

## Answers Part 4: Start-Up and More

**Is there any proposed legislation in the U.S. Congress for Improved Medicare for All?** [Answer:](#) Yes. House of Representatives Bill Number 676. There is not yet a U.S. Senate equivalent. (S.B.703 is not the same.)

**“There won’t be enough doctors and nurses to treat everyone.”** [Reply:](#) We have enough doctors and nurses to do the implementation.

We have excellent nurses and doctors who are currently employed either in non-health-care job positions or who retired early due to frustration with their career’s administrative roles. The elimination of many administrative demands will raise job satisfaction. We can proceed to train more physicians and nurses to then relieve the medical professionals who helped the transition to our new “health care for all” system.

**Don’t patients flock to the U.S. for care?** [Answer:](#) No. The reverse is becoming more clear every year. The new industry “medical tourism” projects that 1.6 million Americans will leave the U.S. compared to 500,000 coming to the USA. 750,000 Americans already did leave to get health care in other countries in 2007.

**Don’t Canadian’s flock to the U.S. in large numbers to get good health care?** [Answer:](#) No! See the previous answer. Read the real life stories of [Americans](#) who live and work in Canada and many other countries. Those Americans love their experiences with health care for all.

**Will this be like Canadian health care or French health care?** [Answer:](#) No, it will be better than either one of them. It will have the simplicity, efficiency and effectiveness of 1) one plan, not like Canada’s multiple plans and 2) one public agency, not like France and Germany’s many non-profit sickness funds.

**Aren’t there serious problems with Canada’s health care?** [Answer:](#) No. It’s fine with an incredibly high 85% approval rating by Canadian citizens. They want any refinements or problem-solving related to their health care to be made via public, not private, solutions.

**What about other alternatives?** [Answer:](#) There are many proposed alternatives. Improved Medicare for All via single-payer health care is the best solution because it has the best efficiency via its simplicity.

## Answers Part 1: Impact on Us

**What medical care will we get with Improved Medicare for All?**

[Answer:](#) All medically-necessary care. Examples are 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.

**How much will it cost?** [Answer:](#) The simple answer is in Figure 3: the country and individual Americans will have much lower costs. No premiums to health insurance companies. No co-pays. No major medical bills. Lower federal, state and local taxes due to elimination of many government programs and the reduction of health care costs. No more need for spaghetti fund-raising dinners. No more applying for charity. Most people will pay via an increase in the Medicare tax that is already deducted from payroll. The exact amount will be determined, but may be a new total cost of 5% of payroll: \$52 per month for \$12,500 per year employment income; \$208/mo for \$50,000.

**Is it “socialized medicine”?** [Answer:](#) No. We will have privately-delivered health care that is publicly-paid. For example, family doctors will still have their private practices, but will be paid by the public agency.

**How will it work?** [Answer:](#) One public agency collects the money and pays the bills: “single-payer health care”. Drug and equipment prices are negotiated to much lower prices to minimize out-of-pocket costs.

**What will happen to the employees who lose their jobs?** [Answer:](#) As per H.R. 676 proposal: training and job placement support for displaced workers plus two years of employment transition benefits. This applies to “clerical, administrative, and billing personnel in insurance companies, doctors offices, hospitals, nursing facilities, and other facilities whose jobs are eliminated due to reduced administration.”.

**What will happen to family physicians?** [Answer:](#) Higher net income; more time for patients; higher job satisfaction. No need for a billing staff or billing service. No need to call an insurance company for permission to provide care. Dramatic reduction in malpractice premiums.

## What Every American Should Know

# Answers Part 2: Impact on Nation

**Is U.S. health care the best in the world?** [Answer](#): Perhaps it is for some. However, our performance is very bad (Figures 1, 2, 6, 7). As for all of these answers, there is more information at the Answers web page.

**Why is the USA 19<sup>th</sup> out of 19 countries in its ability to minimize deaths under age 75 due to preventable diseases?** [Answer](#): Our costs are extremely high (Fig. 1). The high cost is a major contributor to people not getting to the doctor (Fig. 2).

**Won't innovation be hurt?** [Answer](#): No. It will be alive and well as it has been in other countries, where the following technologies and procedures were developed:  
— Gamma Knife radiosurgery: Sweden, 1968 — laparoscopic surgery: Sweden, 1910  
— CT scan: England, 1972 — laparoscopic appendectomy: Germany, 1981  
— juvenile diabetes treatment by transplanting pancreatic cells: Canada, 1999.

**"I don't want a government-takeover of health care."** [Reply](#): We don't either. An improved Medicare for All means shutting down a huge and costly administrative bureaucracy, which includes many government programs.

**What about the new legislation signed into law in March 2010?** [Answer](#): That new law will help millions of people. It will also increase taxes and increase health insurance premiums and cause many people to lose their employer-supported health insurance. The new law will increase the role of government in the lives of most Americans. And health care costs will be more out-of-control than if the U.S. had done nothing, according to a 4/22/2010 report by the chief actuary of the Center for Medicare & Medicaid Services (CMS). In other words, our bad situation would get worse instead of better. We very much need to establish Improved Medicare for All.

**"People should take care of themselves."** [Reply](#): Yes, they should, but anyone still faces the possibility of diseases, accidents and "acts of God".

## What Every American Should Know

# Answers Part 3: Concerns

**If Improved Medicare for All is so great, why don't we already have it?** [Answer](#): We Americans must educate ourselves and demand it from our elected officials by telling them in massive numbers that we want it. A practical and powerful way to do that is to send our letters in the U.S. Mail to the U.S. Congress to our U.S. Representatives. We can and will get Improved Medicare for All.

**What is the feasibility of getting Improved Medicare for All?** [Answer](#): The feasibility is very good if we take the powerful action of communicating to our elected representatives, who would like to get our votes in their next election.

**"The U.S. is too large to have health care for all."** [Reply](#): Our large population is a big advantage for us. It not only establishes the lowest risk for any one individual or family, but it establishes our country as the best negotiator of prices with global companies for drugs and equipment. We will no longer be subsidizing other countries, where we pay the high prices and they pay low prices.

**"We must address tort reform first."** [Reply](#): When Improved Medicare for All is in place, major contributions to tort reform will automatically occur. The cost of malpractice premiums will dramatically decrease, causing physicians' income to increase. One can sue for the injury, but not for a lifetime of health care.

**Isn't this a risky action for the U.S. to take?** [Answer](#): No. This is the opposite. Implementing an improved Medicare for all is critical for the physical and financial well-being of Americans and America. To provide health care for all in the U.S. is a low risk, high benefit action that is the most fiscally conservative.

**What about competition?** [Answer](#): It will be the best kind: medical professionals and facilities competing purely on how well they can give good health care and achieve good health outcomes for patients.

