

Testimony in Opposition to LD 1045 "An Act To Support Universal Health Care"

Good morning Representative Tepler and the distinguished members of the Committee on Health Coverage, Insurance, and Financial Services, my name is Nick Murray, I live in Cornish, and I serve as policy analyst for Maine Policy Institute, a nonpartisan, non-profit organization that advocates for individual liberty and economic freedom in Maine. Thank you for the opportunity to testify on LD 1045.

A significant portion of Maine Policy Institute's work over the last 15 years has focused on delivering transparent costs to consumers and empowering them to form their own relationships with their medical providers. This is why we have been vocal proponents of the Direct Primary Care industry and programs like Right-to-Shop. Unfortunately, enacting "universal" coverage, administered by the state, would reverse progress made toward a more functional, affordable healthcare system.

We need only look to the experiences of our international and regional friends, Canada, the United Kingdom, and Vermont, to know that state-run healthcare would take Maine backwards.

The National Health Service, the United Kingdom's single-payer healthcare system, reported that at the end of February 2021, 4.7 million patients were on a waiting list to start treatment. Of those, 387,885 had been waiting for more than *a whole year*. The median wait time for these patients was 12.6 weeks, with 64.5% of people waiting up to 18 weeks.¹ In 2017, almost 19% of those diagnosed with cancer, referred by doctors for "urgent treatment," waited more than two months before they could access care.² About 17% waited more than four months for brain surgery.³

Despite what many proponents of state-run healthcare claim, the system is not better-equipped to handle large-scale healthcare system disruptions like a pandemic. The number of patients waiting over 52 weeks between referral and treatment skyrocketed from May 2019 to May 2020.⁴ How does a system like this ensure equity in the delivery of care if it cannot even ensure care is delivered?

Last year, the Fraser Institute, a Canadian think tank, found that the average wait time in Canada was 22.6 weeks—the longest ever recorded. This was more than 140%

¹ NHS referral to treatment (RTT) waiting times data February 2021 | NHS England

² Quarterly monitoring report (QMR), March 2018 | Kings Fund UK

³ Referral to treatment waiting times statistics for consultant-led elective care 2015/16 | NHS England

⁴ Quarterly monitoring report (QMR), 6 August 2020 | Kings Fund UK

higher than the average in 1993, when the Fraser Institute began tracking medical wait times. Before this year, the longest recorded wait time was 21.2 weeks in 2017. The province with the shortest average wait time in 2020 was Ontario, which was still more than four months long.⁵

In 2016, the median wait for neurosurgery in Canada's single-payer system—after already seeing the doctor—was a whopping *10 months*. For orthopedic surgery like hip or knee replacement, the average wait was 38 weeks.⁶ The rate of Canadians waiting four weeks or longer to see a specialist is more than double that of Americans. For elective surgeries, 18% of Canadians wait longer than four weeks, versus only 3% of Americans, according to a Commonwealth Fund survey.⁷ Given this information, it is not surprising that 63,000 Canadians came to the US for surgery in 2016.⁸

Delaying needed medical treatment can have dire effects on an individual's health, especially a life-changing surgery. A Fraser Institute review found that treatment wait times in Canada contributed to between 25,456 and 63,090 higher deaths among women between 1993 and 2009.⁹ This may not be how some envision "universal" healthcare," but this is how it plays out in reality. The laws of economics can not be avoided.

This idea is simply wrong for Maine. Please deem LD 1045 "Ought Not To Pass." Thank you for your time and consideration.

⁵ <u>Health Care Wait Times</u> | Fraser Institute, 2020

⁶ Waiting Your Turn: Wait Times for Health Care in Canada | Fraser Institute, 2016

⁷ Commonwealth Fund survey, 2016 | CIHI

⁸ Leaving Canada for Medical Care | Fraser Institute, 2016

⁹ The Effect of Wait Times on Mortality in Canada, Fraser Institute, 2014