GALEN INSTITUTE

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"Examining Pathways to Universal Health Coverage"

Hearing before the Committee on Oversight and Reform
Chairwoman Carolyn B. Maloney
Ranking Member James Comer

Oral testimony by Grace-Marie Turner
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Chairwoman Maloney, Ranking Member Comer, and Members of the committee, thank you for the opportunity to testify today.

I'd like to emphasize what I believe are widely shared goals for health reform…in achieving universal access to coverage and care that is affordable, protecting quality and choice, and especially providing a strong safety net for the most vulnerable.

There is no question Americans are frustrated with our current health care system. Millions remain uninsured, and for those who do have insurance, coverage and care cost too much. Many face deductibles that are so high they say they might as well be uninsured.

But the more government gets involved, the more the health sector is forced to comply with legislative and regulatory demands rather than innovating to respond with more choices of more affordable care and coverage for patients.

Wharton Professor Mark Pauly explains that the federal government exerts great control over our health sector with "government-affected" spending totaling nearly 80%!

Medicare for All or its derivatives, such as Medicare Buy-In or a federal "public option," would take us further toward government control of our health sector with fewer choices and where vulnerable patients with the greatest health care needs would have to fight even harder for access to the care they need.

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In proposing policy solutions, I believe it's important to begin by clearly defining the problem to be solved.

The Congressional Budget Office reports that 29.8 million people were uninsured in 2019, two thirds of whom are eligible for public or private coverage but are not enrolled. The plurality of the remaining one third are not lawfully present in the U.S.—a problem for immigration and citizenship policy rather than health reform.

Medicare for All would mean that virtually everyone would lose the plans they have now, and there would be no choice but one government-run health plan for…

- 173 million Americans with employer coverage, including millions of union members.
- 64 million seniors on Medicare, including 26 million with private Medicare Advantage plans

The CBO found that establishing a single-payer system would be "a major undertaking" that would be "complicated, challenging, and potentially disruptive" and that the "changes could significantly affect the overall U.S. economy." Three states—Vermont, Colorado, and most recently California—came to a similar conclusion in shelving their plans for single-payer systems.

Rather than dramatically expanding the role of government through new or expanded taxpayer-supported programs, I believe we need to target appropriate solutions to address the specific needs of those who are uninsured, focusing on those in marginalized communities.

Uninsured rates continue to be higher in certain populations, including Latinos (18.3%) and Blacks (10.4%), people with incomes below the poverty level (17.2%), and residents of states that have not expanded Medicaid (17.6%), according to an HHS report.[1] Let's work together to target programs to them, rather than simply pouring more money into programs that aren't reaching them.

The Most Vulnerable: Tragically, it is often the most vulnerable who are left behind when demand for services outpaces resources. Just 5% of the population accounts for more than half of U.S. health care spending. Those who are sickest with the greatest health needs are most disadvantaged as political leaders inevitably must balance spending between them and the great majority of their healthier constituents.

Medicare for All will restrict access to new medicines and treatments, lead to dramatic increases in federal spending and taxes, and turn back the clock on the movement toward personalized, coordinated care and other innovations.

[1] Assistant Secretary for Planning and Evaluation report on "Tracking Health Insurance Coverage in 2020-2021." https://aspe.hhs.gov/sites/default/files/documents/2fb03bb1527d26e3f270c65e2bfffc3a/tracking-insurance-coverage-2020-2021.pdf

I concluded my written testimony describing the experience of "Janet," a kidney transplant patient in Colorado with multiple health challenges. Janet received coverage under the ACA but said her access to care and the anti-rejection medications she must have were far worse than with the state high-risk pool coverage she had before—even though her premiums and copayments are now much higher.

I work with a number of policy experts through the Health Policy Consensus Group who focus on policy recommendations for patient-centered reform… encouraging choice and competition to respond to the people's needs for more options of more affordable care. We also commend the House Healthy Future task forces that are developing positive recommendations for change.

I would welcome the opportunity to work with you to achieve the goals of better access to more affordable coverage and better protection for the vulnerable through targeted solutions. Thank you for inviting me to testify, and I look forward to your questions.