**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 $ USSR

**MULTIPLE PAYER VS. SINGLE PAYER**

**THE BOTTOM LINE:**

- **95%** of people will pay LESS for healthcare than they do now*
  
  WANT PROOF? estimate YOUR savings with this calculator:
  www.hcfat.org/Calculator.html

---

**The U.S. spends 2X MORE on healthcare than nations that cover EVERYONE & have BETTER health**

<table>
<thead>
<tr>
<th>healthcare countries (2016)</th>
<th>ACA/Obamacare (2016)</th>
<th>Improved Medicare for All (post-transition - 2020)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>cost per capita</td>
<td>$5,469</td>
<td>$9,892</td>
</tr>
<tr>
<td>population covered</td>
<td>100%</td>
<td>~80% (and declining)</td>
</tr>
<tr>
<td>services</td>
<td>ALL</td>
<td>partial/subject to restriction</td>
</tr>
<tr>
<td>funding</td>
<td>public $</td>
<td>public $, premiums paid by employers &amp; employees, deductibles, copays, coinsurance</td>
</tr>
<tr>
<td>total cost</td>
<td>no data</td>
<td>$3.2 trillion</td>
</tr>
</tbody>
</table>

---


---

*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...” https://bit.ly/NPPQjb).

§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 4X
  - 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

---

**1. Eliminates UNNECESSARY COSTS**
- for equipment, drugs, and medical devices by negotiating bulk pricing

**2. LOWERS EXPENSES**

**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 $**
  - premiums
  - copays
  - deductibles
  - coinsurance

**Improved MEDICARE FOR ALL**
- **new public dollars** (from payroll and other tax) that replaces what you ALREADY pay for private insurance
- **95% of households pay LESS**


---

©2019 Healthcare for All, Y’All; published 3-22-2019

FIND OUT MORE:
- [HEALTHCARE for ALL Y’All!](http://healthcareforallyall.org)