

S. 1804 Senator Bernie Sanders H.R. 676 Representative Keith Ellison

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

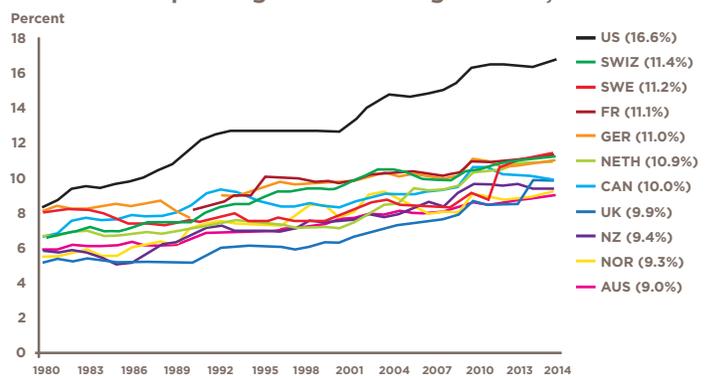
The United States spends twice as much on health care as other major industrialized countries.

- 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 countries.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

A July 2018 poll by Reuters shows that 70 percent of the public support Medicare for All, “when it comes to the U.S health care system.” This poll includes 84.5% of Democrats and 52% of Republicans.

A January 2017 Pew Research Center poll which found 60 percent favorability of government-funded health care for all and an April 2017 poll by the Economist/YouGov also found that 60 percent of Americans favor a Medicare for All system, including 47 percent of Republicans.

In other major surveys, such as a May 2016 Gallup poll, show 58 percent support Medicare for All.

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.

How It’s Financed »

- Individuals and employers would no longer be responsible for paying premiums, deductibles, and copays.
- 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 co-pays for everyone.
- There are many options available on how to finance a Medicare for All system that will save low- and middle-income families money. H.R. 676 would increase income taxes on the top five percent of income earners and create savings for 95 percent of Americans. It would also increase the current Medicare program excise tax on payroll and self-employment income, and institute a modest tax on unearned income and on speculative financial transactions.

SOURCES |

- ¹ Edward R. Berchick, Emily Hood, and Jessica C. Barnett. “Health Insurance Coverage in the United States: 2017.” *U.S. Census Bureau*. September 2018.
- ² Collins, Sara R., et al. “How Well Does Insurance Coverage Protect Consumers from Healthcare Costs.” Findings from the Commonwealth Fund Bi-Annual Survey, 2016.
- ³ Hamel, Liz, et al. “The Burden of Medical Debt: Results from the Kaiser Family Foundation/New York Times Medical Bills Survey.” Kaiser Family Foundation. Jan 2016.
- 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.
- ⁵ Claxton, Gary, et al. “Employer Health Benefits — 2015 Annual Survey.” Kaiser Family Foundation and Health Research and Educational Trust. 2015.
- 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* 271. 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>.