



**Testimony in Opposition to LD 1608, “[An Act To Expand the MaineCare Program To Cover All Citizens of the State](#)”**

Senator Claxton, Representative Meyer, and the distinguished members of the Committee on Health and Human Services, my name is Nick Murray 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 1608.

A large part of our work over the last 15 or so 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, instituting a single-payer system would reverse the progress toward a more functional, affordable healthcare system.

Proponents will claim that the real-world examples included here, from regions that already administer “universal,” single-payer healthcare, are not applicable to Maine. They will infer that, somehow, the laws of supply and demand do not apply here, and that they can ensure that a single-payer system in Maine will maintain the same level of care that people expect. These claims are simply false; economics applies everywhere.

The United Kingdom’s National Health Service, a single-payer healthcare system, reported that at the end of February 2021, 4.7 million patients were waiting to start treatment. Of those, 387,885 had been waiting for more than *a year*. The median wait time for these patients was 12.6 weeks, with 64.5% of people waiting up to 18 weeks.<sup>1</sup>

Despite what many proponents of single-payer 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.<sup>2</sup> How does a system like this ensure equity in the delivery of care if it cannot even ensure care is delivered?

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<sup>1</sup> [NHS referral to treatment \(RTT\) waiting times data February 2021](#) | NHS England

<sup>2</sup> [Quarterly monitoring report \(QMR\)](#), 6 August 2020 | Kings Fund UK

In 2017, almost 19% of those diagnosed with cancer, referred by doctors for “urgent treatment,” waited more than two months for care.<sup>3</sup> About 17% waited more than four months for brain surgery.<sup>4</sup>

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% 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.<sup>5</sup>

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.<sup>6</sup> 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.<sup>7</sup> Given this information, it is not surprising that 63,000 Canadians came to the US for surgery in 2016.<sup>8</sup>

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.<sup>9</sup>

Please look to the experiences of our regional neighbor, Vermont,<sup>10</sup> and international friends, Canada and the United Kingdom, and deem LD 1608 “Ought Not To Pass.” Thank you for your time and consideration.

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<sup>3</sup> [Quarterly monitoring report \(QMR\)](#), March 2018 | Kings Fund UK

<sup>4</sup> [Referral to treatment waiting times statistics for consultant-led elective care 2015/16](#) | NHS England

<sup>5</sup> [Health Care Wait Times](#) | Fraser Institute, 2020

<sup>6</sup> [Waiting Your Turn: Wait Times for Health Care in Canada](#) | Fraser Institute, 2016

<sup>7</sup> [Commonwealth Fund survey, 2016](#) | CIHI

<sup>8</sup> [Leaving Canada for Medical Care](#) | Fraser Institute, 2016

<sup>9</sup> [The Effect of Wait Times on Mortality in Canada](#), Fraser Institute, 2014

<sup>10</sup> [Costs derail Vermont's dream of a single-payer health plan](#) | Boston Globe, January 15, 2015