Improved Medicare for All

The Breakdown:

- Everybody in - Nobody out: expands Medicare to cover everybody
- Covers all health needs: lifelong coverage of medical, dental, vision & much more
- Freedom & Flexibility: health services remain private with your choice of doctors - no networks
- Efficiency + Negotiation = Lower Cost: slashes bureaucracy and eliminates overcharges to save $.

The Bottom Line:

95% of people will pay less for healthcare than they do now*

*Friedman, 2013, "Funding HR 676..." [link](https://bit.ly/NPRQ3)

Want proof? Estimate your savings with this calculator: [www.hcfat.org/calculator.html](http://www.hcfat.org/calculator.html)

The U.S. spends 2X more on healthcare than nations that cover everyone & have better health.

Improved Medicare for All: an efficient system to deliver healthcare to everyone in the U.S. without increasing overall spending.

<table>
<thead>
<tr>
<th>Cost Per Capita</th>
<th>ACA/Obamacare (2016)</th>
<th>Improved Medicare for All (post-transition - 2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average of 19 most costly healthcare countries (2016)</td>
<td>$5,469</td>
<td></td>
</tr>
<tr>
<td>Population Covered</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Services</td>
<td>ALL</td>
<td>ALL</td>
</tr>
<tr>
<td>Funding</td>
<td>Public $</td>
<td>Public $</td>
</tr>
<tr>
<td>Total Cost</td>
<td>No data</td>
<td>$3.2 trillion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$2.7 trillion</td>
</tr>
</tbody>
</table>

Calculated based on U.S. population of 325 million (2017 UN population estimate).

1 Assumes full implementation of HR676 in 2018 with 2-year transitional expenses satisfied, e.g. increased utilization, Medicaid rate adjustment, retaining and unemployment for displaced workers, and buy-out of private health care facilities ~$394 billion (Friedman, 2013, "Funding HR 676..." [link](https://bit.ly/NPRQ3)).

4 Actual per capita value is likely to be lower than projected due to negotiated prices for pharmaceutical and medical device products.
Q: WHY does the U.S. PAY SO MUCH FOR HEALTHCARE that doesn't adequately serve our needs?
A: UNNECESSARY COSTS due to PROVIDER MONOPOLIES and PRIVATE INSURANCE COMPANIES:

**PROFIT**
executive salary & bonus
marketing
lobbying
campaign contributions
shareholders*

* Don’t be fooled!

"NON-PROFIT"
hospital chains and insurers may not have shareholders, but they still have all the other expenses

**BUREAUCRACY**

having dozens of insurance companies means

ENORMOUS ADMINISTRATIVE COSTS
To cover staffing:

insurance companies INCREASE PREMIUMS

hospitals and clinics INFLATE charges an average of 4 X*

hospitals also OVERCHARGE to cover uninsured and underinsured patients


**PERSONAL**

+ monthly premiums, copays, coinsurance & surprise out-of-pocket fees
+ avoiding care because you can’t afford it
+ health decisions made by insurance companies ... NOT your health provider
+ bankruptcy due to medical issues
+ switching providers when networks change
+ time spent dealing with billing issues, preauthorization paperwork, or claims for out-of-network providers
+ emergency rooms overloaded with patients in need of primary care
+ making job decisions based on healthcare coverage

Improved Medicare for ALL

1. Eliminates UNNECESSARY COSTS
2. LOWERS EXPENSES for equipment, drugs, and medical devices by negotiating bulk pricing
3. Uses the MONEY WE ALREADY SPEND

Most of U.S. healthcare spending ALREADY comes from public dollars:

**CURRENT SPENDING**
PUBLIC $

Medicare
Medicaid
ACA
Tricare
Veterans
CHIP
IHS
federal employees

HOUSEHOLD $

premiers
copays
deductibles
coinsurance

existing public funding

new public dollars (from payroll and other tax) that replaces what you ALREADY pay for private insurance

95% of households pay LESS*


EVERYBODY gets healthcare AND overall spending is lower

FIND OUT MORE:

HEALTHCARE for ALL
healthcareforallall.org

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