



The purpose of this presentation is to provide an introduction to Medicare for All to diverse audiences, particularly catering to Conservative neighbors who may not be familiar with the proposal and how it would affect them.

This presentation is meant to be delivered as an interactive conversation with audiences and not a lecture.

Presenters should be very familiar with the proposal, costs, and have a basic understanding of how insurance contracts, including Medicare and Medicaid work within a consumer framework.

## WE WILL COVER TODAY

- Personal Stories and Our Reality
- How Health Insurance Works Under ACA
- How We Pay for Medicare for All (MMA)
- Improving Medicare
- Additional Resources
- Questions

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Begin with a personal example of how the cost of access to care has affected you; what changes have you had to make, what challenges have you faced?

Invite audience members to tell their stories about costs and how they use their health insurance.

Invite business owners to share how much they spend on health coverage for employees and if that coverage extends to employee family members.

Finalize this discussion with the summation: Access to healthcare and health insurance are not the same thing. Insurance is simple a contract and nothing more.



In the 2012 election cycle, the insurance industry contributed a record [\\$58.7 million](#) to federal parties and candidates as well as outside spending groups. Of the nearly \$55 million that went to parties and candidates, 68 percent went to Republicans, who have long been the recipients of most of this category's giving. spending groups. Can anyone guess why? (Answer: The ACA was being argued in the Supreme Court and the insurance industry wanted to stop its implementation.)

Open discussion

Notice how this group spent even more in 2016. Why do you think that is?

They spent less in 2018. Why do you think that is?

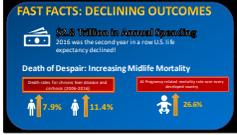
Source: Opensecrets.org Healthcare and Insurance data. (Nov 2018)



Pharmaceutical companies, physicians and health professionals are the largest source of federal campaign contributions in this sector. During the 2018 election cycle, members of this industry gave \$225 million to federal candidates, outside money groups and parties. Health care professionals make the most contributions to individual candidates, PACs and outside spending groups.

So, where are you in all of this? Who is lobbying for YOUR family?

Source: Opensecrets.org Healthcare and Insurance data. (Nov 2018)



In 2016, personal health care expenditures in the U.S. totaled \$2.8 trillion — a 4.4 percentage increase from 2015.

For decades, life expectancy in the U.S. increased, but 2016 was the second year in a row in U.S. life expectancy fell, a rare event that had occurred only twice before in the last century.

Midlife mortality rates continue to fall among all education classes in most of the rich world, middle-aged non-Hispanic whites in the U.S. with a high school diploma or less have experienced increasing midlife mortality since the late 1990s. This is due to both rises in the number of “deaths of despair” —death by drugs, alcohol and suicide—and to a slowdown in progress against mortality from heart disease and cancer, the two largest killers in middle age.

United States saw a [26.6% increase in maternal deaths](#) from 2000 to 2014, according to a recent study published in *Obstetrics & Gynecology*. In contrast, maternal mortality rates in other similarly developed nations [decreased dramatically](#) during this same period.

Among men ages 25–34, death rates for chronic liver disease and cirrhosis increased by an average of 7.9 percent per year during 2006–2016. Among women in the same age group, this increase averaged 11.4 percent per year.

We visit the doctor less: The U.S. has lower rates of physician visits and days spent in the hospital than other nations.

Specialization of doctors doesn't affect the cost: The primary care versus specialist mix in the U.S. is roughly the same as that of the average of other countries.

We do not have extended hospital stays: Only 19 percent of total health care spending in the U.S. is spent on inpatient services — among the lowest proportion of similar countries.

More American women are dying of pregnancy-related complications than any other developed country. Only in the U.S. has the rate of women who die been rising.

But what about the quality of care? The quality of care in the U.S. isn't markedly different from that of other countries, and in fact excels in many areas. For example, the U.S. appears to have the best outcomes for those who have heart attacks or strokes, but is below average for avoidable hospitalizations for patients with diabetes and asthma.

So what exactly is going on?

Sources:

NPR: The Deaths of Despair <https://www.npr.org/sections/health-shots/2017/03/23/521083335/the-forces-driving-middle-aged-white-peoples-deaths-of-despair>

Brooking Institute on Mortality Rates and Economic Indicators:  
<https://www.brookings.edu/bpea-articles/mortality-and-morbidity-in-the-21st-century/>  
The CDC's National Center for Health Statistics  
<https://www.cdc.gov/media/releases/2018/p0920-death-rates-up.html>

Harvard T.H. Chan School of Public Health, Harvard Global Health Institute, London School of Economics. Credit: Rebecca Coleman/Harvard Staff  
<https://news.harvard.edu/gazette/story/2018/03/u-s-pays-more-for-health-care-with-worse-population-health-outcomes/>



We already feel the effect of not having someone looking out for us. We see it in the price of everything going up, including prescription drug prices. Don't you wonder why some of these prices have gone up so fast? We see maybe a 3-4% pay raise every year, so how do we keep up?

Does anyone know where these drugs are manufactured? (The answer is India for the majority and some parts of southeast Asia. )

The same drugs are manufactured and shipped all over the world. So why are we paying more than anyone else? Does it make sense that American families aren't getting the benefit of the global economy?

Here is a brief example of the price differences between US and Canada. The amazing thing is big pharma has made no secret about this – they are very open about admitted they price gauge American families.

Ok so here's another chart from Bloomberg Business.

Source:

Cambria Health Solutions, "Then and Now" Drug price chart, 2015.

IGEA Pharmaceutical drug price comparison data, 2017.

Bloomberg Business Report, 2015 Global Prescription Costs Comparison.



It isn't just drug prices that are out of control here. We pay more for just about everything.

Q: Which country is the number one destination for medical tourism?

A: Malaysia has won the number one spot in the International Medical Travel Journal's award for "Health and Medical Tourism Destination of the year" in 2015 and 2016. Malaysia ranks among the best providers of healthcare in all of South-East Asia. Health travelers who visit Malaysia save 65% to 80% on health cost compared to the cost in the US.

Q: Which country is the number one destination for dental tourism?

Last year some 800,000 Americans crossed borders (mostly to Mexico and Costa Rica) for dental care, while more than 6 million patients worldwide traveled to destinations all over the globe to fix their choppers.

Journal of the American Medical Association published a study in March 2018 by Ezekiel J. Emanuel, MD, who said that "administrative costs contribute significantly to the cost difference between the U.S. and others used in the comparison."

United States ranks last overall among the 11 countries on measures of health system equity, access, administrative efficiency, care delivery, and health care outcomes. Since 2004, the U.S. has ranked last in every one of six similar reports.

Commonwealth Fund senior vice president for policy and research Eric Schneider, M.D. reflects on lessons from top performing countries and actions the U.S. could take to move from last to first among wealthy countries. They include:

**Expand health insurance coverage.** The highest-performing countries have universal coverage that allows people to get the health care they need at little or no cost.

**Invest more in primary care.** Spending up front to make primary care accessible,

available on nights and weekends, and affordable keeps people healthier and reduces costs in the long run.

**Cut down on paperwork.** The U.S. leads the world when it comes to time spent dealing with the requirements of our cumbersome health insurance system. Reducing the administrative burden would give countless hours back to patients, caregivers, and physicians while also making the system easier for people to navigate.

**Invest more in social services to reduce disparities.** Factors beyond traditional health care, such as housing, education, nutrition, and transportation, have a substantial effect on people's health. Investing in services that provide support in these areas can make our population healthier as a whole and reduce health care costs.

Sources:

JAMA, March 2018 <https://jamanetwork.com/journals/jama/issue/319/10>

Patients Beyond Boards <https://patientsbeyondborders.com/>





Earlier we talked about our own stories about how the insurance is expensive, about how we can't afford to go see the doctor and we saw how that is actually killing us. It isn't just about the money we pay for our families, it is also about the risk we all know is there. One big health event like cancer, heart attack, stroke, a car accident and you can lose everything. And without the protections from losing coverage from preexisting conditions, that risk is even more dire.

Alright, so Medicare for All is once again being proposed, but how do we pay for it?

Is that freedom?



We know that the Affordable Care Act (or Obamacare) came with a lot of promises. It did help make sure women were not charged more, it made sure we didn't get dropped because of pre-existing conditions, or that coverage was capped at a certain amount, and controlled some of the costs between age bands. It did slow the rise in costs, but not much. And that is the problem.



For employers, the costs are even worse. How many of you have insurance through your employer? Think about how much you pay out of your check every pay period. Now triple that number and you will be getting close to what your employer pays.

How many of you have insurance that doesn't cover your family or dependents? Some of our neighbors right here who work in the school district have this gap in family coverage. Who else do you know struggling with this scenario?





Here is what you are really buying right now. The cost of the plan per month is just the beginning of the financial obligation and just one part of the total annual risk. Add to this the deductible included in most plans and the total cost for insurance soars – even before you actually see a doctor.

This means your policy purchase is just access to the insurance carrier’s network at a discounted rate. Your policy does not even start working for you until you pay that deductible amount, too. For the average [Silver Level plan in Illinois](#) which covers 70% of your medical expenses after the deductible, this still leaves a family of four with a \$23,052 insurance policy to pay for over one year. If they actually use that insurance, their cost rises exponentially with a total out of pocket risk of over \$37,000. Even with a subsidy loan to themselves, they are still at risk for nearly \$30,000 in medical expenses if they actually need to use their insurance to cover significant medical issues.

You know what else you are paying for? People who are uninsured or underinsured. You are covering the cost of these bad debt write-offs at the state level.

But consider that if a state like [Illinois spends just over \\$7,000 per Medicaid](#) patient, why are we asking Illinois families to shell out \$23,000 just to have a policy they can’t afford to use?

Source:

Data obtained from Healthcare.gov for Silver level plans in McHenry County, Il 2018, family of four using the county median income of \$74,000 to calculate a subsidy.





Alright, so here are the numbers. Recall that some of our representatives on the right like to scare us by saying Medicare for All will “raise your taxes”. That is true. What they don’t tell you is your overall costs go way, way down.

Remember that Silver plan we looked at before? That family of four was paying \$23,000 just for the insurance policy. With Medicare for All, they would instead pay \$4,500 with NO deductible and NO additional out of pocket expenses.

Here, let’s take a look at what that means for you. Take your annual salary before taxes and multiply that by 0.06 -0.09. That is a rough estimate of what Medicare for All will cost you. Compare that to what you pay now for insurance and the annual risk with your deductible and total cost.

In addition to these savings for your family, you also save \$34 billion in federal and \$177 billion in health insurance cost for government employees that YOU are paying for right now through your tax dollars.

That’s pretty good, right?

Now add in the taxes you paid that went toward subsidies for the private insurance companies- that’s \$276 billion at a federal level and another \$50 billion at the state level. Did you know you were paying for tax handouts to private companies in Utah and Nevada?

Source:

“The Current and Projected Taxpayer Shares of US Health Costs,” American Journal of Public Health, March 2016, pg 449-452



PNHP co-founders, Drs. David Himmelstein and Steffie Woolhandler, argue that single payer would allow for [\*Liberal Benefits, Conservative Spending\*](#).

Nobel laureate Angus Deaton [favors single payer](#) “because it will get this [health care] monster that we’ve created out of the economy and allow the rest of capitalism to flourish.”

For workers, M4A would allow those who are not a good fit for their jobs to seek more productive employment elsewhere instead of staying put in order to preserve health benefits. And would-be entrepreneurs would no longer fear striking out on their own due to a lack of health insurance.

The group [Business Leaders Transforming Healthcare](#) “strongly supports legislation to transition the United States to a publicly funded health care system.”



Here's what our current funding map looks like. It is complicated and at every hand-off, we are losing money that doesn't go directly to care.

But here's is what Mich McConnell has proposed – simply going back to what we had before- a system that wasn't working anyway.

And this is what Medicare for All proponents are suggesting. So, what is this going to cost you?



So we have heard Medicare for All called “socialism” and that simply is not true. Doctors and hospitals are still private enterprise organizations. The company that processes the claim data is still a private company. Drug company, research companies – will all still be private companies.

What is the chief difference? We Americans will finally get the strength of lobbying together to keep our costs low and hold our own government accountable for protecting us as consumers. The best part? For those of you on Medicare now struggling with that prescription donut hole will see immediate relief there, too. That is what happens when we all stand together and negotiate the best rates for ourselves.

And the best part? Congress no longer gets a better healthcare plan than the rest of us – no free rides for anyone!

Medicare-for-all applies the principles of the free market to the delivery of health care. Under traditional Medicare, doctors and hospitals compete to attract patients through service, quality, and access – rather than competing to be in the best-reimbursed insurance plans. Medicare-for-all would open up this patient-centered free market to all Americans.

So let’s look at some of the other excuses politicians have made here.

Long wait times and rationed care? Today’s private health insurance is incredibly restrictive, with narrow provider networks, cost-sharing, and a growing list of treatments that simply aren’t covered. Private insurance companies have a financial incentive to deny care, and they often do. Medicare-for-all would make it much easier for patients to access medically necessary care.

What about Research and Innovation? Americans are justifiably proud of our nation’s leadership in medical innovation, but may not realize that most of those innovations are paid for using public funds. As pharmaceutical companies engage in trivial research designed to extend patents, our National Institutes of Health funds truly pioneering

work. Medicare-for-all would strengthen the alignment of research with our most pressing health needs.

Source:

HHS.org

PNHP.org



Medicare for All also proposes some improvements to our existing Medicare plans. Remember that prescription ‘donut hole’? That goes away. Also, no more Advantage plans that added significant costs for consumers. You also won’t have to buy extra dental or long term care supplemental policies. Remember those externality cost, or hidden taxes you pay for now? Some of that comes from people just like you and I who have health problems because they couldn’t afford to see a dentist. With everyone covered, we get our money back in savings over time.



Source:

[http://www.pnhp.org/sites/default/files/Funding%20HR%20676\\_Friedman\\_7.31.13\\_profed.pdf](http://www.pnhp.org/sites/default/files/Funding%20HR%20676_Friedman_7.31.13_profed.pdf)



## NEXT STEPS?

- Learn more at Physicians for National Healthcare Plan [www.pnhc.org](http://www.pnhc.org)
- Contact your elected and state representatives for support at [Congress@PNH.org](mailto:Congress@PNH.org)
- Visit [www.TheDACA.com](http://www.TheDACA.com)
- Contact your Representative: [TheHealthcare.com](http://TheHealthcare.com) and [TeamTheFreedom.com](http://TeamTheFreedom.com)
- Ask more questions of Congress
- Contact your Representative: [Congress@PNH.org](mailto:Congress@PNH.org)
- **Challenge your Congressional Reps and Senators**
  - What are they doing for you?
  - If they aren't, it's your responsibility to hold them accountable.