United States Senate

Health, Education, Labor and Pensions Committee

Securing the Future of Health Care: Enhancing Cybersecurity and Protecting Americans' Privacy

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Alison Galvani, PhD
Director, Center for Infectious Disease Modeling and Analysis (CIDMA)
Burnett and Stender Families Professor of Epidemiology
Yale School of Public Health

Chairman Cassidy, Ranking Member Sanders, and Members of the Senate Committee on Health, Education, Labor and Pensions:

Thank you for the invitation to testify. I'm the Director of the Center for Infectious Disease Modeling and Analysis at Yale School of Public Health, where I also hold an endowed chair in epidemiology. My work focuses on evaluating healthcare policies through quantitative modeling to assess their impact on lives, costs, and the performance of our healthcare system. I am testifying as an expert in that capacity and not on behalf of Yale University.

We recently evaluated the ramifications of the reconciliation bill combined with the failure to extend the Enhanced ACA Premium Tax Credits. According to the Congressional Budget Office, these retractions will result in 16 million Americans losing their health insurance. Already over 85 million Americans are uninsured or underinsured, meaning they lack adequate coverage or face financial barriers to care. Adding 16 million more would deepen our existing crisis in healthcare access. Based on methodologies and input parameters we published in The Proceedings of the National Academy of Sciences[1] and The Lancet[2], as well as the CBO estimates, we assessed the implications of the retractions in collaboration with the University of Pennsylvania. We found that over 51,000 Americans will die each year unnecessarily as a result of the reconciliation bill[3,4].

Beyond mortality, we estimated the repercussions of coverage losses on several chronic conditions that are already widespread in the United States[5]. The 16 million people projected to lose their insurance will no longer be able to afford the care they currently receive. We estimate that 138,851 cases of diabetes will go untreated, along with 101,850 cases of substance use disorders, 165,165 cases of hypertension, and 201,868 cases of mental illness annually. These are individuals who are currently managing their conditions with medical treatment—care they are poised to lose. Consequently, not only will 51,000 people die each year, but millions of others will endure avoidable suffering and diminished quality of life. These estimates do not even account for how cuts to supplemental nutrition programs will further erode health, particularly for low-income families managing chronic disease.

Policies like Medicaid work requirements are ostensibly presented as cost-saving measures. In practice, they do the opposite. In New Hampshire, a work requirement led to nearly 17,000 people losing coverage in just two months. The program was then suspended early due to the scale of harm. The implementation of Medicaid work requirements in Arkansas similarly resulted in over 18,000 people losing coverage, with no measurable impact on employment.

These states also incurred millions of dollars in new administrative costs just to implement and enforce these provisions. The infrastructure required—eligibility systems, reporting portals, call centers, appeals—added significant overhead. In both cases, these work requirement systems have cost more to operate than they saved, diverting public funds from healthcare delivery to bureaucracy. They are simply a burdensome hurdle that makes the healthcare system more difficult to navigate for both people and governments. These policies created instability, increased hardship, and failed even on their own terms.

I appreciate the importance of fiscal considerations. In that context, it is imperative to underscore that the externalities of these healthcare retractions will be economically counterproductive in ways that reach far beyond administrative costs. When people lose coverage, they are more likely to delay care until conditions become acute, harder to treat, and more expensive—often resulting in emergency room visits that strain hospital capacity. More families will face crushing medical debt and diminished ability to remain in the workforce due to unmanaged illness. Meanwhile, healthcare providers—especially in rural areas that disproportionately rely on Medicaid—are left absorbing uncompensated care. These externalities jeopardize the viability of hospitals and clinics, fueling closures that increase travel burdens and reduce access across entire communities.

There is, in fact, a way that Congress could save money, improve cost-efficiency, and bolster economic resilience. But it is not by cutting healthcare. It is by expanding healthcare to all Americans through a single-payer system, such as the Medicare For All Act proposed by Ranking Member Sanders. Many other countries have achieved universal healthcare that saves lives and money. By contrast, we spend more than any other country on healthcare. The return on our investment is paltry. Despite spending more, we don't even rank in the top 40 for life expectancy or maternal mortality, among other public health measures.

Our study entitled Improving the Prognosis of Healthcare in the United States published in The Lancet[2] found that a universal single-payer system would yield net savings of $579 billion annually (in 2025 dollars), even after fully covering those who are currently the uninsured and underinsured. That is more than half a trillion dollars saved each year, through a combination of factors including streamlined administration, negotiated pricing, and preventative care. Most importantly, universal healthcare would save more than 68,000 lives annually as opposed to causing 51,000 unnecessary deaths. Taken together, these findings underscore a simple but critical point: if we avoid destructive rollbacks and instead expand healthcare, we could save more than 120,000 lives every year. At the same time, we could be spending substantially less on healthcare as a nation.

A unified system also offers advantages for privacy and cybersecurity. The current fragmented landscape—spread across hundreds of insurers and vendors—creates widespread vulnerabilities. A single-payer system would enable centralized governance, standardized protections, and accelerate threat responses. Countries with national health systems show that integrated infrastructure can better safeguard patient data.

By introducing policies that would unify and expand healthcare, this committee has the potential to galvanize a new era of American well-being, security and prosperity. I appreciate the opportunity to inform your deliberations with this evidence. I look forward to your questions and to supporting solutions that protect and enhance health across our country.

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