we do now. The sooner we adopt a uniquely American single-payer system, the sooner we can start enjoying a healthier and more prosperous America.