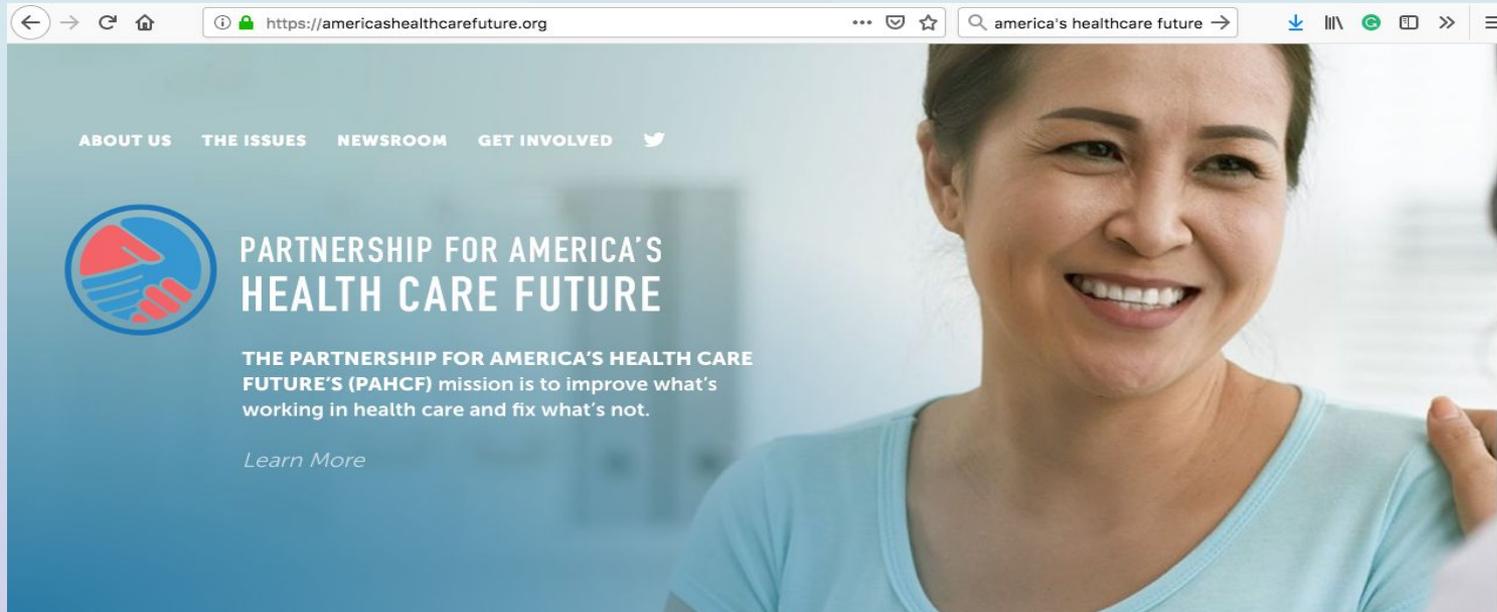


Mass Misinformation Campaign



Although it sounds innocent, it is an organization made up of Big Pharma, Insurers, Hospitals, and until recently the AMA, which have joined together to spend millions of dollars to kill Medicare for All.



“Health care debate shows the lies I told for insurance companies about 'Medicare for All' worked

Our propaganda duped Americans into believing that the free market can work in health care and that progressives want a government-run system.”

Wendell Potter

Former Vice President
Corporate Communications
Cigna turned whistleblower

12 Industry Lies About Medicare For All

Industry Lie #1 “It’ll Cost Too Much!”

Reality 100% of non-partisan studies (~25) found single payer controls costs

BUSINESS
INSIDER



POLITICS

*****Even the Koch-funded Mercatus study found that single-payer saves money, while covering everyone’s medical needs!**

That study going around on Bernie Sanders' 'Medicare for All' plan comes with a big catch — the US would actually be saving money overall on healthcare

Bob Bryan · Jul 30, 2018, 4:19 PM ET

- **A new report from the libertarian Mercatus Center found that Sen. Bernie Sanders' "Medicare for All" plan would cost the federal government an additional \$32.6 trillion over 10 years.**
- **But the Mercatus report also found that the national health expenditure - the total amount spent on healthcare in the US by the federal government, states, businesses, and individuals - would come in below current projections under Sanders' plan.**
- **So while the price tag for the federal government would increase, the total cost of healthcare would go down, and more than 30 million uninsured Americans would get access to healthcare, according to Mercatus' model.**

Source: <https://amp.businessinsider.com/bernie-sanders-medicare-for-all-plan-cost-save-money-2018-7>

A recent comprehensive study done by professors at Yale and published in Lancet Feb. 15, 2020 found:

Taking into account both the costs of coverage expansion and the savings that would be achieved through the Medicare for All Act,

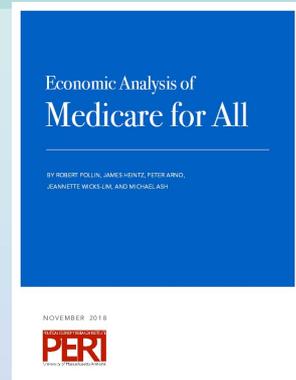
- **A single-payer, universal health-care system is likely to lead to a 13% savings in national health-care expenditure, equivalent to more than US\$450 billion annually (based on the value of the US\$ in 2017).**
- **The entire system could be funded with less financial outlay than is incurred by employers and households paying for health-care premiums combined with existing government allocations.**
- **This shift to single-payer health care would provide the greatest relief to lower-income households.**
- **Ensuring health-care access for all Americans would save more than 68 000 lives and 1.73 million life-years every year compared with the status quo.**

Source:

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)33019-3/fulltext?fbclid=IwAR0xa83Qh7GQgSzSjnG5Lb-ft5IIKU E1HLMgygBmtT4L6DBkYb5kh36cak](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)33019-3/fulltext?fbclid=IwAR0xa83Qh7GQgSzSjnG5Lb-ft5IIKU E1HLMgygBmtT4L6DBkYb5kh36cak)

Another Recent Comprehensive Economic Study (PERI at UMass) - Nov 30, 2018 Found:

- Reduces total healthcare costs by 10%
- Avg household costs decrease from 15% to 1% of total income
- Avg business saves 8%, and all employees will get necessary care when they need it
- Largest immediate savings comes from eliminating redundant administrative expenses
- Proposes funds for transitioning employees who are redundant
- Proposes provider payments follow Medicare, which means on average remains same because less time spent on admin work vs billing work. For some high-end specialty providers, might mean pay cuts, but for others will mean pay raises, especially for primary care.



Source: <https://www.peri.umass.edu/publication/item/1127-economic-analysis-of-medicare-for-all>

About Costs Savings

Improved Medicare for All - builds on the administrative efficiency of the current Medicare program, whose overhead is **5 - 10 X LOWER** than those of private insurance companies (by their own estimates for some plans in the ACA Marketplace).

Immediate Cost Savings:

- **Huge overhead/administrative cost reduction:**
 - * ONE agency processes all claims to eliminate current redundancy across multiple corporations and government agencies
 - * No need for hospitals and clinics to have their own massive billing operations
- **No advertising costs, shareholder payouts, exorbitant executive salaries**

Long-term Cost Savings:

- Consolidation of services allows greater negotiating power for drugs, equipment, and medical devices
- Increased coverage of preventative healthcare rather than more expensive late-stage disease interventions

Industry Lie #2 “We Have the Best Healthcare System in the World!” “People from other countries come here all the time for care.”

Reality The number of Americans **leaving** the US for care nearly doubled between 2007 and 2017 (**750,000 to 1.4 million**).

Our outcomes are **WORSE** than many other countries

- **LOWER** life expectancy
- **WORST** Maternal **death** rate in the developed world
- **HIGHER** Infant Mortality Rates



HR1384 provides preventive care to **ALL**, which **improves** country’s health outcomes.

[https://www.amjmed.com/article/S0002-9343\(18\)30620-X/fulltext](https://www.amjmed.com/article/S0002-9343(18)30620-X/fulltext)

Industry Lie #3 “Death Panels Will Be Rationing Our Care!”

Reality The U.S. already has “**death panels**” (insurance, pharma, and PBMs) who are denying us doctor-prescribed care so they can make profits.

We have the most rationed system in the developed world. Our bank account and our zip code determine our health outcomes.



Industry Lie #4 “People in Single Payer Countries Wait Months for Care!”

Reality Wait times are already very long in the US and ***never end*** for people who can't afford to get care.

Wait times are caused by too few providers spending too much time away from patients dealing with billing and approval, or access where you live. It has nothing to do with government financing.

Just as federal action has created and funded Community Health Clinics in underserved areas, it can create policy to meet needs.



Industry Lie #5 “It’s a Government Takeover/Socialism!”

Reality Providers, Hospitals, and Clinics **remain private**; government just processes payments

Providers and patients (and no one else!) make decisions about care



HR1384 is PUBLICLY FUNDED and PRIVATELY DELIVERED

Industry Lie #6 “Medicare for All Takes Away My Choice” “I Won’t Be Able to Keep My Doctor”

Reality HR1384 gives us **MORE CHOICE** because patients are **FREE** to choose providers appropriate for condition and location.

No more networks! HR1384 also crosses all state lines



Industry Lie #7 “It’s too hard to move to an Improved Medicare For All system!” “It’s too disruptive”

Reality Right now, ~10,000 people are enrolled in Medicare each day; we can easily absorb a one-time increase in enrollees until all are enrolled at Birth, just like a birth certificate or social security number.

Every year those of us with health insurance have to choose at least one new plan. Isn’t that what’s really too disruptive?

HR1384 offers stability! Medicare For All Enrollment is ONCE and Done...Forever !

MEDICARE		HEALTH INSURANCE	
NAME OF BENEFICIARY JOHN DOE			
MEDICARE CLAIM NUMBER 123-45-6789-A		SEX MALE	
IS ENTITLED TO HOSPITAL MEDICAL		EFFECTIVE DATE 01-01-2018 01-01-2018	
SIGN HERE		<i>John Doe</i>	

Industry Lie #8 “Doctors will get paid so little they won’t be able to make a living!”

Reality HR 1384 establishes a **physician consultation review board** to review quality, cost effectiveness, and fair reimbursement of services and items delivered by physicians.

Many experts believe that primary care doctors and other specialties will receive **increases** due to a focus on prevention. We can address *provider shortages with incentives* like **free education or higher pay**.



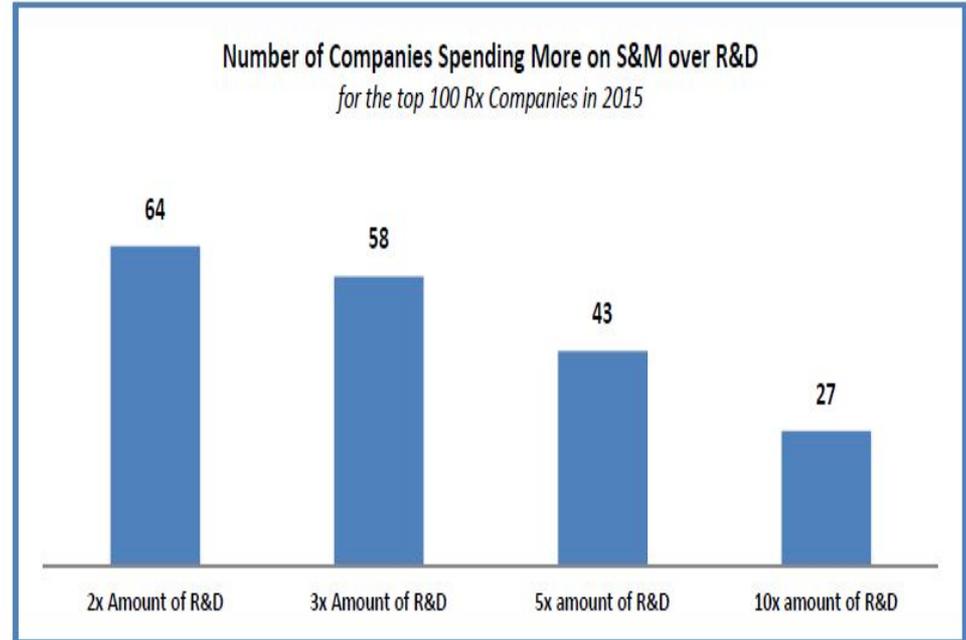
Bonus: Doctors can actually **focus on their patients** and not endless administrative work.

Job satisfaction will increase while moral injury/burnout declines.

Industry Lie #9 “Innovation will stop if there’s no profit motive”

Reality Pharma companies spend **MORE** on **Sales & Marketing** than R&D

Wouldn't we be better off as a nation if profit were not the motive for innovation (e.g. variety in antibiotics)



Source: Thomson Reuters Financial Data

Industry Lie #10 “Insurance workers will have nowhere to go!” or
“We can’t let our insurance companies just disappear!”

Reality HR1384 **allocates money for first 5 years** to assist displaced workers (severance, retraining, etc)

Providers working for insurance companies can return to actually caring for patients

The companies themselves have been moving into other business areas for years. They know it’s only a matter of time before we stop being fooled.



Industry Lie #11 “Medicare recipients will get worse care than they have now,” “Seniors LOVE Medicare Advantage.”

Reality HR1384 covers much **MORE** than Medicare today with **NO** out-of-pocket costs.

Improved to include:

- Vision
- Dental
- Hearing
- Long Term & Home Health Care



Industry Lie #12 “People Love Their Employer-Based Insurance!”

Reality People love their doctors - not their insurance companies.

Employer-based insurance plans have gotten worse over the years, shifting more of more out of pockets costs to the policy holder.

“Underinsured” refers to adults who are insured but still had trouble getting care due to high out of pocket costs like deductibles or co-pays.

More Adults Are Underinsured, with the Greatest Growth Occurring Among Those with Employer Coverage

Percent of adults ages 19–64 insured all year who were underinsured



**COVID-19 has exposed the flaws in having an employer-based
Insurance system**

**How reliable & effective is
employer-based insurance when
millions are
laid off during a public health
crisis?**

Improved Medicare For All controls costs and provides universal coverage; a **Public Option** can't

Preserving any aspect of private health insurance perpetuates the problems of a fragmented, multi-payer, for profit system:

- Costs driven by **PROFIT motive** to benefit Shareholders and CEOs
- Remains **WASTEFUL & INEFFICIENT** due to redundant billing systems across countless plans
- Constantly **CHANGING RULES** for pre-authorizations, facilities and networks
- Decentralization means we **CANNOT NEGOTIATE** for equipment, devices and medicine
- Continued **Out-Of-Pocket Costs** like co-pays, premiums and deductibles

Insurance companies would be able to **MANIPULATE** the system to put sickest patients into the “public option,” making it expensive and unsustainable

Gaining Public Option would require a HUGE Amount of political capital for a **RETURN** that wouldn't fix the problem