Realizing Improved Medicare for All:

Transforming our U.S. Healthcare Policy
Our Current System

Expensive, inefficient, unsustainable and not working for most of us.
Awful scene on the orange line. A woman’s leg got stuck in the gap between the train and the platform. It was twisted and bloody. Skin came off. She’s in agony and weeping. Just as upsetting she begged no one call an ambulance. “It’s $3000,” she wailed. “I can’t afford that.”

5:45 PM - Jun 29, 2018

772 Retweets 9,167 Likes 17,094 Likes
The U.S. Healthcare System is the Most Expensive in the World ($3.65 Trillion in 2018*)

Per capita healthcare spending of top 19 countries

Source: OECD 2017

Our Current System is a Bureaucratic Mess!

Understanding the critical flaws in U.S. healthcare — to build a better system

INEFFICIENT

The complexity of having dozens of government (public) services and private insurers results in high administrative costs.

The current system has **MULTIPLE PAYERS** that handle billing, causing **ENORMOUS** bureaucratic redundancy and cost. To cover all the paperwork, most hospitals and clinics have **MORE ADMINISTRATIVE STAFF THAN CLINICAL STAFF**.

Still, Millions Are Without Adequate Coverage

87 million or 45% of 19-64 year olds are either uninsured or underinsured

More people with health insurance are underinsured now than in 2010, with the highest increases from employer-based plans.

https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverage-eight-years-after-aca?omnicid=EALERT11555577&mid=don@mccanne.org
Insurance Isn’t “Insuring” Us Against Major Financial Problems

More Than Half of Underinsured Adults Reported Medical Bill Problems, Close to Rate of Uninsured

Percent adults ages 19-64

- Light Blue = Insured All Year
- Dark Blue = Underinsured*
- Orange = Uninsured During Year

*Underinsured = insured all year but experienced one of the following:
1. out-of-pocket costs, excluding premiums, equaled 10% or more of income;
2. out-of-pocket costs, excluding premiums, equaled 5% or more of income if low-income (<200% of poverty);
3. Deductibles equaled 5% or more of income.

Data: Commonwealth Fund Biennial Health Insurance Survey (2016).
A Significant Portion of Americans Forego Care Due to Cost

MORE THAN HALF of 18 to 44 year olds report not going to the doctor in the last year when they were sick or injured because of cost.

Note: Not going to the doctor when you are sick could then lead to costly ER visits, which taxpayers often end up covering indirectly.

Source: West Health Institute/NORC poll conducted February 15-19, 2018, with 1,302 adults nationwide

Question: Thinking more about the costs of healthcare, in the past 12 months, how often have you done any of the following because of cost?
Higher U.S. Spending Does NOT Result in Better Care

The U.S. ranked last in OVERALL HEALTH SYSTEM PERFORMANCE among 11 countries, while still spending the MOST on healthcare.

scoring:
- care process
- access
- administrative efficiency
- equity
- health outcomes

Our Health Outcomes Are Those of a Nation in Decline

DECLINING
LIFE EXPECTANCY

The U.S. is the only developed country where the MATERNAL DEATH RATE is INCREASING

Maternal Deaths in U.S. vs. other OECD Nations (per 100,000 live births)

Source: OECD, 2016
Second source: https://www.cdc.gov/nchs/products/databriefs/db328.htm


LOW HEALTH EQUITY:
African American women are more than twice as likely to die than their white counterparts.

Maternal Death Rates by Race and Ethnicity, 2015

Source: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm
GoFundMe medical campaigns are a strong sign that our healthcare system is not working.

Source: https://www.huffpost.com/entry/gofundme-health-care-system_n_5ced9785e4b0ae6710584b27
The U.S. is the only developed country that allows its citizens to go **bankrupt** because they got sick or had an accident

2/3 of people who file for bankruptcy cite medical issues as a key factor

Research shows that the implementation of the Affordable Care Act has not improved things.

What most people do not realize, according to one researcher, is that their health insurance may not be enough to protect them.

https://www.cnbc.com/2019/02/11/this-is-the-real-reason-most-americans-file-for-bankruptcy.html

The U.S. healthcare system is **BAD FOR OUR COUNTRY**

- BAD for the health and personal finances of all Americans
- BAD for American businesses due to the high cost of employee healthcare
  - hurts the bottom line and hinders strategic planning
  - creates a competitive disadvantage in domestic and global markets
- BAD for our nation’s security, productivity, and economic stability

“*Our cockamamie system gives our companies a big disadvantage in competing with other manufacturers.*”

- Charlie Munger, Vice-Chairman, Berkshire Hathaway
How did we get here?

Policies that favor privatization, corporate greed and profits over people.
Healthcare costs as % of GDP

U.S. Healthcare Policy: PIVOT POINT

U.S. HMO Act Passed

Canadian Medicare fully implemented

Sources: Statistics Canada, Canadian Inst. for Health Inf., and NCHS/Commerce Dept.
The Commodification of US Healthcare

Private insurers increase profits by denying care. In the process, they redirect **BILLIONS** of dollars away from healthcare services for:

- shareholders - executive salaries & bonuses -
- advertising - lobbying - campaign contributions

We are actually paying private insurers to restrict our access to care, standing in the way of provider and patient making decisions based on health!

**Why are we allowing for-profit middlemen to come between us and our doctors??**
Private Insurers Profiting From Public Dollars

For-profit insurers are managing more and more Medicare and Medicaid services.

Over a period of only six years, UnitedHealthcare, Anthem, Aetna, Cigna, and Humana more than doubled their revenue from these public programs to the point where 59% of their total revenue comes from Medicare and Medicaid.

Public dollars intended for care are landing in insurance company profit margins.

NOTE: This number does not include federal and state employee health insurance plans or the ACA subsidies, which are also from public dollars.

### Health Insurance Company CEOs’ Total Direct Compensation in 2017

<table>
<thead>
<tr>
<th>CEO Name</th>
<th>Company</th>
<th>Total Compensation</th>
<th>Daily Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Cordani, Cigna</td>
<td>Cigna</td>
<td>$58.8 Million</td>
<td>($120,301 per day)</td>
</tr>
<tr>
<td>Michael Neidorff, Centene</td>
<td>Centene</td>
<td>$24.9 Million</td>
<td>($68,301 per day)</td>
</tr>
<tr>
<td>Bruce Broussard, Humana</td>
<td>Humana</td>
<td>$34.2 Million</td>
<td>($93,699 per day)</td>
</tr>
<tr>
<td>David Wichmann, United Health</td>
<td>UnitedHealthcare</td>
<td>$83.2 Million</td>
<td>($227,954 per day)</td>
</tr>
<tr>
<td>Mark Bertolini, Aetna</td>
<td>Aetna</td>
<td>$58.8 Million</td>
<td>($160,959 per day)</td>
</tr>
<tr>
<td>Joseph Swedish, Anthem</td>
<td>Anthem</td>
<td>$26.4 Million</td>
<td>($72,356 per day)</td>
</tr>
</tbody>
</table>

Median earnings of full-time wage and salary workers in 2017: $44,980


Bureau of Labor Statistics
Prices at monopoly hospitals are **15.3 %** higher than those at hospitals in areas with four or more hospitals, even after controlling for differences in cost in each area.

Source: http://www.healthcarepricingproject.org/papers/paper-1
Big Pharma Ripping Us Off!

US Overpays for Prescriptions b/c Pharma Prevented Govt From Negotiating Drug Prices


Truven Health Analytics
Why Hasn’t Congress Fixed This?

Around the passage of ACA (2006-2012), industry (not just insurance) spent $3.4 Billion on lobbying and $709 Million in campaign contributions. A Bipartisan problem! ($332M to Republicans; $304M to Democrats including $23M to Obama in 2008)

Improved Medicare For All

We’re already paying for it…literally

A Sustainable & Fiscally Responsible Way to Pay for Healthcare
Taking the profit motive out of the equation

Improved MEDICARE for ALL

REDESIGNING U.S. HEALTHCARE

• based on the popular and proven MEDICARE health plan enjoyed by millions of Americans
• builds on the current MEDICARE program, which is ALREADY FUNDED by public dollars
• adds MORE coverage like dental, vision, hearing, prescription drugs & medical devices
• ALL Americans are eligible for preventative care and evidence-based health services
Single Payer: One entity is responsible for paying our medical bills.

Important medical decisions are left up to the health care provider and the patient.

Multiple Payer: Chaotic system that is filled with bureaucratic inefficiency and waste.

PRIVATE companies make decisions about our health care based on their bottom line, not medical necessity.
<table>
<thead>
<tr>
<th>Feature</th>
<th>MEDICARE FOR ALL ACT HR1384 (118 SPONSORS)</th>
<th>MEDICARE FOR ALL ACT S1129 (14 SPONSORS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage begins at birth</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Eliminates Out of Pocket Costs</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Global Budgets for Facility Operations</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Long Term Care Included, Prioritizing Home Health When Patient Desires</td>
<td>Yes</td>
<td>Partial (Nursing Homes Costs - Medicaid or Private)</td>
</tr>
<tr>
<td>End Drug Patents if Company Price Gouges</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Regional Funding for Medically Underserved Areas</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
How to Fund It

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 $
-premiums
copays
deductibles
coinsurance

existing
public
funding

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

EVEYBODYP gets
healthcare
AND
overall spending
is lower

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

Momentum is with Medicare For All…

Which makes the corporate interests very nervous
Mass Misinformation Campaign

Although it sounds innocent, it is an organization made up of Big Pharma, Insurers, Hospitals, and until recently the AMA, which have joined together to spend millions of dollars to kill Medicare for All.
“Health care debate shows the lies I told for insurance companies about 'Medicare for All' worked

Our propaganda duped Americans into believing that the free market can work in health care and that progressives want a government-run system.”

Wendell Potter
Former Vice President
Corporate Communications
Cigna turned whistleblower

Source: https://www.nbcnews.com/think/opinion/health-care-debate-shows-lies-i-told-insurance-companies-about-ncna1067331
Industry Lie #1 “It’ll Cost Too Much!”

Reality 100% of non-partisan studies (~25) found single payer controls costs

***Even the Koch-funded Mercatus study found that single-payer saves money, while covering everyone’s medical needs!

Most Recent Comprehensive Economic Study (PERI at UMass) - Nov 30, 2018 Found:

- Reduces total healthcare costs by 10%
- Avg household costs decrease from 15% to 1% of total income
- Avg business saves 8%, and all employees will get necessary care when they need it
- Largest immediate savings comes from eliminating redundant administrative expenses
- Proposes funds for transitioning employees who are redundant
- Proposes provider payments follow Medicare, which means on average remains same because less time spent on admin work vs billing work. For some high-end specialty providers, might mean pay cuts, but for others will mean pay raises, especially for primary care.

Source: https://www.peri.umass.edu/publication/item/1127-economic-analysis-of-medicare-for-all
About Costs Savings

**Improved Medicare for All** - builds on the administrative efficiency of the current Medicare program, whose overhead is 5 - 10 X LOWER than those of private insurance companies (by their own estimates for some plans in the ACA Marketplace).

**Immediate Cost Savings:**
- Huge overhead/administrative cost reduction:
  - ONE agency processes all claims to eliminate current redundancy across multiple corporations and government agencies
  - No need for hospitals and clinics to have their own massive billing operations
- No advertising costs, shareholder payouts, exorbitant executive salaries

**Long-term Cost Savings:**
- Consolidation of services allows greater negotiating power for drugs, equipment, and medical devices
- Increased coverage of preventative healthcare rather than more expensive late-stage disease interventions

Source: [http://www.pnhp.org/sites/default/files/Funding%20HR%20676_Friedman_7.31.13_proofed.pdf](http://www.pnhp.org/sites/default/files/Funding%20HR%20676_Friedman_7.31.13_proofed.pdf)
Industry Lie #2 “We Have the Best Healthcare System in the World!” “People from other countries come here all the time for care.”

Reality The number of Americans leaving the US for care nearly doubled between 2007 and 2017 (750,000 to 1.4 million).

Our outcomes are worse than many other countries

- LOWER life expectancy
- WORST Maternal death rate in the developed world
- HIGHER Infant Mortality Rates

HR1384 provides preventive care to ALL, which improves country’s health outcomes.

https://www.amjmed.com/article/S0002-9343(18)30620-X/fulltext
Industry Lie #3 “Death Panels Will Be Rationing Our Care!”

Reality The U.S. already has “death panels” (insurance, pharma, and PBMs) who are denying us doctor-prescribed care so they can make profits.

We have the most rationed system in the developed world. Our bank account and our zip code determine our health outcomes.
Industry Lie #4 “People in Single Payer Countries Wait Months for Care!”

Reality Wait times are already very long in the US and never end for people who can’t afford to get care.

Wait times are caused by too few providers spending too much time away from patients dealing with billing and approval, or access where you live. It has nothing to do with government financing.

Just as federal action has created and funded Community Health Clinics in underserved areas, it can create policy to meet needs.
Industry Lie #5 “It’s a Government Takeover/Socialism!”

Reality Providers, Hospitals, and Clinics remain private; government just processes payments

Providers and patients (and no one else!) make decisions about care

HR1384 is PUBLICLY FUNDED and PRIVATELY DELIVERED
Industry Talking Point #6 “I Won’t Be Able to Keep My Doctor”

Reality HR1384 gives us MORE CHOICE because patients are FREE to choose providers appropriate for condition and location.

No more networks! HR1384 also crosses all state lines.
Industry Lie #7 “It’s too hard to move to an Improved Medicare For All system!” “It’s too disruptive”

Reality Right now, ~10,000 people are enrolled in Medicare each day; we can easily absorb a one-time increase in enrollees until all are enrolled at Birth, just like a birth certificate or social security number.

Every year those of us with health insurance have to choose at least one new plan. Isn’t that what’s really too disruptive?

HR1384 offers stability! Medicare For All Enrollment is ONCE and Done...Forever!
Industry Lie #8 “Doctors will get paid so little they won’t be able to make a living!”

Reality HR 1384 establishes a physician consultation review board to review quality, cost effectiveness, and fair reimbursement of services and items delivered by physicians.

Many experts believe that primary care doctors and other specialties will receive increases due to a focus on prevention. We can address provider shortages with incentives like free education or higher pay.

**Bonus:** Doctors can actually focus on their patients and not endless administrative work.

Job satisfaction will increase while moral injury/burnout declines.
Industry Lie #9 “Innovation will stop if there’s no profit motive”

Reality  Pharma companies spend **MORE** on Sales & Marketing than R&D

Wouldn’t we be better off as a nation if profit were not the motive for innovation (e.g. variety in antibiotics)
Industry Lie #10 “Insurance workers will have nowhere to go!” or “We can’t let our insurance companies just disappear!”

Reality HR1384 allocates money for first 5 years to assist displaced workers (severance, retraining, etc)

Providers working for insurance companies can return to actually caring for patients

The companies themselves have been moving into other business areas for years. They know it’s only a matter of time before we stop being fooled.
Industry Talking Point #11 “Medicare recipients will get worse care than they have now,” “Seniors LOVE Medicare Advantage.”

**Reality** HR1384 covers much **MORE** than Medicare today with **NO** out-of-pocket costs.

**Improved to include:**
- Vision
- Dental
- Hearing
- Long Term & Home Health Care

Industry Lie #12  “People Love Their Employer-Based Insurance!”

Reality People love their doctors - not their insurance companies.

Employer-based insurance plans have gotten worse over the years, shifting more of more out of pockets costs to the policy holder.

“Underinsured” refers to adults who were insured all year but experienced one of the following: out-of-pocket costs, excluding premiums, equaled 10% or more of income; out-of-pocket costs, excluding premiums, equaled 5% or more of income if low-income (<200% of poverty); or deductibles equaled 5% or more of income. Total includes adults with coverage through Medicaid and Medicare.
Improved Medicare For All controls costs and provides universal coverage; a Public Option can’t

DRAWBACKS to the alternative plans:
Preserving any aspect of private health insurance perpetuates the problems of a fragmented, multi-payer, for-profit system
- costs driven by profit motive to benefit shareholders and corporation heads
- still wasteful due to redundant billing systems across countless plans
- constantly changing rules for pre-authorization, facilities, and networks
- decentralization means no negotiating power for equipment, devices and pharmaceuticals

A public option similar to current Medicare would cover only about half of an individual’s total medical expenses, leaving significant costs with remaining co-pays

Neither type of buy-in program would effectively reduce the number of uninsured
- The CBO estimates only ~ 2 million will gain insurance with a public option, leaving 28 million still uninsured [www.cbo.gov/budget-options/2013/44890](http://www.cbo.gov/budget-options/2013/44890)

Moving from a multi-payer to a single-payer system is the ONLY way to achieve the cost savings needed to provide universal care that is efficient, equitable, and sustainable.

IMPROVED MEDICARE for ALL - better healthcare coverage for ALL AMERICANS
What we can do to advocate for Improved Medicare For All!

- Educate yourself and your community (join Healthcare for All Y’all!)
- Call and write to your members of Congress about supporting HR1384 or S1804
- Support and elect candidates who champion Improved Medicare For All
- Support and vote for candidates who reject corporate funding
- Meet with your Members of Congress
- Invite us to present our roadshow to your civic, religious, or community groups
Opinion
Make no mistake: Medicare for All would cut taxes for most Americans

Emmanuel Saez and Gabriel Zucman

Not only would universal healthcare reduce taxes for most people, it would also lead to the biggest take-home pay raise in a generation for most workers

Fri 25 Oct 2019 02.00 EDT

https://amp.theguardian.com/commentisfree/2019/oct/25/medicare-for-all-taxes-saez-zucman?__twitter_impression=true&fbclid=IwAR34DIilKJEOyYQY0-uwfqYFNfPe_pveil-N0yGNFWkqWImgY3DXWUKZ1nE
Talking Points for Any Audience... use them!

- We have incredible providers in the US, but too many of us can’t access them.
- We can’t predict when we will get sick or have an accident but when we do, we need care.
- Why are we paying insurance companies a lot of money to stand between us and our providers, when we already spend enough to cover everyone?
- Improved Medicare For All allows for free choices of physicians and hospitals (no more network; no more state or cost barriers)
- More efficiency and cost control - One giant risk pool gives us negotiating power on drugs, services and medical devices
- Medicare overhead is, at most, 5%, but private insurance overhead is 17.8% (by their own estimates)*
- No more being stuck in a job just to keep healthcare, freedom to pursue your dreams or start a business!
- Freedom from medical debt - no more financial burden or bankruptcy due to medical bills
- A healthy population leads to a more productive society and gets businesses out of dealing with their employees’ health. We can fix this with practical solutions like HR1384!

Regular Info for Regular People: simple, concise, yet impactful information that enables anyone to advocate for essential improvements to US Healthcare.
- non-partisan
- based in Orange County, North Carolina
- organized in 2017
- volunteer-led

MISSION: EDUCATE and ACTIVATE ourselves, our peers, and our elected officials so that we all can get the care we need and deserve
Q & A
Appendix
“If we can send a man to the moon, we can have Medicare for All...

This is our health, and this is not about political affiliation or who somebody votes for. This is really about our humanity and our moral commitment to one another, and how as Americans we want to best invest our money. We’re paying for people who are underinsured or uninsured right now. We just don’t see it because it’s indirect.”

— Nina Turner
“Of all the forms of inequality, injustice in health care is the most shocking and inhumane (inhuman) because it often results in physical death.”

- Dr. Martin Luther King, Jr.
Improved Medicare For All will control costs and provide universal coverage; the Public Option will not.

| Guaranteed coverage for all U.S. residents? | Yes | No |
| Eliminates co-pays and deductibles?       | Yes | No |
| Covers all necessary care?                | Yes | No |
| Ensures choice of doctor?                 | Yes | No |
| Controls costs without compromising access to care? | Yes | No |

Did you know? Even if a Public Option (or Medicare buy-in) were implemented today, fewer people would gain insurance than if Medicaid were expanded in all states.
## Comparison: HR 676 vs ACA/Obamacare

### HR 676
- Everyone covered at birth
- Freedom of choice: doctor and hospital
- Coverage for all medically necessary care
- Redirects $500 billion in administrative waste to care, resulting in no net increase in U.S. health spending.
- Large-scale cost controls (negotiated fee schedule, bulk purchasing of drugs, hospital budgeting, capital planning, etc.)
- 95% of American households will pay less for care than they do now with progressive income and wealth taxes to top 5% of earners

### ACA/Obamacare
- In 2017 over 30 million uninsured and another 41 million underinsured
- Insurance companies continue to deny and limit care
- Insurers continue to strip down policies and increase patients' premiums, copayments and deductibles
- Preserves a fragmented system incapable of controlling costs
- Continues unfair financing of health care whereby costs disproportionately paid by middle- and lower-income Americans and families facing acute or chronic illness.

[http://www.pnhp.org/sites/default/files/HR676vsACAvsAHCA.pdf](http://www.pnhp.org/sites/default/files/HR676vsACAvsAHCA.pdf)
2017 findings reveal trust in healthcare is dismal across the board, and trust in health plans is at an all-time low.

The survey represents the first 360-degree view of trust in healthcare – digging into consumer, physician, health plan, and health system executives’ views of each other – showing the industry as a whole has a long way to go.

Source: http://thinkrevivehealth.com/topic/2017-trust/#webinar_reveal
Chief Financial Officers Agree Healthcare Costs are Burdening Businesses

Nearly all CFOs value the importance of providing employees with relevant, credible healthcare information:
- Feel employers need more information about healthcare quality: 97%
- Feel employers need more information about healthcare pricing: 96%

If CFOs had the ability to decrease their company's healthcare budget by 30%, the money saved would likely be used to invest more in:
- Better technology: 49%
- Salaries for employees: 50%
- New products or services: 49%

Most CFOs acknowledge the strain healthcare costs place on their companies and the country:
- Healthcare costs drain company resources that could be better used for other purposes: 81%
- They feel powerless when it comes to managing their company's healthcare spending: 80%

Source: Harris Poll of 137 U.S. CFOs at companies with 1,000 or more employees that currently provide health insurance to their employees, conducted between May 14 and May 20, 2014 for Castlight Health. For more details, contact press@castlighthealth.com.
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