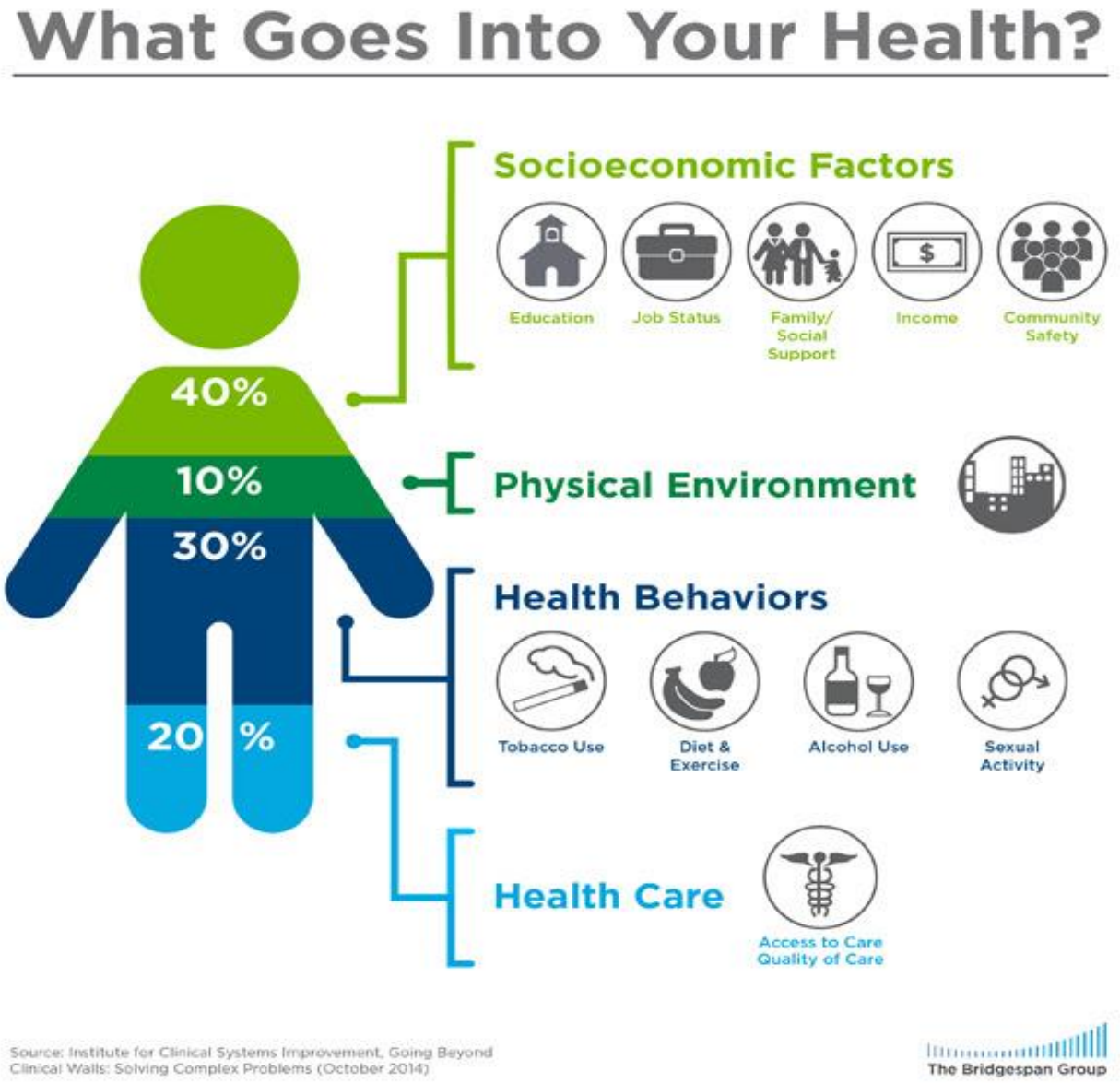
"Good morning, Senator Claxton, Representative Meyer and members of the Committee on Health and Human Services. *My name is Henk Goorhuis, I live in Auburn, and I would like to speak in support of LD 1608.*

As per the attached graphic #1, healthcare is only one part of a healthy society.



You on this committee, especially understand and feel the burden of these other areas as you grapple with the entire scope of the "healthiness" of Maine. Your work here and through the broader legislative process, is to get healthcare coverage and it's financing "worked out" so it fits in better with the other issues that come before this committee.

The United States has the distinction of having the most expensive healthcare system in the world, with variable outcomes (see graphic #2). And Maine has the distinction of being in the top 20% of expense of US states.

Four items undergird the success that other countries and neighboring provinces have had in achieving universal coverage that is publicly funded and privately delivered.

These four elements are necessary to achieve a cost-effective system, and also how to counter efforts by "stakeholders" and policy types to insert risk shifting schemes into healthcare financing in the name of "cost control," resulting in the perpetuation of the insurance business model that is the root cause of excessive cost in US health care.

A state-based healthcare financing system, that LD 1608 proposes, can achieve significant cost-savings and should have four elements specifically mentioned in the legislation:

1. One payer, that pays providers of care directly, with no sub-contracting of funding to competing risk-bearing entities (middle-men).
2. Budgets for institutional providers of care, including hospitals, nursing homes, and community health care organizations.
3. A simplified, standardized fee schedule for individual (independent) providers.
4. Negotiated price controls for drugs and durable medical equipment.

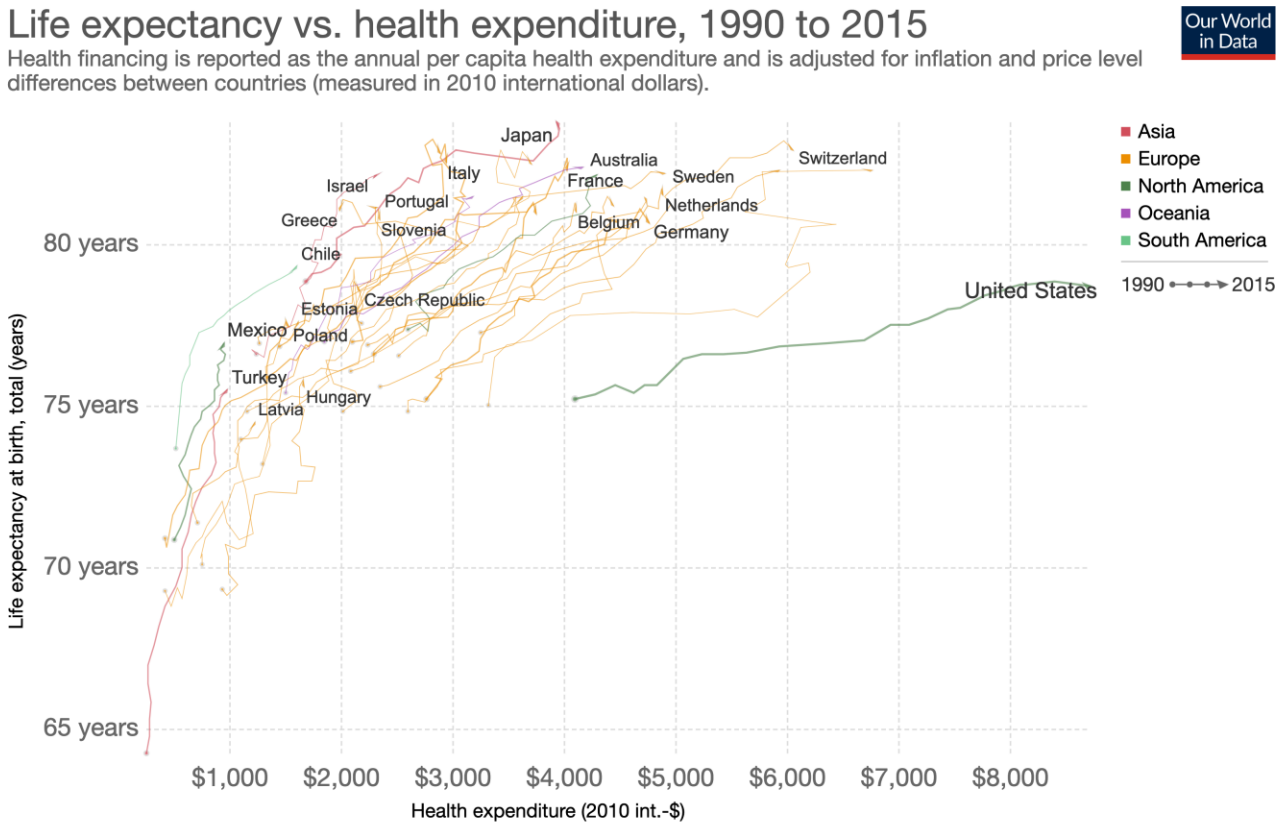
Just because a state can't fold in separate systems such as MediCare, the VA, the Indian Health Service, etc. into its state-based proposal, it can be financing of healthcare, according to the above definition, for the population it covers, which is everyone else.

You may hear pronouncements on "let market's work" in healthcare financing. But the financing and the treatment of cancers, diabetes, mental health and opiate addictions are not at all equivalent to getting the newest cellphone you can afford, nor buying auto insurance and fixing fender benders. Instead, as some other elements of a society, the financing of healthcare should be organized as a public good.

In this committee's other day to day work, you hear many citizen and patient stories, and see how our healthcare system has gaps and holes that at times, does not support very well the other aspects of the life of Mainers. I ask that this committee think boldly on this topic and around LD 1608, and because this is a large and important task, that you with other legislative committees in Maine work on this problem, so you may continue to do good work on the other determinates for a healthy society.

Thank you.

Graphic #2



Source: World Bank, Health Expenditure and Financing - OECDstat (2017)
OurWorldInData.org/the-link-between-life-expectancy-and-health-spending-us-focus • CC BY