

Improved Medicare for All

*Quality, Guaranteed
National Health Insurance*



by HEALTHCARE-NOW!

A Healthcare System in Crisis

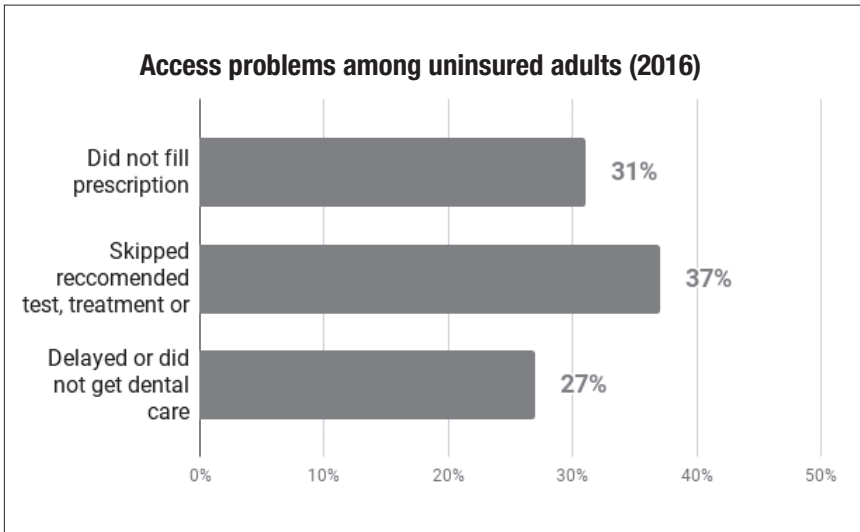
The United States is the only developed country where residents routinely cannot afford the care they need or risk being saddled with debt when they do get care. We spend more and more for less access to healthcare.

The crisis of the uninsured

Despite improvements made by the Affordable Care Act, in 2017 over 28 million Americans — about 10.4% of adults under 65 — were uninsured. That number continues to rise.

The burden of our for-profit healthcare system is felt most acutely by the uninsured. Lacking insurance is not just a financial impediment to care; it leads to poorer health outcomes and increases the chance of death by 40%.¹

Poor people, people of color, and immigrants are more likely to



be uninsured. Women are more likely to get insurance through a partner, creating a dependency that makes their access more precarious and their lives less free. Those with pre-existing conditions and people living in rural areas also face increased difficulties finding affordable coverage.

The underinsured

Having insurance is no guarantee of access. The underinsured — those who have insurance, but face such high copays and deductibles that their access to care is severely limited — make up almost 28% of adults in the U.S. Shockingly, these 41 million Americans are almost as likely to go without necessary care and struggle to pay medical bills as are the uninsured.²

Amy's Story

My daughter, Shalynne, was in the waiting period for health insurance. In June of 2015, she fell and went to the ER in excruciating pain with a red, swollen leg. **The staff immediately asked if she had insurance.** Shalynne replied “No.” She begged for an MRI and medications to treat her 8-out-of-10 pain, to no avail. They told her, “Go get insurance and see a specialist. We are not a doctor’s office.”

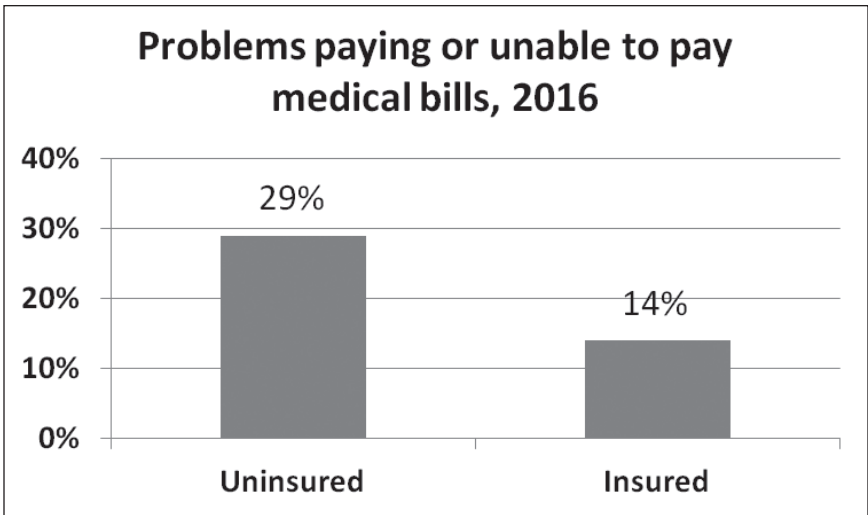
Because they didn’t do the basic screening, they didn’t uncover the blood clot that had been forming in her leg. On June 25th Shalynne took a flight to Kansas City. The blood clot broke off in her leg and caused a massive pulmonary embolism. The next morning her father called and said Shalynne had woken up with severe chest pain. I saw my daughter intubated and hemorrhaging. She never regained consciousness. **Shalynne didn’t have to die.**



Unaffordable Healthcare Costs

America's for-profit healthcare system is unsustainable. The cost of healthcare in the U.S. is rapidly rising³ — in 2017, healthcare alone ate up nearly 18% of all spending in the country.

High healthcare costs are often devastating for patients. 57% of home foreclosures were attributed to medical costs, making it the number one cause of foreclosure in the country.⁴ Medical debt is a contributing factor in 62% of bankruptcy cases in the U.S.⁵



Impact on Workers

Rising healthcare costs negatively affect workers even when they have health insurance. Nearly 100% of the cost of employer-sponsored insurance is passed down to the employee in the form of lower wages⁶ — not actually borne by the employer.

And as healthcare premiums have skyrocketed over the last 30 years, not only have wages remained stagnant, but employers have been increasing the share of the premium paid by their employees.

Another way employers have been shifting costs is by downgrading from more protective coverage to high-deductible plans, which are cheaper for the employer but more expensive at the point of service for the employee.⁷

Sara's Story

I live and work in Charlottesville Virginia, where my family and I have been buying health insurance through the Affordable Care Act for years. In 2017, after the Trump administration cut the cost sharing reductions for insurance companies, all but one insurer left our area. The company that stayed took advantage of their monopoly.

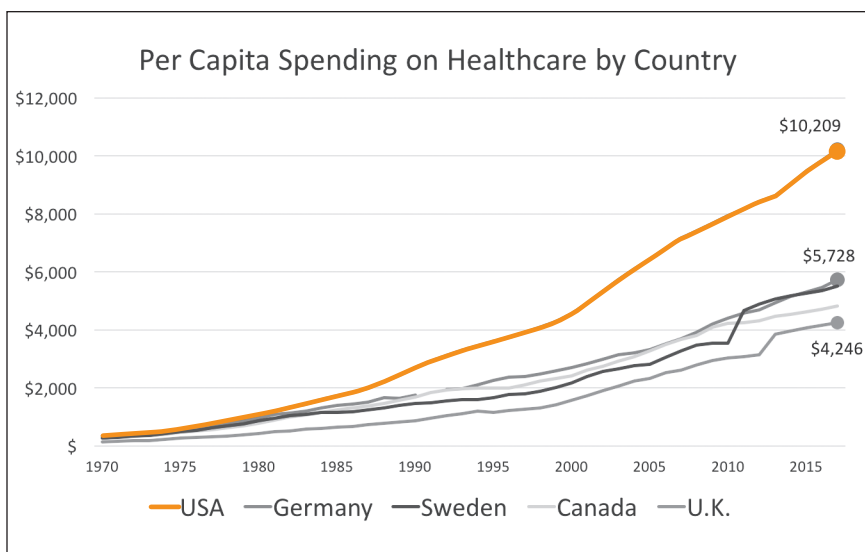
On November 1st, 2017, I logged-on to [healthcare.gov](https://www.healthcare.gov) to discover that my family's premiums had gone from \$900/month to more than \$3,000/month. My husband and I laughed at first – it was so absurd. That's \$36,000 a year for a bronze plan! We would soon learn that the premiums in Charlottesville had become the highest in the nation.

We've recently learned that premiums for 2019 are projected to come down by almost 30%, but a 30% drop after a 300% increase is not enough to make premiums affordable.



Universal Healthcare Costs Less, Saves Lives

The United States is virtually the only country in the developed world that does not guarantee all its citizens healthcare. We rank first in healthcare expenditure — \$10,209 per capita in 2017 — but last in percentage of population covered.⁸



Why does the U.S. spend so much on healthcare?

- ★ 25 to 31 cents of every healthcare dollar are wasted on administrative costs, such as billing, collecting fees, advertising, lobbying and claim denials⁹
- ★ Americans pay \$500 - \$1,000 more per year for prescription drugs than people in other countries pay, because the cost of the exact same drugs are higher in the U.S.¹⁰; and

- ★ Between dividends and salary, healthcare industry CEOs average yearly compensation of \$20 million¹¹ and are incentivized to raise stock value rather than control costs to patients.

By slashing waste and profit associated with the insurance industry, single payer health care would reduce costs by almost 10%.¹³

Despite these high expenditures, healthcare outcomes in the U.S. are considerably worse than in other developed countries.

The U.S. has a lower average lifespan, a higher infant mortality rate, and a higher maternal mortality rate than its peers with universal healthcare systems. Hospital admissions for preventable diseases (congestive heart failure, diabetes, and asthma, among others) are much higher in the U.S. than in any other developed country. And rates of medical, medication, and lab errors are highest in the U.S.¹²

Lori's Story

I've lived in Canada most of my life, then in Taiwan for six years — both countries with single-payer healthcare systems — until finally moving to Las Vegas, Nevada, to live with my American wife.

Shortly after moving to the U.S., I had to rush my wife to a local hospital after a severe episode of mental breakdown. As I walked into the emergency room, I looked around in utter shock: There were nearly seventy-five people waiting to be seen in the Emergency ward. I had never before in Canada or Taiwan seen an ER waiting room with more than four or five people in it. We waited many hours for my wife to be seen by a doctor, all the while I was struggling to keep her there. I then watched her be treated for two whole days in the hallway — that's right, the HALLWAY — of the hospital. I again, had never seen this before. I found out shortly afterwards that this was the hospital for people with no insurance.

My wife luckily survived many difficult years until she got onto Medicare — a single-payer system — and could get the care she needed.

Single-Payer Healthcare for the United States

What would savings from a single payer buy for the American people? Under the single-payer bills in Congress:

REAL ACCESS: Every resident of the United States would receive comprehensive health coverage free at the point of service. This care would be based on need, not ability to pay.

REAL CHOICE: All doctors and hospitals would be accessible to any resident without the limited networks or restrictions currently imposed by insurance companies, and employers would no longer be able to make your coverage decisions (for example, on contraception or abortion).

JUSTICE: Medical care would be free at the point of service. Co-pays and deductibles would be virtually eliminated. Only the wealthiest would pay more than they do now for healthcare.

What is covered under Medicare for All?

- ★ Inpatient and outpatient care
- ★ Preventive care
- ★ Emergency care
- ★ Primary care
- ★ Specialty care
- ★ Vision
- ★ Hearing
- ★ Dental care
- ★ Mental health and substance abuse services
- ★ Prescription medications
- ★ Medical equipment, supplies, diagnostics, and treatments
- ★ Long-term care
(fully covered in the House bill, partially covered in the Senate bill)

How would a single payer healthcare system work?



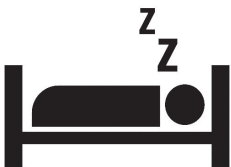
Fair, progressive taxation would replace premiums, co-pays, and other forms of cost-sharing, relieving low and middle income people.



Every U.S. resident would receive a healthcare card that would guarantee all the highest standard of care — rich or poor.



When you go to your doctor, specialist, or the ER, you show your card. No money ever changes hands.



The physician bills the government insurance, which pays the provider directly. You focus on recovery instead of bills.

Frequently Asked Questions

QUESTION: Won't single-payer lead to long wait times and rationing of care?

ANSWER: The United States, like every healthcare system, already rations care. The difference is that we ration based on ability to pay — leaving millions outside of the system — while single-payer systems prioritize resources based on medical need.

Furthermore, a for-profit system exacerbates rationing, because more precious healthcare dollars are set aside for shareholders rather than patient care. And despite the myth that single-payer systems lead to long wait times, overall the United States performs worse on this metric than its peers. In a 2017 survey, the Commonwealth Fund ranked the U.S. ninth out of eleven countries in timeliness of care — behind the U.K., Norway, and other countries with single-payer systems.

QUESTION: I have good health benefits through my work, why would I want single-payer reform?

ANSWER: Under single payer, healthcare coverage would be comprehensive and not conditional on employment — so even if you lost your job due to a serious illness or injury, you'd be able to keep your coverage.

Single-payer would also solve the drag of rising health costs on wages. Employers respond to increasing insurance costs by removing the difference from workers' paychecks; under a single-payer system, these increases would be controlled and would no longer affect wages.

QUESTION: Would single-payer increase my healthcare costs?

ANSWER: Single-payer would replace high, unpredictable premiums, deductibles, and co-payments with low, stable taxes. Under the current system, people from low-income households and those with

serious illnesses pay disproportionately more of their income for care. Single payer bills in the House and Senate would institute a system of progressive taxation wherein high-income households assume a greater share of the costs. For the vast majority of Americans, this means savings.

QUESTION: Will switching to a single-payer cause people to lose their jobs?

ANSWER: A single payer system is ultimately pro-worker. By untethering insurance from employment, employers don't have as much power over employees. More opportunities will open up for those who would like to change jobs, start a new business, or not work at all.

Because a single payer will streamline billing, payment, and administrative processes in the healthcare industry, some jobs will be lost. However, both single payer bills in Congress have funds allocated for job training and unemployment insurance for displaced workers. Working with employ-

ees of affected industries to strengthen transition protections in single payer legislation will ensure a just transition.

Sources

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- ¹² OECD, 2018.
- ¹³ Pollin et al., Economic Analysis of Medicare for All. Political Economy Research Institute, 2018.

Take Action: Get Involved!

- ★ **Sign up for updates:** Learn about organizing victories, opportunities for action, and developments in healthcare policy and politics: bit.ly/HCNUupdates
- ★ **Join a local single-payer group:** Visit our website for a list of local organizations working to promote single-payer across the country: bit.ly/JoinSPGroup
- ★ **Check out our trainings:** Enroll in our online advocacy training and learn how increase your legislator's support for single-payer: bit.ly/HCNTraining
- ★ **Donate:** Give to the single payer movement! Your donation of any amount makes you a member of Healthcare-NOW for a year. bit.ly/Give2HCN

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*Healthcare-NOW! is a grassroots organization that addresses the health insurance crisis in the U.S. by educating and advocating for the passage of single-payer healthcare legislation. We support building the movement necessary to implement a publicly-funded, single-payer healthcare system that is universal, equitable, transparent, accountable, comprehensive, and that removes financial and other barriers to the right to health care. **Join us!***

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