

Improved Medicare for All *Quick Facts*

Problems	<ul style="list-style-type: none"> • The USA spends twice as much per capita on health care as other industrialized nations, yet we rank near the bottom in nearly all health indicators (including life expectancy and infant and maternal mortality). • 30 million Americans still have no health insurance and another 40 million are <u>underinsured</u>. • Most U.S. household bankruptcies are due mainly to medical bills – and most of those households had health insurance. • Our prescription drug prices are the highest in the world. Congress has prohibited Medicare from negotiating drug prices. • Each year, one trillion of our healthcare dollars go to administrative costs (31%).
Solutions	<ul style="list-style-type: none"> • Having just a single payer, like Medicare, can cut administrative costs in half, saving \$500 billion dollars annually. • Negotiating drug and medical device prices can save \$150 billion dollars/yr. • The savings are more than enough to cover <u>all</u> Americans' healthcare including dental, vision, and prescriptions – with no co-pays or deductibles. • Funding for Improved Medicare for All will be less than current healthcare expenses for <u>95%</u> of households.
Advantages	<ul style="list-style-type: none"> • Care remains <u>private</u> with free choice of doctors and hospitals. • Health decisions will be made by you and your doctor – not an insurance company focused on maximizing profits. • Medicare for All will strengthen business, as employers will no longer be required to provide health insurance. Companies will be better able to compete globally. • Americans can change jobs or become entrepreneurs without fear of losing health insurance.
<p>Call your U.S. Representatives and Senators through the Capitol switchboard: 202-224-3121 Ask them to support House bill <u>H.R. 676</u> & Senate bill <u>S.1804</u>.</p>	

Go to PNHP.ORG for more information.

A Comparison: Single-Payer Legislation vs. Affordable Care Act vs. American Health Care Act

Single-Payer Bill, H.R. 676

Affordable Care Act (ACA)

American Health Care Act

<p>Universal Coverage</p>	<p>Yes. Everyone is covered automatically at birth.</p>	<p>No. About 28 million will still be uninsured in 2022 and tens of millions will remain underinsured, i.e. facing obstacles to access and at risk of financial hardship if they get seriously ill.</p>	<p>No. The Congressional Budget Office estimates 14 million (additional) people would lose insurance in the first year alone. By 2026, 24 million would lose coverage, leading to a total of 52 million uninsured in that year.</p>
<p>Full Range of Benefits</p>	<p>Yes. Coverage for all medically necessary care, including inpatient and outpatient services, prescription drugs, dental, vision, and long-term care.</p>	<p>No. Insurers continue to strip down policies (leaving many services uncovered) and increase patients' premiums, co-payments and deductibles.</p>	<p>No. Insurers continue to strip down policies (leaving even more services uncovered in "catastrophic" plans, e.g.) and increase patients' premiums, co-payments and deductibles.</p>
<p>Savings</p>	<p>Yes. Redirects \$500 billion in administrative waste to care, resulting in first-dollar coverage and no net increase in U.S. health spending.</p>	<p>No. Increases health spending by about \$1.1 trillion over 10 years. Adds further layers of administrative bloat to our health system through the introduction of state-based exchanges.</p>	<p>Some, but mainly for wealthy taxpayers. The CBO says the AHCA would reduce the federal deficit by \$150 billion over nine years, largely by eliminating federal payouts to Medicaid and subsidies. Taxes on the wealthy that help fund health services would decrease.</p>
<p>Cost Control & Sustainability</p>	<p>Yes. Large-scale cost controls (negotiated fee schedule with physicians, bulk purchasing of drugs, hospital budgeting, capital planning, etc.) ensure that benefits are sustainable over the long term.</p>	<p>No. Preserves a fragmented system incapable of controlling costs. Gains in coverage are erased by rising out-of-pocket expenses, bureaucratic waste and profiteering by private insurers and Big Pharma.</p>	<p>No. Preserves a fragmented system incapable of controlling costs. Out-of-pocket expenses will continue to rise, as will bureaucratic waste and profiteering by private insurers and Big Pharma.</p>
<p>Choice of Doctor & Hospital</p>	<p>Yes. Patients are allowed free choice of their doctor and hospital.</p>	<p>No. Insurance companies continue to deny and limit care and to maintain restrictive networks.</p>	<p>No. Insurance companies continue to deny and limit care and to maintain restrictive networks.</p>
<p>Progressive Financing</p>	<p>Yes. Premiums and out-of-pocket costs are replaced with progressive income and wealth taxes. 95 percent of American households will pay less for care than they do now.</p>	<p>No. Continues the unfair financing of health care whereby costs are disproportionately paid by middle- and lower-income Americans and those families facing acute or chronic illness.</p>	<p>No. Continues and aggravates, via new, inequitable tax credits, the unfair financing of health care whereby costs are disproportionately paid by middle- and lower-income Americans and families facing acute or chronic illness.</p>