

Introduction to Single-Payer: Improved Medicare for All

The Bottom-Line, including a
Comparison to Congress' Plan

This document's intended use is in plastic pages in a half-inch 3-ring, binder with 2 inside pockets, for contacting people one-on-one to introduce single-payer: the costs, the benefits, the impact and how to help get it.

After the set of plastic pages have 5-10 copies of the sign up sheet, not in plastic covers, ready for people to sign up for the Million Letters for Health Care campaign.

The suggested first page to be shown is the following "Introduction" page, titled "Improved Medicare for All" The pages with notes help answer questions & provide references.

Suggestion for the front inside pocket: copies of the 2-sided www.medicareforall.org/files/helpgetcare.pdf

Suggestion for the back inside pocket: copies of the 2-sided www.medicareforall.org/files/benefits.pdf

To use this file as a slide show, quickly advance over the pages with notes on them, unless there's a need to reference them.

By Bob Haiducek, www.medicareforall.org,
with contributions of single-payer activists across the U.S.

Version 1.5: 17 October 2009

This document is located at <http://www.medicareforall.org/files/bottomline.pdf>

Improved Medicare for All

Quality. Affordable. Accessible.

Get more.	All medically-necessary care from pre-natal to end-of life.	From happier, more satisfied doctors with less paperwork.
Pay less.	<p>Pay less.</p> <ul style="list-style-type: none"> — Zero taxes from entitlement programs — No major medical bills. — Cost: a small % increase in Medicare payroll plus lower additional costs, such as lower-priced drugs. <p>— Result: drop in cost per person from efficiency</p>	<p>Replace government entitlement programs with one public (insurance) agency, the single-payer.</p> <p>No health insurance company premiums.</p> <p>Cost description is based on what most people will pay. The very rich will pay a “little” more.</p>
Cover everyone.	Cover everyone and save lives.	Automatic coverage for all gets people to the doctor.

Notes for Introduction (the previous page)

I am not selling anything and not asking for donations. I just want to explain an option for U.S. health care where all Americans pool our money together into one insurance fund that will pay all of our major medical bills. (show a picture representation of it when that is available). It's called "single-payer". Can I tell you about single-payer now or should I come back at a better time? (This is an untested idea that may or may not work for you. Other ideas and tested ideas will need to be documented.)

All medically-necessary care, such as these examples:

Primary care; inpatient care; outpatient care; emergency care;
prescription drugs; durable medical equipment; hearing services, midwives;
long term care; palliative care; podiatric care; mental health services;
dentistry; eye care; chiropractic care; substance abuse treatment
http://www.medicareforall.org/pages/What_Single-Payer_Provides

Examples of government entitlement programs

- * Medicaid programs in 50 states
- * SCHIP State Children's Health Insurance Program in 50 states
- * The medical part of Workers compensation programs in all 50 states
- * Government cash incentives to health insurance companies, such as Medicare Advantage Plans
- * Less tax payments by employers who provide health insurance (indirect \$ to health insurance companies)
- * County-specific programs via local tax assessments
- * Rural Assistance Center **
- * Federally Qualified Health Centers **
- * Migrant Health Centers **
- * Public Housing Primary Care programs **
- * COBRA
- * Rural Health Clinics **
- * Community Health Centers (CHCs) **
- * Health Care for the Homeless programs **
- * Urban Indian and Tribal Health Centers **

ACTION: eliminate the above [or possibly fund via single-payer (**)] and give transitional support to employees where applicable

Cost: see the page on "Affordable Health Care" for the details about a small increase in our Medicare payroll tax of 3.3%, more than offset by eliminating health insurance premiums for employees and for employers

Savings per person is for individuals, families and businesses

Efficiency: 95% or higher for single-payer; about 69% efficiency with the current bureaucracy

Costs & Savings: http://www.medicareforall.org/pages/Costs_and_Savings ... savings up to \$8,000/yr for a family

Single-Payer: the most efficient health care insurance

U.S. House Resolution: H.R. 676

Improved Medicare for All

We pool our money together and pay for health care with less government, no health insurance companies.

Risk of hardships from medical bills is as low as it can be, because risk is spread among 308,000,000 people.

One public (insurance) agency, the single payer, collects our money and promptly pays the medical claims for us for quality, affordable & accessible health care.

Notes for 1 of 15 (the previous page)

Savings per person is for individuals, families and businesses

Improved Medicare for All = before 2003

= no longer privatized: no Medicare Advantage private plans; no Medicare Part D

for All http://www.medicareforall.org/pages/Improved_Medicare_for_All

Efficiency: 95% or higher for single-payer; about 69% efficiency with the current bureaucracy

Bureaucracy to eliminate: <http://www.medicareforall.org/pages/Bureaucracy>

Costs & Savings: http://www.medicareforall.org/pages/Costs_and_Savings ... savings up to \$8,000/yr for a family

Hardships: http://www.medicareforall.org/pages/Real_Life_Stories#usa

Over \$400 billion available for health care via elimination of excessive administrative costs from three types of the bureaucracy

Government Bureaucracy via

government health care entitlement programs and more ...

- * Medicaid programs in 50 states * COBRA
- * SCHIP State Children's Health Insurance Program in 50 states
- * The medical part of Workers compensation programs in all 50 states
- * Government cash incentives to health insurance companies, such as Medicare Advantage Plans
- * Less tax payments by employers who provide health insurance (indirect \$ to health insurance companies)
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- * Rural Assistance Center ** * Rural Health Clinics **
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- * Migrant Health Centers **
- * Health Care for the Homeless programs **
- * Public Housing Primary Care programs **
- * Urban Indian and Tribal Health Centers **

ACTION: eliminate the above [or possibly fund via single-payer (**)] and give transitional support to employees where applicable

Health Insurance Company Bureacracy

- * Premiums, Co-pays, Deductibles, Coinsurance (% not covered)
- * Health care bills after the lifetime limit is exceeded
- * Credit card interest, Interest on loans to pay medical debts
- * Large billing departments of hospitals and other medical facilities
- * Large billing staffs at physicians' offices
- * Businesses of all sizes needing to decide what health insurance company and plan to use for the next year
- * Use of over 1300 health insurance companies
- * In-network and out-of-network professionals and facilities
- * Denial of health insurance coverage

ACTION: eliminate the above, give transitional support to employees

Supporting Bureaucracy ... will automatically disappear

- * Legal activities related to Medicaid and long-term care "Medicaid planning attorney" or "Medicaid planning lawyer"
- * Bankruptcy lawyers working on medical bankruptcies
- * Financial mgmt support, such as medical-related credit counseling
- * Fund-raising organizations to raise money to cover health care costs

Bottom-Line Comparison

Choose Your Preferred Health Insurance Plan

	Single-Payer	Congress Plan(s)
Size of government	Reduced: eliminate entitlement programs	Expanded: maintain, expand & add programs
Government controls regarding health insurance	No	Pay or be auto-enrolled. Mandated, forced payment. Pay or get IRS fine.
Government takeover	No	Takeover more estates
Premiums to health insurance companies	Zero	Increased more than ever.
Benefits	Full	Partial
Persons uninsured	Zero	Millions
Government regulations	Eliminated: lower taxes	Expanded: higher taxes
Major medical bills	No	Yes
Stress due to medical bills	Dramatically reduced	Increased hardships
Cost per person	Minimum	Maximum

Notes for 2 of 15 (the previous page)

Size of government

Single-Payer:

Bureaucracy to eliminate: <http://www.medicareforall.org/pages/Bureaucracy>

Congress:

Expansion examples: expansion of Medicaid; establishment of a National Insurance Exchange; Premium assistance program to give huge subsidies to health insurance companies to help the middle-class pay the huge premiums.

Government controls:

Expand the tax code: huge tax fine if insurance not purchased; face jail time if fine is not paid.

Government takeover:

Congress:

takeover of more estates because people will now be forced into Medicaid and then be in the "estate recovery" program

Premiums to health insurance companies:

Congress:

Increased premiums more than ever due to increased government regulations, already demonstrated in New York state

Persons uninsured: The estimates for the uninsured for Congress' plans range from 17 million to 37 million

Government regulations: Planned regulations on health insurance companies by Congress mean that there will be regulators, who will need offices, computers, salaries and benefits = higher taxes

Major medical bills and the associated stress due to medical bills

Single-Payer:

No major medical bills; reduced stress.

Congress:

Hardships (http://www.medicareforall.org/pages/Real_Life_Stories#usa)

will increase as a result of the combination of higher premiums and higher taxes

Single-payer = improved Medicare for All = before 2003

= no longer privatized: no Medicare Advantage private plans; no Medicare Part D

for All http://www.medicareforall.org/pages/Improved_Medicare_for_All

Efficiency: 95% or higher for single-payer; about 69% efficiency with the current bureaucracy

Single-payer:

Over \$400 billion/year used for health care plus the remainder for savings.

Congress:

Spend \$70 to \$90 billion/year, expect savings of \$40 billion in 2019 (as per Senator Baucus)

Two choices: single-payer or Congress' plan: <http://www.medicareforall.org/pages/twochoices>

High Quality Health Care

All medically-necessary care

- automatically received
- pre-natal to the end-of-life

Happier and more satisfied health care professionals.

More control over health care decisions without the current rationing and restrictions, such as HMO's and out-of-network facilities or health care professionals.

Notes for 3 of 15 (the previous page)

Primary care; inpatient care; outpatient care; emergency care;
prescription drugs; durable medical equipment; hearing services, midwives;
long term care; palliative care; podiatric care; mental health services;
dentistry; eye care; chiropractic care; substance abuse treatment

We get health care from happier and more satisfied health care professionals who spend more time on our health care and less time on “paperwork”
(the bureaucracy)

All medically-necessary care: http://www.medicareforall.org/pages/What_Single-Payer_Provides

Affordable Health Care

Examples of employee payment of taxes from paychecks. All family members get health care, because everyone is automatically covered.

\$50,000/yr earned income: **198/month** for health care
\$12,500/yr earned income: **49/month** for health care

No major medical bills

Little or **no** co-pays

No deductibles

Lower drug costs via negotiated prices

Employers will pay the same or similar amount as the above numbers in the table.

Notes for 4 of 15 (the previous page)

Current:

Many Americans pay:
premiums + co-pays + deductibles +
major medical bills (we pay the coinsurance amount)
or 100% if over the yearly or lifetime limit + expensive drugs

For families receiving health insurance from an employer:

Many families will have up to \$8,000 savings per year (individuals up to \$2,500 per year)

http://www.medicareforall.org/pages/Costs_and_Savings

For a family earning the median household income of \$62,359 as of August 2008:

current cost: \$13,914 / year (includes the employer's cost)

single-payer cost: \$ 5,924 / year difference \$7,990 / year

(Important: the costs here include the employer costs.
in order to determine the total savings.)

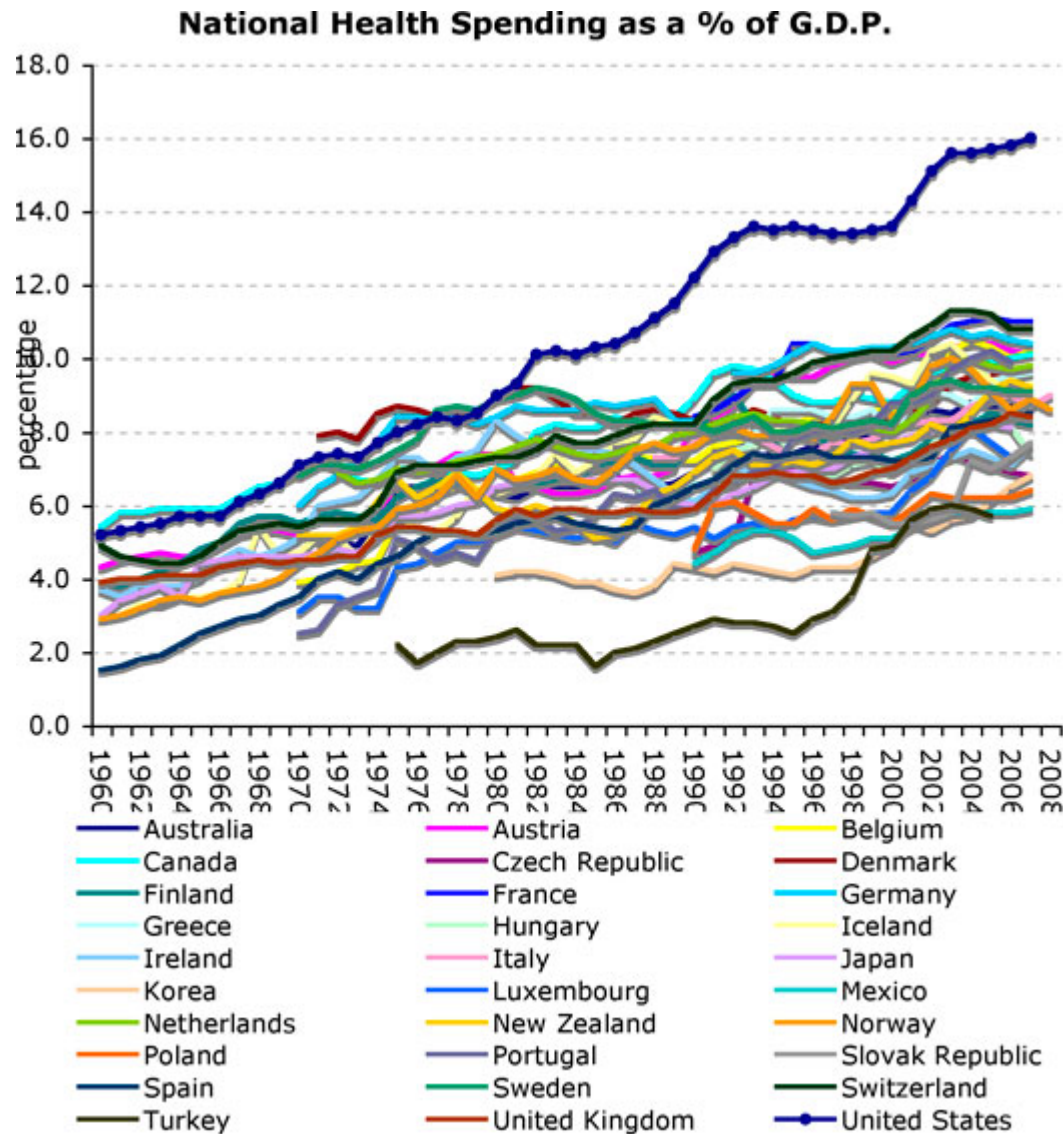
A small increase in our Medicare payroll tax of 3.3% (included in the numbers above)
is more than offset by
eliminating health insurance premiums for employees and for employers

Savings may be over \$8,000 per year when one includes the tax savings due to the
elimination of health care entitlement programs.

The expected employee payroll tax is 4.75%; employer's 4.75%; each include the current 1.45% tax.
Note: the very rich pay more, as per H.R. 676 increasing income taxes on top 5 percent of income earners.

Efficient Health Care Spending

U.S. is the only country with the out-of-control spending from its three types of bureaucracy.



Notes for 5 of 15 (the previous page)

Other free-market countries: have some form of national health insurance (single-payer is the most efficient)
do not require citizens to buy health insurance from for-profit companies
spend 40% less of their GDP
spend 60% less \$US per person,
cover everyone
live longer

United States the only country with out-of-control spending
spending much more and having millions without health insurance

Conclusion from the above summary:

Single-payer will

1) help improve health care quality

and

2) help individuals, families and businesses save money.

Spending among 30 countries as per a New York Times graph of OECD data:
http://www.medicareforall.org/pages/Spending_Among_30_Countries

Peace of Mind: no stress from medical bills

See our doctor with **low or no co-pays**

Have **no major medical bills**

Major medical bills caused Americans severe hardships for many years, such as these examples: bankruptcies, loss of homes, homelessness, lack of business competition globally and locally, rationing by ability to pay, suicides.

Notes for 6 of 15 (the previous page)

Citizens in other free-market countries decided to design their health care system with the primary objective being everyone getting health care. The U.S. rations care based on the ability to pay and a desire to help health insurance companies make profits. Many Americans living and working in other countries, consider the U.S. situation to be inhumane, unjust. Isaac, an American living in Japan and Australia, hears citizens in those other free-market countries use the word "barbaric" to describe U.S. health care.

Low or no co-pays and no major bills: H.R. 676 proposes no cost-sharing

See the resolution and link to more information about cost-sharing:

<http://www.medicareforall.org/pages/HR676#nodeductibles>

Hardships: http://www.medicareforall.org/pages/Real_Life_Stories#usa

Stories of hardships and pleas for change are at "Real Life Stories."

The Homeless	Restrictions in Life Choices
Those Who Never Go to the Doctor or Dentist	Business Impact - Global Competition
The Silent ... Now Deceased	Businesses Who Care
The Financially Ruined	Words of a Health Insurance Agent
The Financially Stressed or Worried	Pain, Suffering, Deaths of Uninsured and Underinsured
Pleas – for Efficiency	Support (for single-payer) by Medical Professionals
A Conservative's Plea for Efficiency	The Rationed Health Care (... and/or underinsured)
Pleas – to have What All Other Countries Have	The Suicides and Those Contemplating Suicide
Pleas – for a Caring Society	Massachusetts Residents

World view on national health insurance: http://www.medicareforall.org/pages/World_View#worldactivity

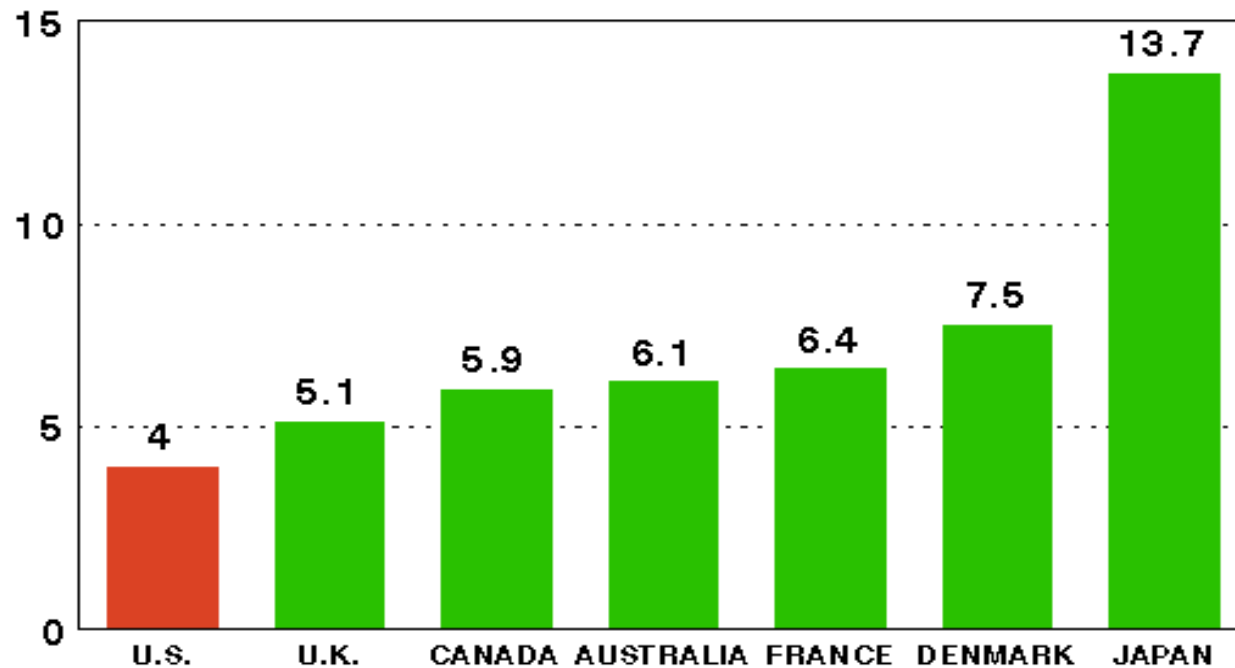
Isaac's story plus many other stories of Americans living and working in over ten other countries:

http://www.medicareforall.org/pages/Real_Life_Stories#shockoutsideUSA

Accessible Health Care:

People ... our friends, relatives, & neighbors ... will go to the doctor of their choice with dignity.

The average American makes fewer physician visits per year than citizens in other countries.



Source: OECD, 2008 - Data are for 2006 or most recent available year

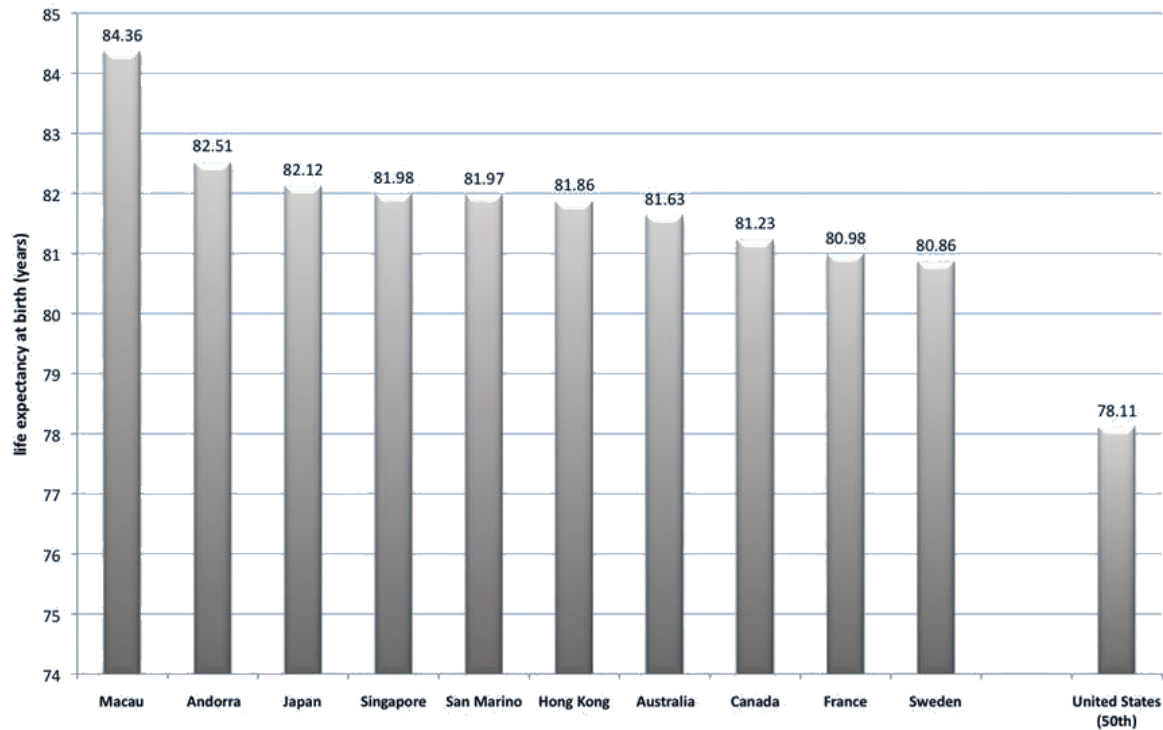
Notes for 7 of 15 (the previous page)

Physician visits: http://www.medicareforall.org/pages/Physician_Visits

Note: Congress knows from its own advisors' estimates that 17 million or more Americans will still be uninsured after the Congress' plan is implemented. Those millions of people will not likely be going to a doctor. There is no member of Congress who should ever refer to getting everyone insured.

Longer Lives

Top Ten Countries in Life Expectancy, 2009
 ©2009 "Ranking America" (<http://rankingamerica.wordpress.com>)



Data from CIA World Factbook
<https://www.cia.gov/library/publications/the-world-factbook/rankorder/2102rank.html>

Our life expectancy = 78 years ... 50th out of 223 countries

Life expectancy of 9 of the top 10 countries = 81 to 82.5 years

Notes for 8 of 15 (the previous page)

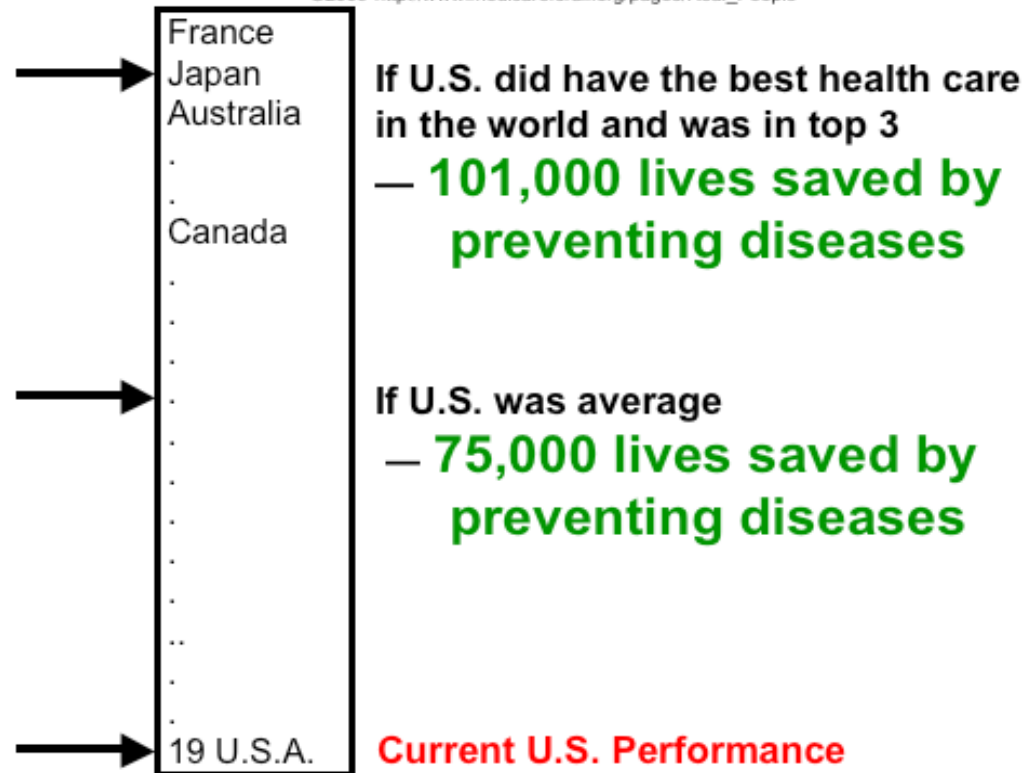
U.S. life expectancy rank is 50th among 223 countries (CIA estimates for 2009).
as seen above: Japan 3rd, Australia 7th, Canada 8th, France 9th, United States 50th.
http://www.medicareforall.org/pages/Health_Outcomes#life-expect

Related information: U.S. percent elderly is low: http://www.medicareforall.org/pages/Percent_Elderly

Prevention of Diseases

Deaths due to Preventable Diseases: UNNECESSARY DEATHS

©2009 http://www.medicareforall.org/pages/Real_People



France, Japan and Australia are the best performers, above. We, too, could avoid months or years of pain and suffering from preventable diseases.

Notes for 9 of 15 (the previous page)

The 101,000 and 75,000 are the number of Americans' lives that could be saved per year based on preventing diseases: http://www.medicareforall.org/pages/Real_People

Choices

Lifestyle and health care choices will be made without concerns about what kind of health care coverage we have, because we will always have access to health care.

- Choose profession/employer
- Choose a leave of absence or early retirement to care for a relative
- Choose a job or have the loss of a job and always have health care
- Select physicians, who will maintain their private practices
- Select what medical facilities we use

Notes for 10 of 15 (the previous page)

Poor choices are proposed as good. Health insurance choices are proposed to us as some kind of a “good deal”. Choose to keep our expensive plan, burdening our employer with over half the cost, threatening our job security. Each year choose a health insurance plan among available options, then constantly worry about the impact of your choice on you and your loved ones. High cost. Limited benefits. Select an HMO and be restricted by whether physicians and hospitals are in or out of your network.

Recap + More About Single-Payer

1. The one public agency replaces current government health care entitlement programs at all levels, such as federal, state, regional, city.
2. There is no use of health insurance companies for medically-necessary care.
3. Two years of generous transition support is given to clerical, administrative, billing personnel who worked in health insurance companies, doctors' offices, hospitals, nursing facilities and other facilities whose jobs are eliminated due to reduced administration.
4. Medicare tax goes up 3.3%. Health insurance premiums go to zero. Eliminated programs' costs go to zero.
5. The efficiency provides over \$400 billion per year in savings that could provide all medically-necessary care for all plus savings for individuals, families, businesses.
6. No major medical bills. No deductibles. Low drug costs. Little or no co-pays.
7. Better job security from the businesses' savings.

See more about the benefits on previous pages and "Benefits" at website

Notes for 11 of 15 (the previous page)

Benefits of single-payer: <http://www.medicareforall.org/pages/benefits>
... this web page's content provides more detailed information and useful links.

Bureaucracy to eliminate: <http://www.medicareforall.org/pages/Bureaucracy>

A Million Citizens

Who Know About Single-Payer and Who "Help Get Care"

(help get single-payer)

Have More Power Than Lobbyists

We are acting with a unified voice, all with the same simple-but-solid, supported actions by over 2,000 persons in every district **to get support for non-profit single-payer national health insurance via U.S. House Resolution 676.**

Notes for 12 of 15 (the previous page)

Knowledge and Numbers. We need our fellow citizens to have knowledge of single-payer to help them be prepared for change. Otherwise, we are doing them a disservice.

We need enough numbers of citizens (2,299) in every U.S. Congressional District to be one million strong in participating at www.medicareforall.org.

“Help Get Care” - <http://www.medicareforall.org/pages/helpgetcare>

You Are Invited to Help

If you think we should have non-profit single-payer national health insurance, please sign up to help, especially if you are in one of the following groups:

- uninsured or underinsured (**79 million** Americans)
- have experienced hardships due to medical expenses
- are on government-supported or provided medical support, such as some version of Medicaid (**59 million** Americans) or state/regional/county/other plan ... and you would like to simply get care
- know someone in one of the above three groups
- care about this situation for whatever reason

Notes for 13 of 15 (the previous page)

Uninsured and Underinsured – <http://www.medicareforall.org/pages/Underinsured>

Medicaid Enrollment - <http://www.statehealthfacts.org/comparemaptable.jsp?ind=198&cat=4>

The 59 and 79 million in the United States, above, equate to 135,000 to 180,000 or more Americans per district.

We need 2,299 per district to have the knowledge and be interested in taking action. We invite you to become one of those 2,299 who take action.

Summary of the numbers: in each U.S. Congressional District we need to educate enough people
 among roughly 160,000 persons
 to get roughly 2,300 persons to participate

Actions to Take: "Help Get Care"

Get your answers at "Benefits" and "Answers" at www.medicareforall.org

Sign up. Spend 10-15 minutes each month to send a letter

as part of the "Million Letters for Health Care" campaign.

Print and send an already-prepared letter, supported with fresh suggestions each month on how to make it personal.

Tell others about single-payer to help get more participants.

to increase the knowledge among Americans

See the results. U.S. Congress support increases on the graphs as our numbers get closer to one million participants. See the "Status" link.

Make a small donation of \$1 to \$4 per month through Dec. 2011.

Select "Help Get Care" at

www.medicareforall.org

"Help Get Care" - <http://www.medicareforall.org/pages/helpgetcare>

Notes for 14 of 15 (the previous page)

Get answers at “Benefits” and “Answers” at www.medicareforall.org
(answers are under development;
for now, refer to www.pnhp.org/faqs)

See the resolution, the proposed law, with questions and answers:
<http://www.medicareforall.org/pages/HR676#nodeductibles>

IMAGINE THE POSSIBILITIES

Government health care entitlement programs will either be shut down or become funded by the one public (insurance) agency, the single-payer, focused on paying medical bills. We'll have no profits, just caring.

We will pay much less for care, get much more and cover everyone.

We will be happier due to:

- 1) less pain and suffering physically, emotionally and mentally
- 2) the elimination of personal and business hardships.

Our physicians will be happier; they'll spend more time on health care.

Family doctors will have fewer expenses, more time for patients.

**On behalf of the millions
who have suffered and died unnecessarily,
On behalf of the millions more
who will not suffer the same fate,**

THANK YOU

"Help Get Care" - <http://www.medicareforall.org/pages/helpgetcare>

Additional Information and Sources

The web pages below provide links to sources of information, especially where not provided already, such as some graphs.

Slide / Page number and topic:

- 1 – This document: <http://www.medicareforall.org/files/bottomline.pdf>
- 2 – Improved Medicare
for All http://www.medicareforall.org/pages/Improved_Medicare_for_All
Savings: http://www.medicareforall.org/pages/Costs_and_Savings
Hardships: http://www.medicareforall.org/pages/Real_Life_Stories#usa
- 3 – All medically-necessary care: http://www.medicareforall.org/pages/What_Single-Payer_Provides
- 4 – Up to \$8,000 savings for families (\$ up to 2,500 for individuals):
http://www.medicareforall.org/pages/Costs_and_Savings
The expected employee payroll tax is 4.75%; employer's 4.75%; each include the current 1.45% tax.
Note: the very rich pay more, as per H.R. 676 increasing income taxes on top 5 percent of income earners.
- 5 – Spending among 30 countries:
http://www.medicareforall.org/pages/Spending_Among_30_Countries
- 6 – Low or no co-pays and no major bills: H.R. 676 proposes no cost-sharing
See the resolution and link to more information about cost-sharing:
<http://www.medicareforall.org/pages/HR676#nodeductibles>
Hardships: http://www.medicareforall.org/pages/Real_Life_Stories#usa
World view on national health insurance: http://www.medicareforall.org/pages/World_View#worldactivity
Isaac's story plus many other stories of Americans living and working in over ten other countries:
http://www.medicareforall.org/pages/Real_Life_Stories#shockoutsideUSA
- 7 – Physician visits: http://www.medicareforall.org/pages/Physician_Visits

- 8 – U.S. life expectancy rank is 50th among 223 countries (CIA estimates for 2009):
http://www.medicareforall.org/pages/Health_Outcomes#life-expect
Related information: U.S. percent elderly is low: http://www.medicareforall.org/pages/Percent_Elderly
- 9 – Deaths due to preventable diseases:
http://www.medicareforall.org/pages/Real_People
- 11 – Two choices: single-payer (save over \$400 billion/yr) or Congress' plan (spend over \$70 billion/yr):
<http://www.medicareforall.org/pages/twochoices>
- 12 – Benefits of single-payer: <http://www.medicareforall.org/pages/benefits>
... this web page's content provides more information and links to information beyond that.
Bureaucracy to eliminate: <http://www.medicareforall.org/pages/Bureaucracy>
Costs and savings: http://www.medicareforall.org/pages/Costs_and_Savings
- 12 – "Help Get Care": <http://www.medicareforall.org/pages/helpgetcare>
- 13 – Uninsured & Underinsured: <http://www.medicareforall.org/pages/Underinsured>
Medicaid Enrollment: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=198&cat=4>
- 14 – Get answers at "Benefits" and "Answers" at www.medicareforall.org
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- 15 – "Help Get Care": <http://www.medicareforall.org/pages/helpgetcare>
- Additional Information:
Single-Payer Education
http://www.medicareforall.org/pages/Single-Payer_Education
Single-Payer Support Monitor
http://www.medicareforall.org/pages/Single-Payer_Support_Monitor