

# Christian Science Committee on Publication – Hawaii

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## **Testimony for Health Care Task Force: Tuesday, January 10, 2006** **Presented by Nancy Walden, Christian Science Committee on Publication for Hawaii**

Distinguished ladies and gentlemen,

Thank you for making the Draft report available to the public for comment.

The draft report was beautifully written, but in spite of its length and comprehensiveness, it fails to mention any complementary or alternative (CAM) systems of health care. We have brought to your attention in previous testimony the statistics compiled by the National Institutes of Health concerning the ever increasing use of CAMs in the United States, including spiritual healing through prayer. Our Medical School at the University of Hawaii now has a Department of Complimentary and Alternative Medicine. It would appear that the training these young doctors are receiving is to be of no avail?

I am asking you to look to the many health care alternatives that are now being used in our Hawaii community – most of them at lower cost than medical treatment. Since you are taking on the worthy cause to provide the means for **all** Hawaii citizens to be covered by a health care insurance program, those in Hawaii who do not or do not wish to use allopathic medical care – will also be left out of the program. And what is most unfortunate, those individuals who would be left out of the program will, nevertheless, be paying for the cost of it.

Thank you in advance for taking this opportunity to include the use of these alternatives including the various forms of spiritual healing, in your report to the legislature.

I stand ready and willing to work with you on this matter.

Nancy Walden

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**Subject:** RE: Jan 10 HCTF Meeting Agenda and Attachments

**Universal Health Care verses Integrative Health Care—  
Cost/Benefit Comparison**

The concept or desire to provide "universal health care" for Hawaii's uninsured has been discussed and implemented by various legislative bodies and administrations. This has been a good, compassionate, charitable thing to do. Nobody likes to see other people suffer; our hearts go out to them.

However, on the other side governmental costs, governmental resources are limited and budgeting decisions for entitlement services are faced every year. It is difficult for every government to meet their minimal mandatory expenditures without escalating taxation and slowing the economy. Balancing the Budget has required Welfare Reform.

Every person added onto a charitable entitlement program, such as health insurance, adds per capita incremental expenditures. However, State and Federal funding for the "gap group" does take financial and charitable burdens off of Hospitals and Medical Providers.

**On the other hand, PROVIDING OR MANDATING INTEGRATIVE MEDICINE HAS BEEN DEMONSTRATED IN REAL WORLD ECONOMICS TO PROVIDE BOTH COST CONTAINMENT WHILE IMPROVING HEALTH CARE DELIVERY SYSTEMS.**

**THIS IS BOTH A SOCIALLY ACCEPTIBLE POSITION AND AN ECONOMICALLY BENEFICIAL HEALTH CARE ENHANCEMENT.**

Current economic strategies in Hawaii actually drive up costs for employers and consumers of health care across the board. This is exactly the opposite of what any Social planner would want to do.

Any new health care legislation must provide for both cost containment and enhanced health care delivery.

Consumers, patients, seeking or needing Alternative, Complimentary, Traditional, Scientifically based, evidence based Natural Health Care Medicine have to pay twice—once for their limited health care plan and again 100% out of pocket for necessary Scientifically based, evidence based Natural Health Care Medicine.

Language similar to SB1418 must be included in any health care planning for both cost containment and enhanced health care delivery.

This is consistent with FTC policies and practices and has also been proven effective in real world economics following the anti-trust action directed against the AMA over 30 years ago. Since the AMA isn't legally able to continue with their anti-competitive illegal trade practices, they now rely upon administrators and lobbyists to accomplish their monopolistic agenda.

HMSA reported that their internal studies were unable to demonstrate any cost increase or premium increase if coverage for Natural Medicine, Alternative Medicine, Complementary Medicine was wrapped into the basic Health Care Plans.

Currently HMSA has two insurance competitors, HMAA and UHA, who provide for Integrative Medicine at competitive prices to employers—Enhanced health care delivery at competitive pricing.

Under current practices HMSA provides limited coverage for "Alternative" medicine as a "rider" that drives up health care costs. If coverage were wrapped into the basic health care plan so that all licensed health care providers were economically accessible, this would reduce costs to consumers, employers and labor unions while providing enhanced health care delivery and improved health care outcomes.

This is also consistent with the prior Legislative Auditor's Report on Mandating Coverage for Naturopathic Medicine. Review of real world insurance costs again demonstrated none to less than minimal cost increases while providing enhanced health care benefits.

These real world outcomes are supported by federal law, economic outcomes and evidence based scientific studies.

Across the Nation, as well as, at the University of Hawaii Medical School, physicians and administrators are developing Integrative Medicine programs to include Traditional Natural Health Care delivery.

You just can't get any better Cost Effectiveness than enhanced benefits with none to less than minimal cost increases. Why not jump on these cost savings and health care outcomes?

This issue needs to be fast tracked especially with the risk benefit ratio demonstrated in the real world. We need to overcome the artificial anti-competitive obstacles directed against non-AMA practitioners that drive up costs and reduce health care outcomes.

Under existing anti-competitive practices health care choices are made by insurance companies and employers on behalf of employees. Who really should be making health care decisions and choices? Patients not third party insurance companies or employers. HMSA feels more economically secure in escalating costs and enhancing their income. In support of this the best HMSA can do is mislead or lie to Legislators about actual cost benefit ratio or statements that there is no demand for non-AMA providers.

People have gotten so use to this Big Lie that they can't see the Truth.

**These insurance company economic strategies in Hawaii actually drive up costs for employers and consumers of health care across the board. This is exactly the opposite of what any Social planner would want to do.**

**Any new health care legislation must provide for both cost containment and enhanced health care delivery.**

**Language similar to SB1418 must be included in any health care planning for both cost containment and enhanced health care delivery.**

**You just can't get any better Cost Effectiveness than enhanced benefits with none to less than minimal cost increases. Why not jump on these cost savings and health care outcomes?**

**Thank you for your attention and follow up on these matters.**

**Respectively,**

**Dr. Myron Berney**

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### Cost-Effective Health Care?

When the Legislature or other people demand Cost-Effective Health Care, then

**WE MUST ASK, "COST-EFFECTIVE FOR WHOM?"**

The overall intention of the consumer protection legislation, including the Laws governing the Insurance Division and the Insurance Commissioner are designed for Consumer Protection for the Consumer.

Clearly the Health Care Delivery Systems are cost-effective for the Insurance Industry.

But shouldn't they be cost effective for the insured, for the consumer?

Shouldn't they be cost effective for the health care delivery system—for the workers and the hospitals?

Every study has demonstrated that coverage for all licensed health care providers **SAVES MONEY!**

Even HMSA internal studies have failed to demonstrate any significant cost increase for **CONSUMER CHOICE**—for programs that cover all licensed health care providers.

Current policies make it economically inequitable for consumers to have to pay twice for the necessary, reasonable and appropriate health care services that are provided by non-MD. This is in spite of both the overwhelming public need, as well, as evidence based science that demonstrates improved public health, personal health, and more cost effective health care delivery when all licensed health care providers are equitably covered by health care plans.

The consumer demand is there.  
The consumer health care need is there.

The powerful lobbyists aren't there, big money lobbyists aren't there, therefore Legislators aren't there yet either—Why? Because they don't look at the scientific truth and the economic studies that have consistently demonstrated both improved health care delivery and a cost savings by tearing down the artificial economic barriers to Integrative Health Care practices. Why? Because it is too easy to believe the Big Lies and Prejudices of the Past by persons who suppress good health medicine and health care freedoms and consumer choice.