

About HEALTHCARE-NOW!

Healthcare-NOW! is a growing national movement-building organization that advocates for a single-payer healthcare system. Headquartered in Philadelphia, Healthcare-NOW! has members and supporters in every state working to build the movement for single-payer healthcare with unions, faith organizations, small businesses, nurses, physicians, medical students, and patients to make Improved Medicare for All a reality.

Healthcare-NOW! organizes rallies, forums, educational events, and provides resources to advocate for universal healthcare.

For more information, visit our website at www.healthcare-now.org or call us at 1-800-453-1305.

HEALTHCARE-NOW!

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Endnotes:

- ¹ Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005-2010.
- ² National Health Spending Projections: The Estimated Impact Of Reform Through 2019 Health Affairs, 29, no. 10 (2010), 1933-1941
- ³ Woolhandler, S., Campbell, T., & Himmelstein, D.U. (2003). Costs of healthcare administration in the United States and Canada. *The New England Journal of Medicine*, 349(8), 768-772
- ⁴ Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, (2008). Retrieved October 21, 2010 from <http://facts.kff.org/chart.aspx?ch=202>
- ⁵ World Health Organization. (2000). *The World Health Report 2000*. Geneva, Switzerland: World Health Organization
- ⁶ <http://pnhp.org/news/2010/march/pro-single-payer-doctors-health-bill-leaves-23-million-uninsured>
- ⁷ http://www.pnhp.org/new_bankruptcy_study/Bankruptcy-2009.pdf
- ⁸ source: Ismail, M.A., & Center for Public Integrity. (2005). *Drug Lobby Second to None: How the Pharmaceutical Industry Gets Its Way in Washington*. Retrieved July 20, 2006 from <http://www.publicintegrity.org/rx/report.asp?aid=723>

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HEALTHCARE-NOW!

Healthcare is a Human Right!

Improved Medicare For All: Quality, Guaranteed National Health Insurance

Healthcare-NOW! believes healthcare is a human right. As a growing national movement, we are dedicated to obtaining quality, affordable healthcare for everybody in the U.S. via a national, single-payer healthcare system.

Didn't we just pass healthcare reform?

Why change the healthcare system we've got?

There's a lot wrong with our healthcare system, and the new law only tweaks around the edges of the problems. Healthcare in the United States fails us because:

- **It's too expensive:** Workers pay 47% more now than they did in 2005 for the family health coverage they get through their jobs, while their wages have increased only 18%. Employers, in contrast, pay 20% more toward their employees' health insurance than they did five years ago.¹ By 2019, the average American will spend \$13,652 every year on healthcare.²
- **It's wasteful:** Because the new law expands the role of private health insurance, nearly 30 cents of every healthcare dollar will continue to go toward paperwork, marketing, and profits - not actual care.³ That's because there are over 1,000 insurance companies, each with hundreds of different reimbursement methods. Doctor's offices and hospitals have to hire more clerical workers than nurses in order to deal with all the complex paperwork. Simply put, America's current healthcare (non)system is convoluted and wasteful.
- **We're not as healthy as we could be:** We spend twice as much for healthcare as any other industrialized nation on earth (2.4 trillion in 2008)⁴ – that's 16% of all the US goods and services produced, yet facts show that we lag behind other developed nations in indicators of health. We are rated 37th in overall health outcomes by the World Health Organization.⁵
- **We leave millions uninsured:** Even with the new law, an estimated 23 million people will remain uninsured by 2019.⁶ Many people will be forced to buy private insurance, or will be eligible for Medicaid under the new law, but it is still not universal, guaranteed coverage and will continue to leave many vulnerable to the high cost of care.
- **Those who are insured go bankrupt:** 62% of bankruptcies are because of medical debt. That means someone got sick and lost their job, and then their insurance. 2/3 of these bankruptcies were filed by people who were insured when they got sick.⁷

What can I do to help get Improved Medicare for All in the United States?

- **SIGN UP** with Healthcare-NOW! at www.healthcare-now.org. We send out action alerts and updates regularly to keep you informed.
- **JOIN** Healthcare-NOW!. Become an official Healthcare-NOW! member by contacting info@healthcare-now.org or call 800-453-1305.
- **START** a chapter of Healthcare-NOW! or join single-payer groups organizing in your state. Find out more by contacting info@healthcare-now.org or call 800-453-1305.
- **CIRCULATE** a petition supporting HR 676: Improved Medicare for All.
- **CALL** your congressional representatives and ask that they cosponsor and actively advocate for single-payer, Improved Medicare for All. Call toll free 1-866-338-1015. It's easy!
- **PLEASE DONATE**, if you can, to Healthcare-NOW! or buy something from our store.
- **FOLLOW** us on Facebook and Twitter.
- **PASS** a resolution in your city or town in support of single-payer healthcare. Join our Win-Win Campaign for healthy cities.
- **ORGANIZE** a Road Show event in your community or state.
- **HOST** a screening of SiCKO or other movies that highlight the U.S. healthcare crisis. Discuss the problem and the single-payer solution.
- **ORGANIZE** a Truth Hearing in your congressional district.
- **DEMONSTRATE** in front of insurance companies. Request our Protest Toolkit.
- **TELL YOUR STORY.** If you or your loved ones have experienced a healthcare horror story, share it with Healthcare-NOW.
- **DISTRIBUTE** information to your co-workers, friends, and family. Find great handouts on our Resources Page to share with anyone or order booklets and information from the Resources page.

Will prescription drugs be covered?

Yes! Prescription drugs will be covered under Improved Medicare for All at no extra cost. Drugs will cost less than they do now because the government will use its tremendous buying power to negotiate lower prices with drug companies. For example, the VA gets a 40% discount on drugs because of its buying power.

Marketing Trumps Research⁸

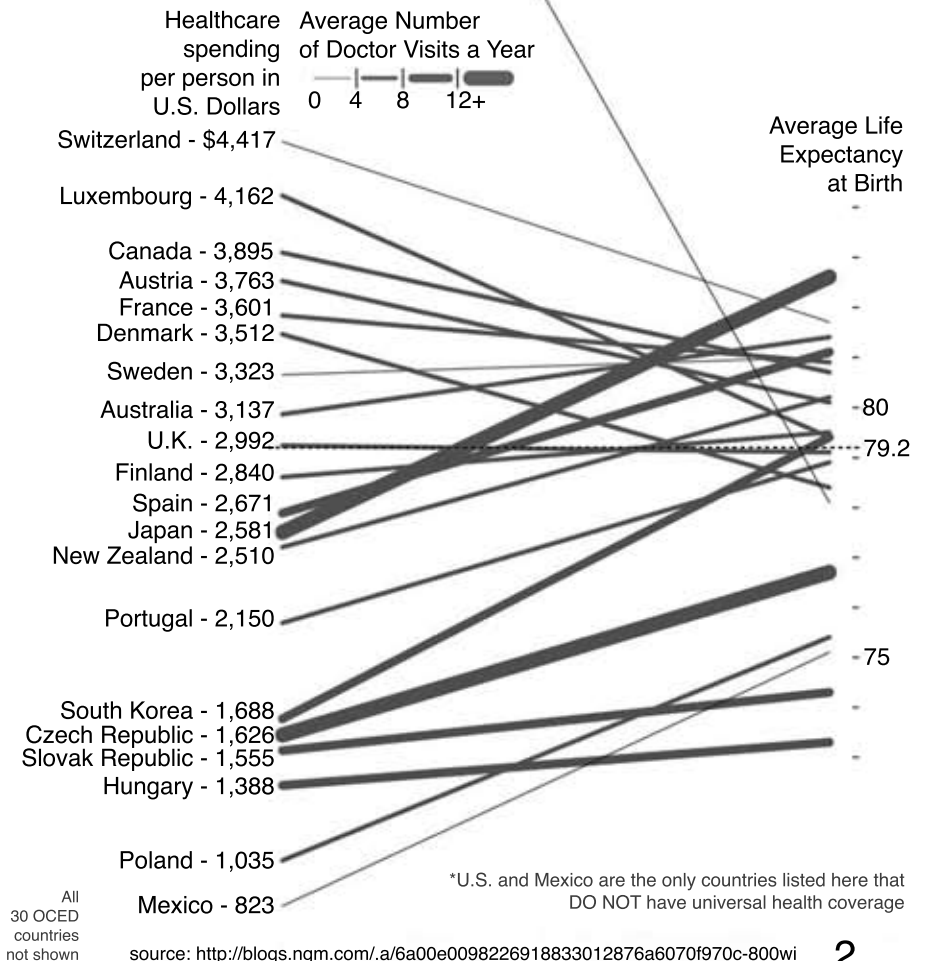
Pharmaceutical companies spend billions more on marketing than research:

Company	Marketing Costs	Research & Development
Pfizer	\$16.90 Billion	\$7.68 Billion
GlaxoSmith-Kline	\$12.93 Billion	\$5.20 Billion
Hoffman La Roche	\$7.24 Billion	\$4.01 Billion
Johnson & Johnson	\$15.86 Billion	\$5.20 Billion
Bristol-Myers Squibb	\$6.43 Billion	\$2.50 Billion
Abbot Labs	\$4.92 Billion	\$1.70 Billion

United States - \$7,290

Dollar figures reflect all public and private spending on care, from doctor visits to hospital infrastructure. Data are from 2007.

Graphic: Oliver Uberti, NG Staff, Source: "OCED Health Data 2009," Organisation for Economic Co-Operation and Development



How Can We Fix the U.S. Healthcare Crisis?

We can solve the crisis by taking healthcare out of the market place and putting it in the hands of a public agency such as the one that runs the Medicare program so efficiently. Medicare operates with approximately 3% overhead, compared with the 15-30% overhead of the private insurance plans. By doing so, patient care and health come first, not insurance company profits!

**By adopting HR 676, the
“United States National Healthcare Act” or
“Improved and Expanded Medicare for All”:**

- Every resident is covered regardless of income, employment, age, health, or marital status.
- You can go to any doctor you choose, without worrying about co-payments, deductibles, or premiums, making healthcare free at the point of delivery.
- All necessary healthcare services are covered including hospital stays, doctor visits, prescription drugs, dental, vision, long-term care, mental health, and more.

**You can read the bill at
<http://www.healthcare-now.org/hr-676/>**

The United States is the ONLY industrialized country in the world that does not have universal healthcare.

Frequently Asked Questions

What will happen to the employees of the private health insurance companies?

Private health insurance companies will no longer be needed. Their employees- nurses, actuaries, clerical workers – will be eligible for retraining and first preference for jobs in the new system. HR 676 will provide up to two years of unemployment benefits for clerical, administrative, and billing personnel whose jobs are initially eliminated when HR 676 is implemented.

I have good health benefits through my union. Will I lose them if HR 676 is passed into law?

No. HR 676, Improved Medicare for All will protect your benefits and may improve them. Today, union members are losing health benefits and/or being forced to give up wages as the cost of healthcare skyrockets. For more information, go to www.unionsforsinglepayerHR676.org

What about the proposal to lower the eligibility age for Medicare to 55?

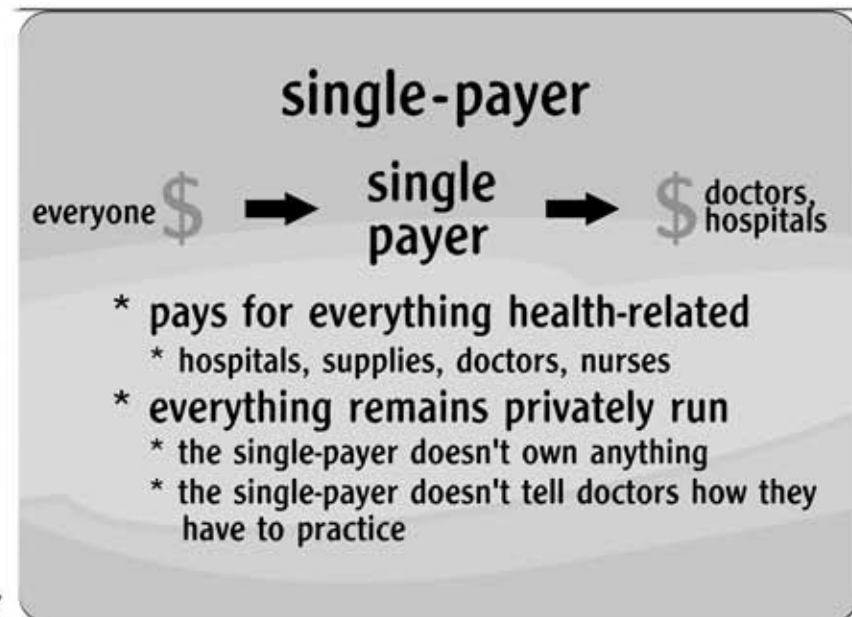
Lowering the eligibility age for Medicare to 55 only works if it is mandatory. Otherwise it becomes the place where all the sickest patients get dumped. That might be okay for the sick people since Medicare is often better and more secure than private coverage, but it would drive total health care costs (and premiums) up, not down.

What do you mean by “Improved”?

With Improved Medicare for All, there will be no premiums or out-of-pocket costs, and you can go to any doctor and hospital you choose, eliminating the network restrictions of current 'Medicare Advantage' plans.

Doctors will negotiate a fair payment with the National Health Insurance Program and will no longer have to manage a system of multiple forms, payers, and denials.

Also, Improved Medicare for All will cover more services than current Medicare, such as dental, chiropractic care, mental healthcare, prescription drugs, hearing aids, and long-term care. It will also expand the scope of current benefits, particularly in nursing care, home healthcare, and physical therapy, while eliminating the burdensome cost-sharing on the patient.



How will Improved Medicare for All work?

Healthcare Services Covered

This program will cover all medically necessary services, including primary care, inpatient care, outpatient care, emergency care, prescription drugs, durable medical equipment, long term care, mental health services, dentistry, hearing aids, eye care, chiropractic, palliative and substance abuse treatment.

Cost Containment Provisions/Reimbursement

A national single-payer system will set reimbursement rates annually for physicians, allow for global budgets (annual lump sums for operating expenses) for healthcare providers; and negotiate prescription drug prices.

Patients

Each person, regardless of ability to pay would receive high-quality, comprehensive medical care, and the free choice of doctors and hospitals. Individuals would receive no bills, and copayment and deductibles would be eliminated. Most people would pay less overall for healthcare than they pay now.

Hospitals

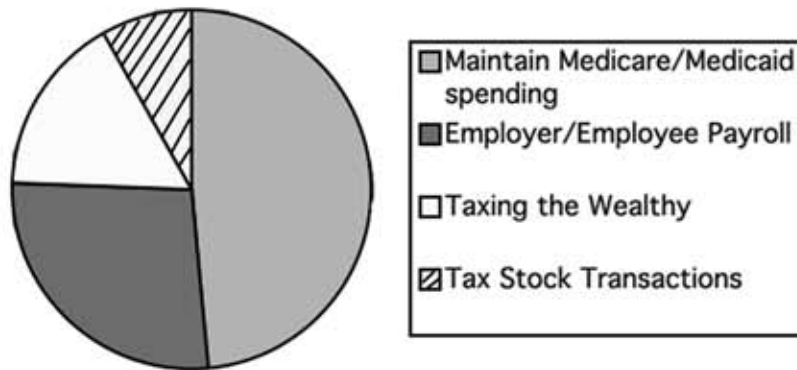
The massive numbers of administrative personnel needed to handle itemized billing to 1,500 private insurance companies would no longer be needed. A negotiated “global budget” would cover operating expenses. Hospitals would no longer close because of unpaid bills.

Business

It is by historical accident that employers were drawn into our health care system, and it has grown into a massive personnel cost that has virtually destroyed U.S. competitiveness. For the same amount of dollars we are paying to cover 85% of the population poorly, we could cover everybody with a first-class system. Progress happens. The Fax industry displaced overnight delivery services, and email displaced Fax usage. Times change, usually for the better, and it is business leaders that usually make it happen. It's time for health care payments and coverage to change.

How are we going to pay for it?

Actually, a national single-payer plan would save \$400 billion a year. That's enough savings to cover all of the uninsured with comprehensive healthcare.



Proposed Funding For HR 676 Program*

- Eliminates all employer contributions to private insurance premiums—replacing them with a modest payroll tax of 4.5% (in addition to the 1.45% currently paid towards Medicare).
- Eliminates all individual premiums, co-pays, deductibles and nearly all other out-of-pocket costs—replacing them with a modest payroll tax of 3.3% (in addition to the 1.45% currently paid towards Medicare).
- Relieves state and local governments of the immense burden of paying insurance premiums for medical coverage for their current and retired employees—replacing them with a modest payroll tax of 4.5% (in addition to the 1.45% currently paid towards Medicare).

*This proposal is one example of a funding system for single-payer healthcare.

Read more here <http://www.healthcare-now.org/hr-676/>

What exactly does “single-payer” mean?

Single-payer is a term used to describe a type of financing system. It refers to one entity acting as administrator, or “payer.” In the case of healthcare, a single-payer system would be setup such that one entity—a publicly run organization—would collect all healthcare fees, and pay out all healthcare costs.

In the current US system, there are literally tens of thousands of different healthcare organizations—HMOs, billing agencies, etc. By having so many different payers of healthcare fees, there is an enormous amount of administrative waste generated in the system. (Just imagine how complex billing must be in a doctor's office, when each insurance company requires a different form to be completed, has a different billing system, different billing contacts and phone numbers—it's very confusing and time consuming.)

In a single-payer system, all hospitals, doctors, and other healthcare providers would bill one entity for their services. This alone reduces administrative waste greatly, and saves money, which can be used to provide care and insurance to those who currently don't have it.

Is this socialized medicine?

No, Improved Medicare for All, or single-payer healthcare, is not socialized medicine. Under socialized medicine, such as the Veterans Administration, doctors are government employees and hospitals are owned by the government. With Improved Medicare for All, doctors remain independent and hospitals continue to be run by private, non-profit charitable groups (e.g. Sisters of Mercy). Doctors in private practice remain in private practice. You will choose your own doctors and competition among providers will increase, as you, not an insurance company, decide where to get care.

*“Our current national healthcare system is simple:
DON'T GET SICK.”
-Anonymous*