

# Improved MEDICARE FOR ALL

We're  
already  
paying  
for it.



## THE BREAKDOWN:



### EVERYBODY IN - NOBODY OUT

expands Medicare to cover everybody



### COVERS ALL HEALTH NEEDS

lifelong coverage of medical, dental, vision & much more



### FREEDOM & FLEXIBILITY

health services remain private with YOUR choice of doctors - no networks



### EFFICIENCY + NEGOTIATION = LOWER COST

slashes bureaucracy and eliminates overcharges to save \$

## THE BOTTOM LINE:

**95%**

of people will pay **LESS** for healthcare than they do now\*

\*Friedman, 2013, "Funding HR 676..." <https://bit.ly/NPPQjb>

**WANT PROOF?** estimate YOUR savings with this calculator:  
[www.hcfat.org/Calculator.html](http://www.hcfat.org/Calculator.html)

The U.S. spends  
**2X MORE**  
on healthcare

than nations  
that cover  
**EVERYONE** &  
have **BETTER** health

Improved  
**MEDICARE**  
FOR **ALL**

an efficient system to  
deliver healthcare to  
everyone in the U.S.-  
**without** increasing  
overall spending



**MULTIPLE PAYER**

**VS.**

**SINGLE PAYER**

Improved  
**MEDICARE**  
FOR **ALL**

single payer system  
consolidates financing  
to reduce overheads

average of 19 most costly  
healthcare countries  
(2016)

ACA/Obamacare  
(2016)

Improved  
Medicare for All  
(post-transition - 2020)<sup>†</sup>

	average of 19 most costly healthcare countries (2016)	ACA/Obamacare (2016)	Improved Medicare for All (post-transition - 2020) <sup>†</sup>
cost per capita	\$ 5,469	\$ 9,892	\$ 8,327 <sup>‡</sup>
population covered	100 %	~ 80 % (and declining) have adequate insurance; the remaining are uninsured or underinsured	100 %
services	ALL	partial/subject to restriction	ALL
funding	public \$	public \$, premiums paid by employers & employees, deductibles, copays, coinsurance	public \$
total cost	no data	\$ 3.2 trillion	\$ 2.7 trillion

Source: OECD 2016, House Resolution 676: Expanded and Improved Medicare for All, UN Population estimates - 2017




Calculated based on U.S. population of 325 million (2017 UN population estimates).

<sup>†</sup> Assumes full implementation of HR676 in 2018 with 2 year transitional expenses satisfied, e.g. increased utilization, Medicaid rate adjustment, retraining and unemployment for displaced workers, and buy-out of private health care facilities -\$394 billion (Friedman, 2013, "Funding HR 676..." <https://bit.ly/NPPQjb>).

<sup>‡</sup> Actual per capita value is likely to be lower than projected due to negotiated prices for pharmaceutical and medical device products.

**Q: WHY** does the U.S. **PAY SO MUCH FOR HEALTHCARE** that doesn't adequately serve our needs?

**A: UNNECESSARY COSTS** due to **PROVIDER MONOPOLIES** and **PRIVATE INSURANCE COMPANIES**:

PROFIT	BUREAUCRACY	PERSONAL
<p>executive salary &amp; bonus</p> <p>marketing</p> <p>lobbying</p> <p>campaign contributions</p> <p>shareholders*</p> <p><b>* Don't be fooled!</b></p> <p><b>"NON-PROFIT"</b></p> <p>hospital chains and insurers may not have shareholders, but they still have all the other expenses</p>	<p> having dozens of insurance companies means</p> <p><b>ENORMOUS ADMINISTRATIVE COSTS</b></p> <p>To cover staffing:</p> <p>insurance companies <b>INCREASE PREMIUMS</b> </p> <p>hospitals and clinics <b>INFLATE</b> charges an average of <b>4 X *</b> </p> <p>hospitals also <b>OVERCHARGE</b> to cover uninsured and underinsured patients</p> <p><small>*(2015) <a href="https://www.cbsnews.com/news/50-hospitals-with-markups-of-around-1000-percent/">https://www.cbsnews.com/news/50-hospitals-with-markups-of-around-1000-percent/</a></small></p>	<ul style="list-style-type: none"> <li>+ monthly premiums, copays, coinsurance &amp; surprise out-of-pocket <b>fees</b></li> <li>+ <b>avoiding care</b> because you can't afford it</li> <li>+ <b>health decisions</b> made by insurance companies ... NOT your health provider</li> <li>+ <b>bankruptcy</b> due to medical issues</li> <li>+ switching providers when <b>networks change</b></li> <li>+ <b>time spent</b> dealing with billing issues, preauthorization paperwork, or claims for out-of-network providers</li> <li>+ emergency rooms <b>overloaded</b> with patients in need of primary care</li> <li>+ making <b>job decisions</b> based on healthcare coverage</li> </ul>

## Improved **MEDICARE** FOR **ALL**

- 1** Eliminates **UNNECESSARY COSTS**
- 2** **LOWERS EXPENSES** for equipment, drugs, and medical devices by negotiating bulk pricing
- 3** Uses the **MONEY WE ALREADY SPEND**



Most of U.S. healthcare spending **ALREADY** comes from public dollars:

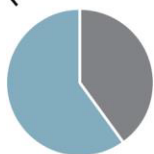
### CURRENT SPENDING

#### PUBLIC \$

Medicare  
Medicaid  
ACA  
Tricare  
Veterans  
CHIP  
IHS  
federal employees

#### HOUSEHOLD \$

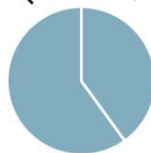
premiums  
copays  
deductibles  
coinsurance



### Improved **MEDICARE** FOR **ALL**


existing public funding

new public dollars  
(from payroll and other tax)  
that replaces what you **ALREADY** pay for private insurance



**95% of households pay LESS\***

\*Friedman, 2013, "Funding HR 676..." <https://bit.ly/NPPQjb>

**We're already paying for it.** 

**EVERYBODY gets healthcare AND overall spending is lower**

FIND OUT MORE:



**HEALTHCARE** for **ALL Y'all!**

[healthcareforallall.org](http://healthcareforallall.org)

[www.facebook.com/healthcareforallall/](https://www.facebook.com/healthcareforallall/)

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