

Remarks by David Levine, CEO and Co-founder of the [American Sustainable Business Council](#)

Healthcare is the third highest cost for businesses, behind labor and capital. Providing healthcare for an employee can be as much as 20% of total employee compensation. These significant costs for businesses consume scarce internal resources and detract from more productive investments in business growth across our entire economy.

Our current system puts U.S. businesses at a competitive disadvantage. We spend nearly 18% of our GDP on healthcare. On average, other developed nations spend 10%. In order to place American businesses on equal footing with their international competitors, we need to apply best business practices to healthcare to reduce spending and control future costs. Healthcare costs are onerous for business, especially small and mid-sized companies.

A more efficient system would reduce wasteful spending and provide better care. But any new healthcare system must be based on these business principles: Transparency, Evidence-based decision making, Value, Lean Production, Competition, and Accountability.

Businesses value best practices, and what we see around the world is that publicly financed healthcare systems foster more efficiency in administration, lead to better health outcomes, and do a significantly better job of controlling costs.

The American Sustainable Business Council has launched a campaign, Business Leaders Transforming Healthcare, to build business support for transitioning the U.S. to a publicly-financed healthcare system. Thus far, the campaign has support from companies and business organizations that collectively represent over 10,000 businesses.

The American Sustainable Business Council applauds Senator Sanders and the bill's co-sponsors for proposing legislation that focuses on finding solutions to issues that have plagued our healthcare system for too long. This proposal represents an important starting point. As an organization representing American businesses, we look forward to bringing business stakeholders together to refine this proposal, and to create a healthcare system that will benefit U.S. businesses, our economy and our country.

Living Hope Wheelchair Association Remarks on Medicare for All

After our experience responding to the emergency created by Hurricane Harvey in our region, collaborating with multiple groups to distribute medical supplies and equipment to people with disabilities and elderly affected, we have experienced the power of solidarity in our communities responding to human suffering. We, a group formed by immigrants with disabilities to get access to medical supplies that are denied to us, have proudly been supporting citizens and not citizens because we recognize our shared human dignity. In this context we reaffirm what we said last year about the need for a single payer system: Health Care is a Human Right.

Our experience with the healthcare system in the United States is a mixed one. We are grateful to doctors and nurses in the emergency services that took care of us after we were victims of a crime or suffered car or workplace accidents. We are grateful to therapists and rehabilitation specialists that have helped us along the years. On the other hand it is very frustrating not having access to regular healthcare. It is very painful to see our members needing attention and having to wait until they are in very bad shape because they can only be treated as emergencies. We have a member that needed dialysis treatment three times a week due to the kidney damage he suffered when he was shot in a drive-by shooting and he could only receive treatment every week or every ten days when his potassium reached critical levels; even though we were able to get him more regular treatment in a clinic, the damage to his health was devastating.

More recently one of our members, who is also our board treasurer, had to wait fourteen hours seated in his wheelchair in the waiting room at the county hospital before a doctor saw him. They didn't even give him a bed during those fourteen hours so he could lie down and avoid developing a bedsore ulcer that can be very dangerous because they take months to heal. We know this is not the fault of doctors and nurses but a consequence of terrible public health policies that exclude so many people from having access to health care. We are tired of waiting to be seen!

We believe that the fact that we are not included is a great injustice because we have contributed to the economy of this country and this is very frustrating. We want equality for all, health is a human right, and we don't go to the emergency room because we enjoy it!

The situation in Texas is particularly bad, we are the state with more uninsured people and our governor still refuses to take advantage of available resources to expand Medicaid, ignoring the negative impact this has on the whole system; we believe it is outrageous that he and other politicians don't see that while they count the votes they win with these decisions, we have to count the hours we spend waiting in the emergency room, the hours we spend in severe pain because we don't have access to treatment and medicine, and we count those who die and could have lived if their right to health care would be respected before the profits of insurance companies or the electoral interests of politicians that have never suffered like regular people.

For us this is very simple: We are human beings, we have human rights, just like the rest of people in the U.S. Including undocumented immigrants in the healthcare system makes sense from a public health

point of view and also from an economic point of view, it has been demonstrated by many different well respected studies; but that shouldn't be the main reason why we are included: human dignity should be.

Texas is the state with more uninsured people and so many groups defending human rights in our state are working for a Medicaid expansion so we can have a better healthcare system. Ours is a very religious state and we think that those who want to deny our rights and humanity need to ask themselves: If we are not their brothers and sisters, how can they say that God is their Father?

So to advocates all over the country we have one advice: do not try to convince your opponents only with cost-benefit analysis, or seductive talking points; it is better to share stories that show the humanity, suffering and dignity of our communities and then let our opponents and the undecided do their homework with their consciences and beliefs, most people will do the right thing when they can connect with their own humanity and not just with ideological noise based on fear of anyone who is different.

Having access to a single-payer system would have a great positive impact in our lives, it would mean opening the possibility of regular health care services that would help us prevent problems instead of having to live in a constant state of emergency. We are clear that a single-payer system would not solve all of our problems, we will still be in our wheelchairs, we will still have to face the discrimination we encounter both as immigrants and as persons with a disability, but what people who have health insurance and good health need to understand is that for us this is not an issue, this is a battle of life and death, and having access to health care will reduce the amount of pain we have to live with every day, it will help us live longer. So, paraphrasing our friend Ken Kenegos from the Health Care for All coalition here in Houston: those who prevent us from entering hospitals are today's version of Alabama Governor George Wallace standing in the door of the University of Alabama in 1962. We know we are human beings and have rights and dignity; the question is if many of our current legislators are ready to acknowledge this and be on the right side of history.

Remarks from Dan Hendricks, Lead Benefits Specialist, [Health Care for the Homeless Baltimore](#)

Splitting insurance across many programs, each with its own eligibility requirements, is extremely inefficient.

An entire army of health insurance Navigators and other enrollment assisters is currently tasked with ensuring people obtain insurance, keep their insurance, and don't fall off their insurance.

Across all states, about 1/3 of all adults experience a disruption in eligibility for health coverage at 6 months, and about 1/2 at 12 months. (Citation: [Health Affairs](#), 2014). This means a lot of paperwork and effort to get people reconnected to benefits, and re-establishing coverage for care.

These efforts, while absolutely necessary in the current system, are not focused on providing medical care, but instead focused on the administrative side of making sure people have health coverage.

Remarks from Barbara DiPietro, Senior Director of Policy, [National Health Care for the Homeless Council](#)

As an organization representing health care providers and the patients they serve, we see first-hand how the current health insurance system disrupts care and interferes with clinical decision making. It's frustrating to tell a patient we can't prescribe a specific kind of medication we know would work best because his insurance doesn't cover it anymore. It's frustrating when we find a great specialist who does fantastic work and would love to see our patients, but only takes certain kinds of insurance because of the reimbursement rates. And it's especially frustrating when some people get great care because they have the right kind of insurance, and others get less care because they have the wrong kind of insurance.

While clearly we are focused on the poorest and most vulnerable in our community, we support single payer because this is the right approach to health care for everyone. We believe health care is a human right—and our current system does not live up to this. As Americans, we like having the best—and we deserve better than what we have now.

Single payer is cheaper, it's easier to understand, it's more efficient, and it's fair to everyone. And most important—it yields better care and better health outcomes. We can look to many different countries and see single payer systems organized in different ways.

The Commonwealth Fund just recently published another report comparing our system to 10 other countries—and we didn't do well (Citation: [Commonwealth Fund](#), 2017). This just adds to the overwhelming evidence that our current system needs fundamental change beyond the incremental changes made by the ACA. There's clearly a way to create a uniquely American system with a financing approach that is fair and equitable.

Finally, it's heart-breaking that we continue to see people get sick and die because they couldn't get the care they needed because they couldn't afford it. That's not fair, that's not right, and it's also not the values we claim to support in this country.