

H.R. 1384 Representative Pramila Jayapal

Today's health care system fails to provide quality, therapeutic care to every U.S. resident and wastes hundreds of billions of dollars a year in unnecessary administrative costs. Medicare for All would expand the cost-effective and administratively efficient Medicare program to finance comprehensive, high-quality health care for everybody in the United States. Most importantly, a Medicare for All — single-payer system — would provide health care based on patient need, not on profit.

Our Current Health Care System is Ineffective, Inefficient, and Expensive

Today, roughly 30 million Americans remain uninsured,¹ and an additional 41 million adults are underinsured.²

- In a recent poll, 20 percent of insured Americans reported having trouble paying their medical bills.³
- 36 percent of privately insured Americans are covered by high-deductible health plans.⁴ Such plans have an average deductible of \$4,347 per year for a single family.⁵

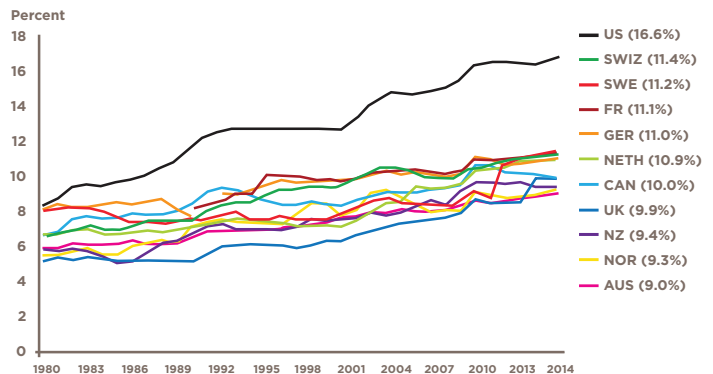
The United States spends twice as much on health care as other major industrialized countries.

- The patchwork system of private for-profit insurers necessitates over \$200 billion per year in administrative-related activities, and represents 20 to 30 percent of U.S. health care costs.⁶
- Americans pay excessive prices for medical visits and procedures.⁷
- In 2017, the U.S. spent 18 percent of the GDP on health care, far exceeding other industrialized nations with projections of 20 percent by 2026.⁸

	BYPASS SURGERY	APPENDECTOMY	MRI
Australia	\$42,130	\$5,177	\$350
Netherlands	\$15,742	\$4,995	\$461
Switzerland	\$36,509	\$9,845	\$138
United States	\$75,345	\$13,910	\$1,145

Source: Issue brief, Commonwealth Fund, 2015.

Health Care Spending as a Percentage of GDP, 1980–2014



Notes: GDP refers to gross domestic product. Data in legend are for 2014. Data are for current spending only, and exclude spending on capital formation of health care providers. Source: OECD Health Data 2016.



E.C. Schneider, D.O. Sarnak, D. Squires, A. Shah, and M.M. Doty, *Mirror, Mirror: How the U.S. Healthcare System Compares Internationally at a Time of Radical Change*, The Commonwealth Fund, July 2017.

Despite outsized spending on health care, the U.S. experiences extremely poor health outcomes.

- 33 percent of U.S. adults go without recommended care, do not see a doctor when sick, or fail to fill a prescription because of costs. Only 7–8 percent of people in the U.K., Germany, the Netherlands, and Sweden experience these problems.⁹
- The United States has the highest number of preventable deaths under the age of 75, when compared to 18 other industrialized nations.¹⁰
- The infant mortality rate in the United States is nearly double the average rate of 13 major Organization for Economic Co-operation and Development (OECD) countries, with 6.1 infant deaths per 1,000 births.¹¹
- In 2014, 68 percent of Americans over the age of 65 were living with two or more chronic conditions, compared to only 33 percent in the United Kingdom.¹²

We need a health care system that will prioritize the needs of patients, and provide equal access to quality, therapeutic health care for every person who needs it. A single-payer system has been proven to do this effectively in many countries throughout the world.

The Majority of Americans Want a Medicare for All Health Care System

An October 2018 poll by Hill.TV/HarrisX shows that 70 percent of registered voters support Medicare for All, with 86 percent of Democrats and 52 percent of Republicans supporting it.

An August 2018 poll by *Reuters/Ipsos* showed that 70.1 percent of voters support Medicare for All, with 84.5 percent of Democrats and 41.1 percent of Republicans supporting the policy

Young Americans overwhelmingly support a single-payer program. An *Associated Press* poll from October 2018 showed that 69 percent of young Americans between the ages of 15 and 34 favored a government-run health insurance program.

Support for a Medicare for All system is growing!

Medicare for All Offers a Comprehensive, Life-Saving Solution to the Health Care Crisis

How It Works »

- A single-payer system would expand the existing Medicare program to cover everyone in the United States.
- A single government agency would replace private insurance companies and provide the public financing of health care.
- Patients would have their choice of health care providers.
- All medically necessary services would be covered, including doctor's visits, hospitalization, preventive care, long-term care, mental health, reproductive health, dental, vision, medical supplies, and prescription drugs.
- The new system would lead to a net increase of 2.6 million jobs.¹³ It would be an economic stimulus for small businesses which would no longer be responsible to pay for private employee health insurance.
- Medicare for All would enable the professional clinical judgment of doctors and nurses to be the basis of health care decisions.
- Medicare for All would eliminate health insurance industry profits, marketing costs, and administrative waste and allow for the negotiation of drug prices and medical fees, saving nearly \$500 billion annually. This is enough to cover all of the uninsured and to eliminate deductibles, coinsurance, and copays for everyone, and still save the country trillions of dollars.
- Individuals and employers would no longer be responsible for paying premiums, deductibles, and copays.
- Seniors would immediately benefit from more comprehensive coverage in Medicare, which would be improved to cover dental, vision, prescription drugs, and long-term care services. Seniors would no longer need supplemental insurance to cover aspects of their health care.
- Medicare for All would make health care a universal right, and health care would no longer be tied to employment. As a result, no person living in the United States would have to worry about losing their health care when they change jobs.

SOURCES

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- ⁴ Cohen, Robin A., and Michael E. Martinez. "Health Insurance Coverage, Early Release of Estimates from the National Health Interview Survey, 2015." *National Center for Health Statistics. 2016.*
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- ⁶ Ibid.
- ⁷ Squires, David, and Chloe Anderson. "US health care from a global perspective: spending, use of services, prices, and health in 13 countries." *Issue brief. Commonwealth Fund. 15. 2015: 1-15.*
- ⁸ "Table O1 National Health Expenditures and Selected Economic Indicators." Retrieved October 19, 2018 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected.html>
- ⁹ Osborn, Robin, et al. "In New Survey Of Eleven Countries, US Adults Still Struggle With Access To And Affordability Of Health Care." *Health Affairs (2016): 10-1377.*
- ¹⁰ Nolte, Ellen, and C. Martin McKee. "Measuring the health of nations: Updating an earlier analysis." *Health Affairs 27.1. 2008: 58-71.*
- ¹¹ Organisation for Economic Co-operation and Development (OECD). *Health Data 2015.*
- ¹² Commonwealth Fund International Health Policy Survey of Older Adults. 2014.
- ¹³ Institute for Health & Socio-Economic Policy. "Single Payer/Medicare for All: An economic stimulus plan for the nation." *Tech. no. 33688. IHSP. 2009. <http://bit.ly/2faKui0>.*