The Big Lie(s)

- Lose your insurance
- Massive increase in cost
- Take away “choice”
- Politically impossible; can’t be done
- Gradual incremental steps better/only way to go
- Government take-over of health care
- Single payer bad for unionists, small businesses
- Can “tame” private insurers via market, regulation
- Medicare for all is Socialism

Flashback: Republicans Opposed Medicare In 1960s By Warning Of Rationing, 'Socialized Medicine'

Igor Volsky

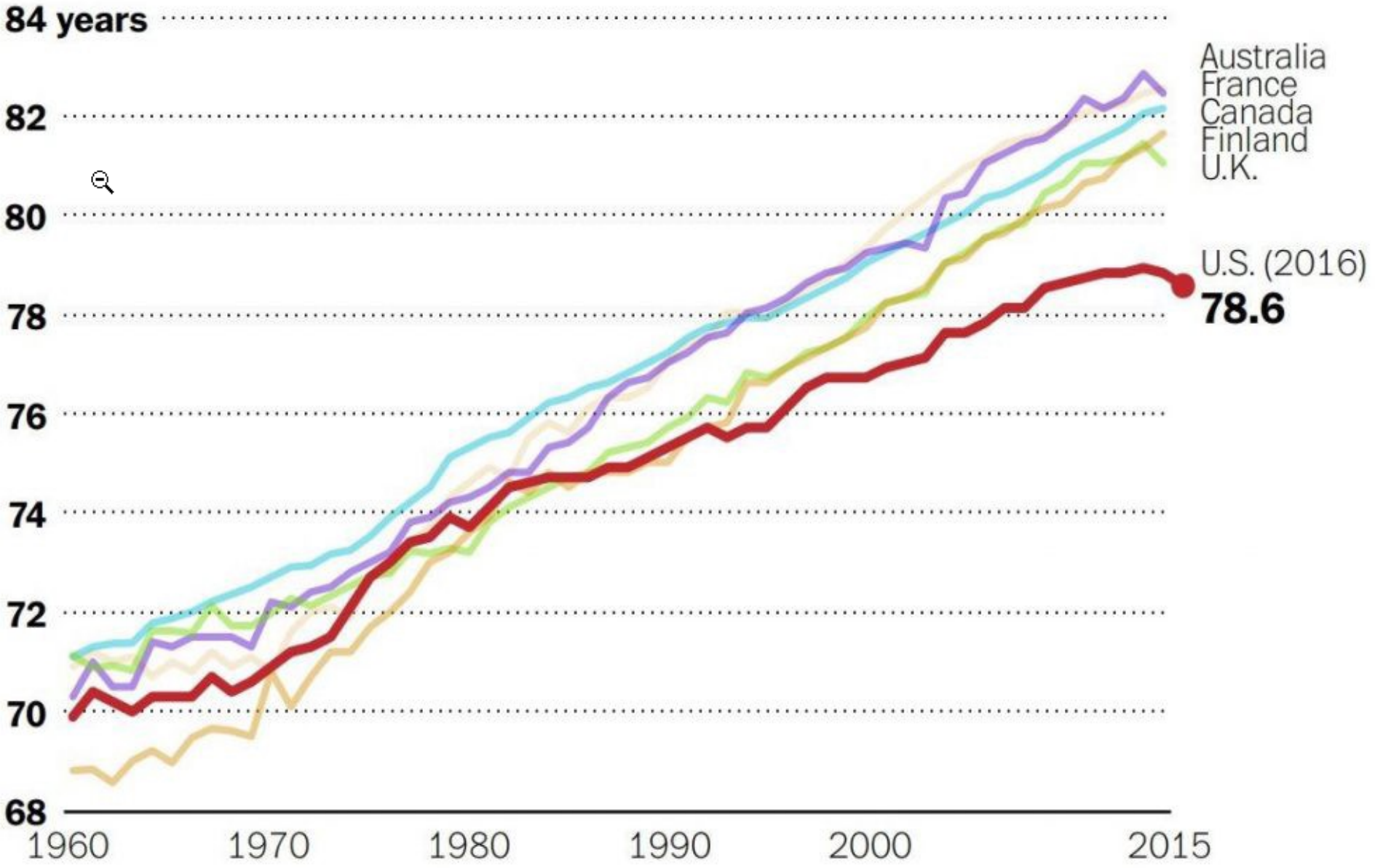
Ronald Reagan: "[I]f you don't [stop Medicare] and I don't do it, one of these days you and I are going to spend our sunset years telling our children and our children's children what it once was like in America when men were free." [1961]

Iowa: Voters Ready for Single Payer

- 6/10 Candidate favor single payer
- Exit polls 57% support favor single payer
  - Only 38% oppose eliminating private health insurance

American exceptionalism

Life expectancy at birth, selected OECD countries

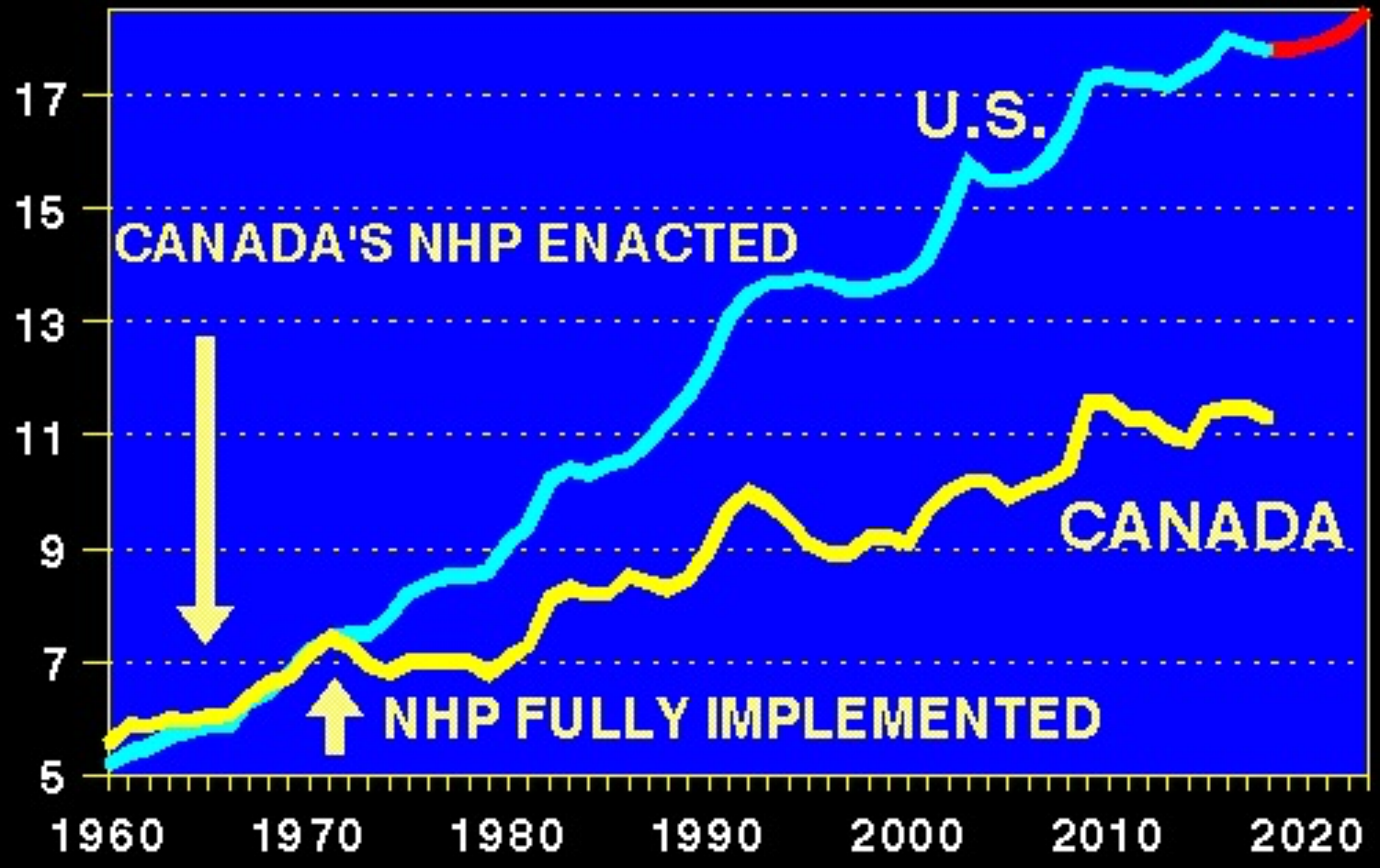


38,882 Deaths During 2019 Due to Uninsurance

State	% Uninsured	Excess Deaths
Texas	18.1	6,731
California	8.1	4,143
Florida	14.5	3,999
Georgia	14.6	1,989
Noth Carolina	10.7	1,447
New York	5.5	1,397
U.S.	9.1%	38,882

Source: Woolhandler & Himmelstein, Ann Int Med 2017;167:424
Based on best estimate from multiple studies of 1 death per 769 uninsured/year, and # uninsured at time of survey

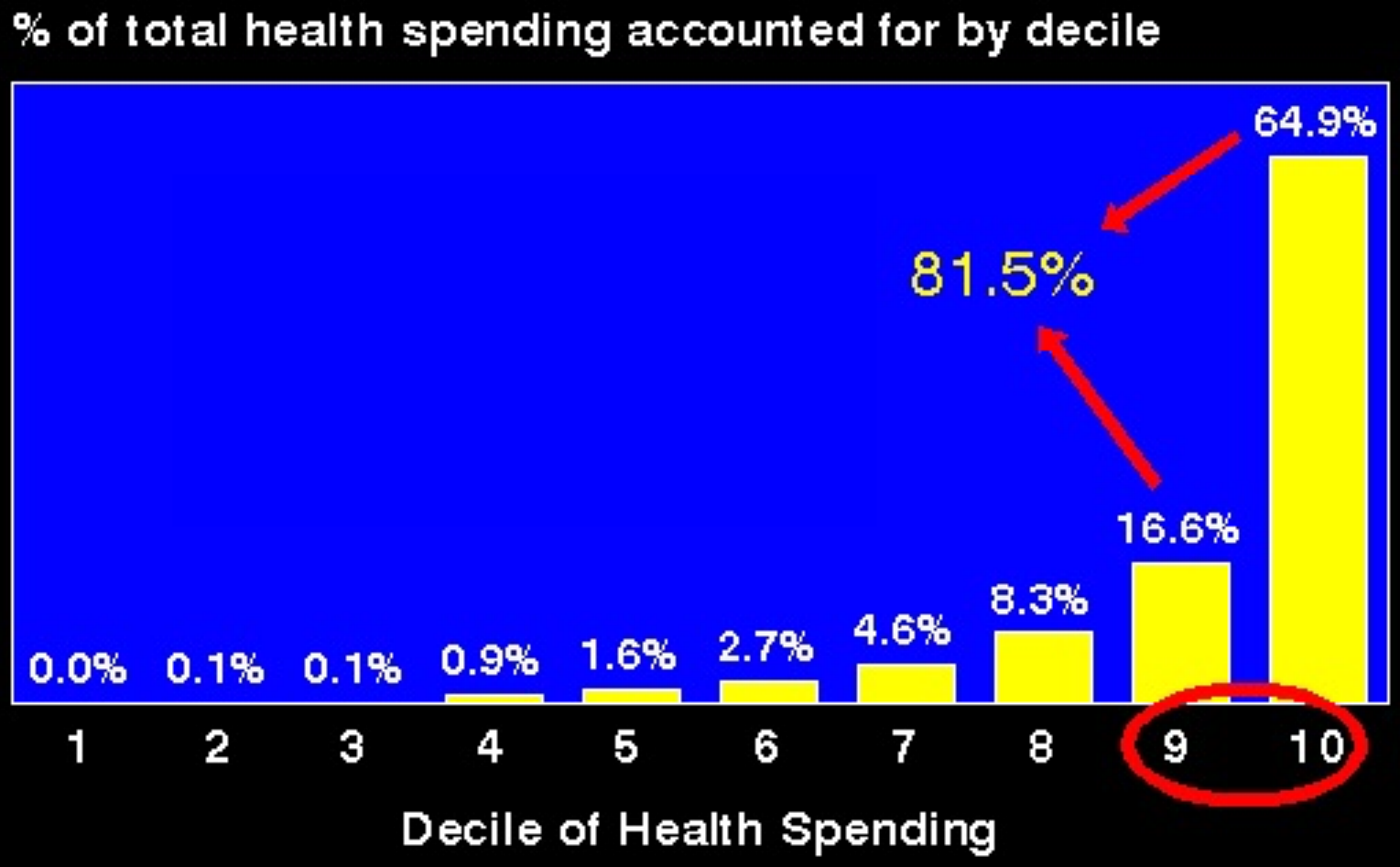
Health Costs as % of GDP:
U.S. & Canada, 1960-2023



Source: Statistics Canada, Canadian Inst. for Health Info., & NCHS/Commerce Dept

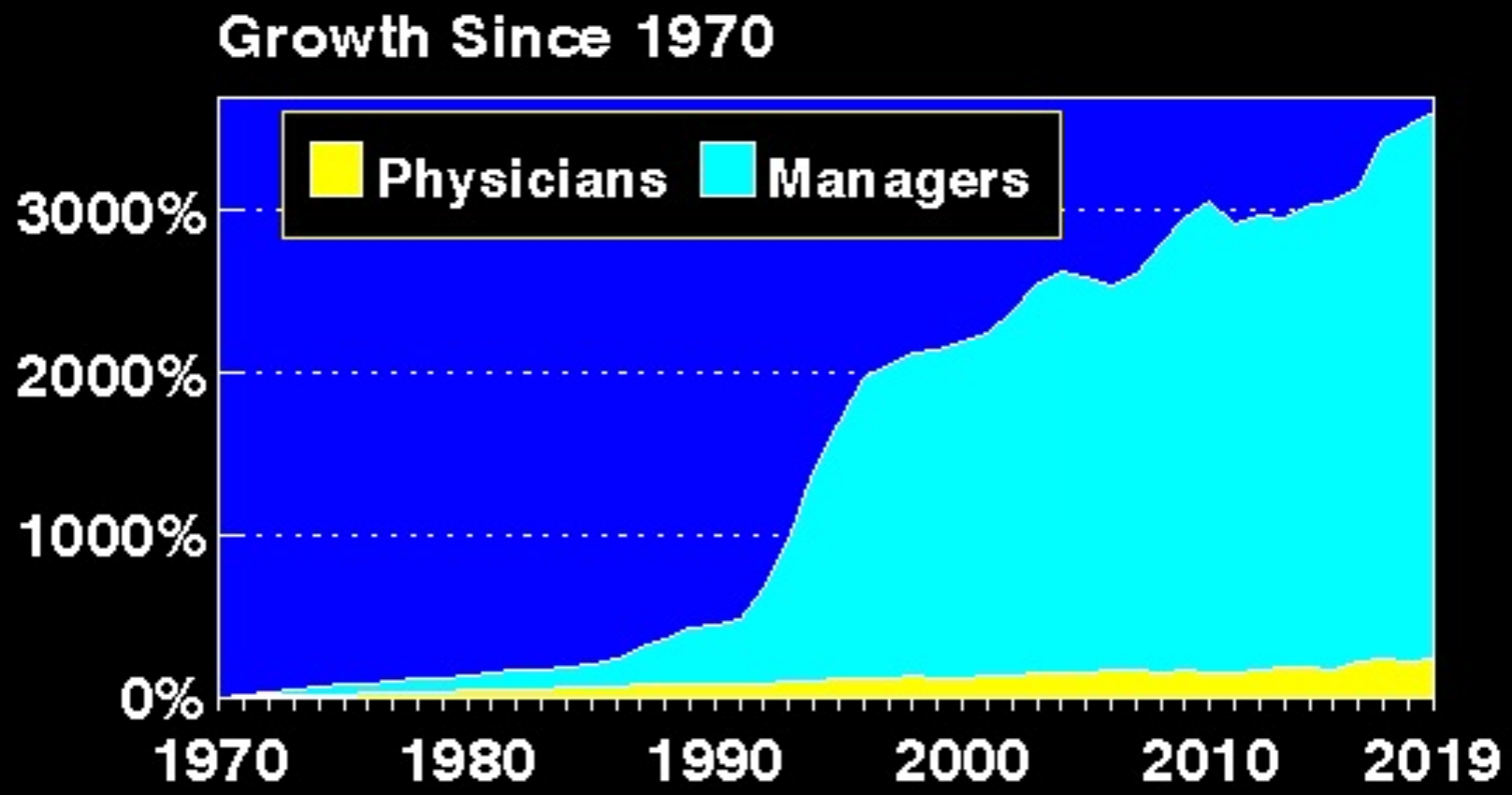
A Few Sick People Account for Most Health $s

Percent of Total Spending for Each Decile Among Non-Institutionalized Americans



Source: JAMA 2016;316:1348

Growth of Physicians and Administrators 1970-2019



Source: Bureau of Labor Statistics; NCHS; and Himmelstein/Woolhandler analysis of CPS
Note - Managers shown as moving average of current year and 2 previous years

All Goes Away ….Too Disruptive??

- Out of network restrictions; “surprise billing”
- Pre-existing conditions
- Limited enrollment periods
- Income means testing
- Lose job, lose insurance
- Turn 27, “
- Get divorced, “
- Deductibles, co-pays, coinsurance

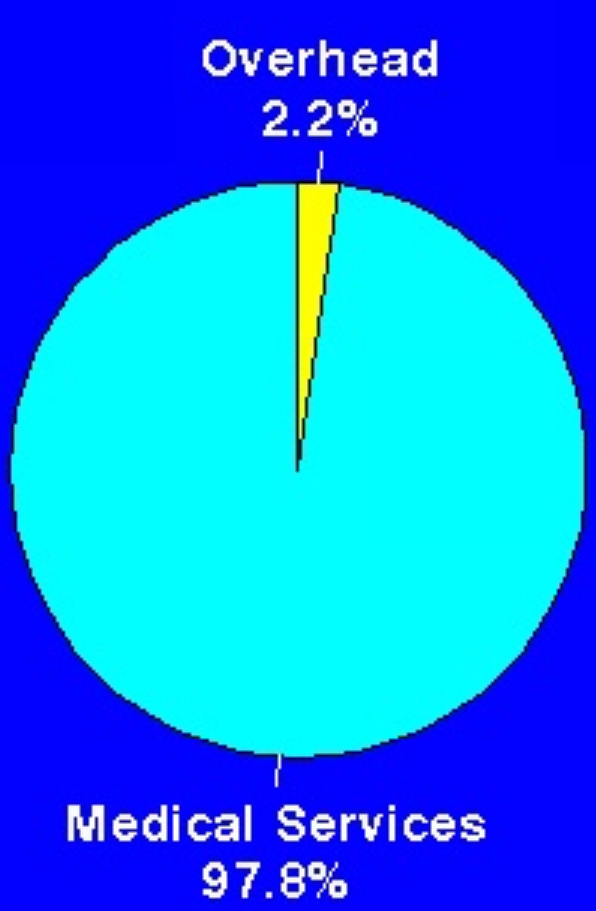
All Disappears under Single Payer

- Health insurance Marketplaces/Exchanges
- Special Enrollment Period (SEP) in the Marketplaces and new special enrollment pre-enrollment verification (SEPV) process
- Metal Tiers: Bronze, Silver, Gold, Platinum plans
- Children's Health Insurance (CHIP) program
- The Transitional Reinsurance Program - Reinsurance Contributions
- Reinsurance, Risk Corridors and Risk Adjustment
- Pre-existing Condition Insurance Plan (PCIP)

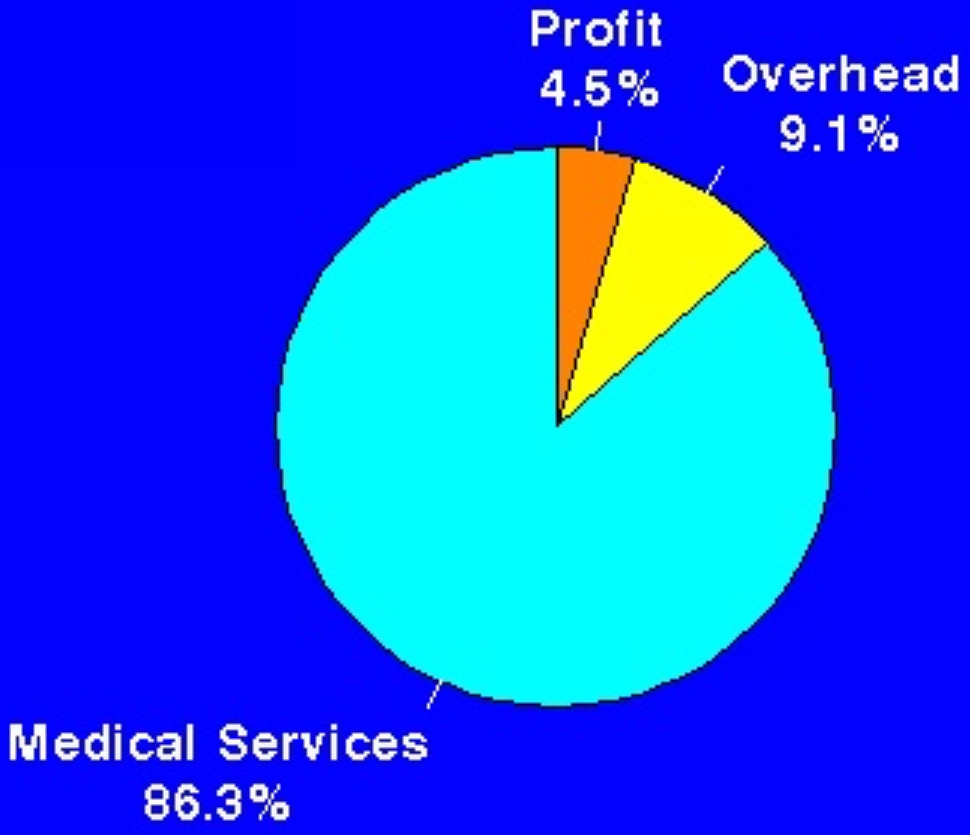
All Disappears under Single Payer

- Premium Stabilization Program
- End of Benefit Year Risk readjustment
- Cost-Sharing Reduction Component of Advance Payments
- The Transitional Reinsurance Program
- Consumer Operated and Oriented Plan (CO-OP) Program
- FFM- Federally facilitated marketplace agents/brokers; regulations needed to keep in line

Medicare Advantage Plans' High Overhead



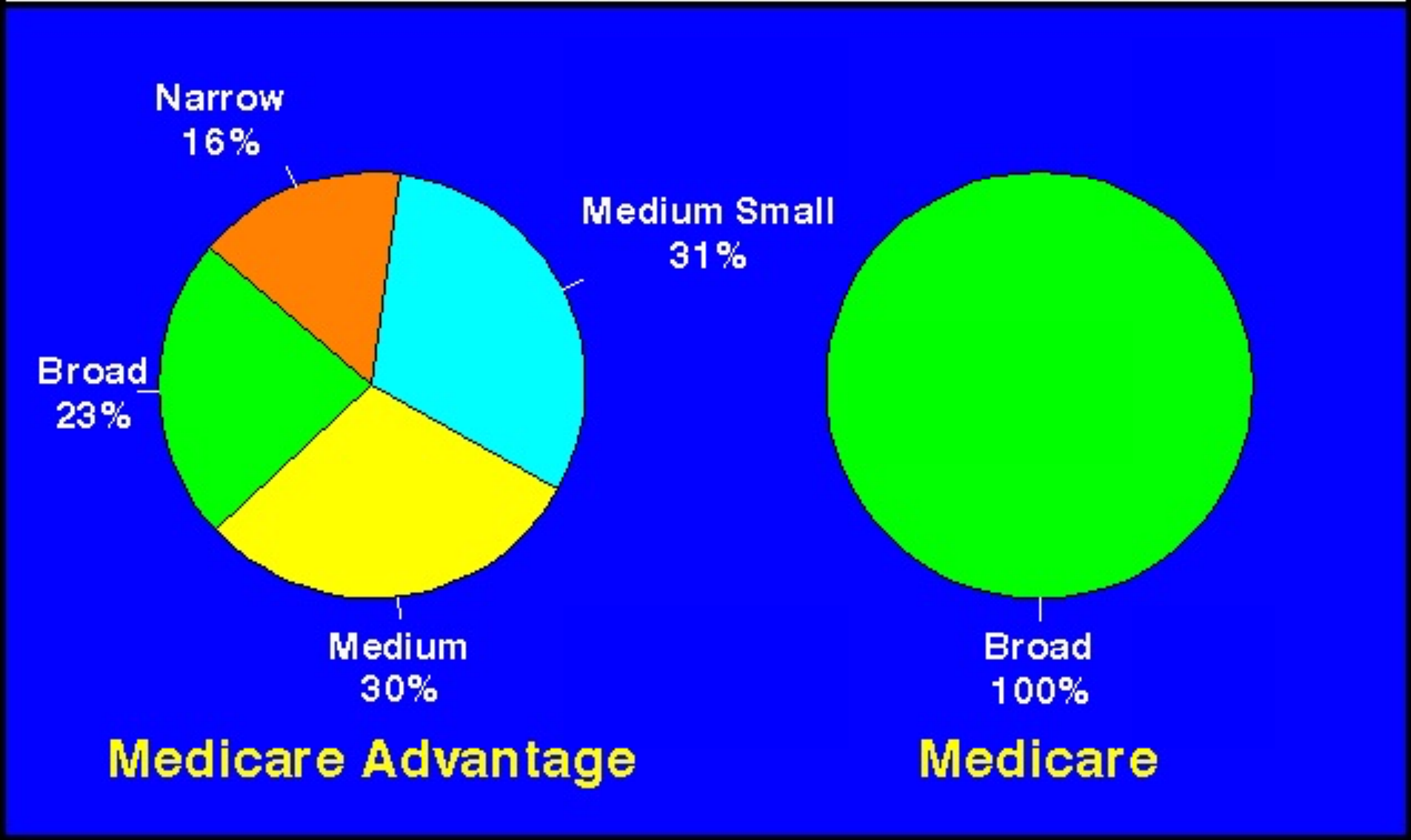
Traditional Medicare



Medicare Advantage Plans

Source: GAO 12/2013 and Medicare Trustees report 2012 - Figures are for 2011
Note: MA overhead = $905/enrollee; profit = $447/enrollee; total profit = $3.3 billion

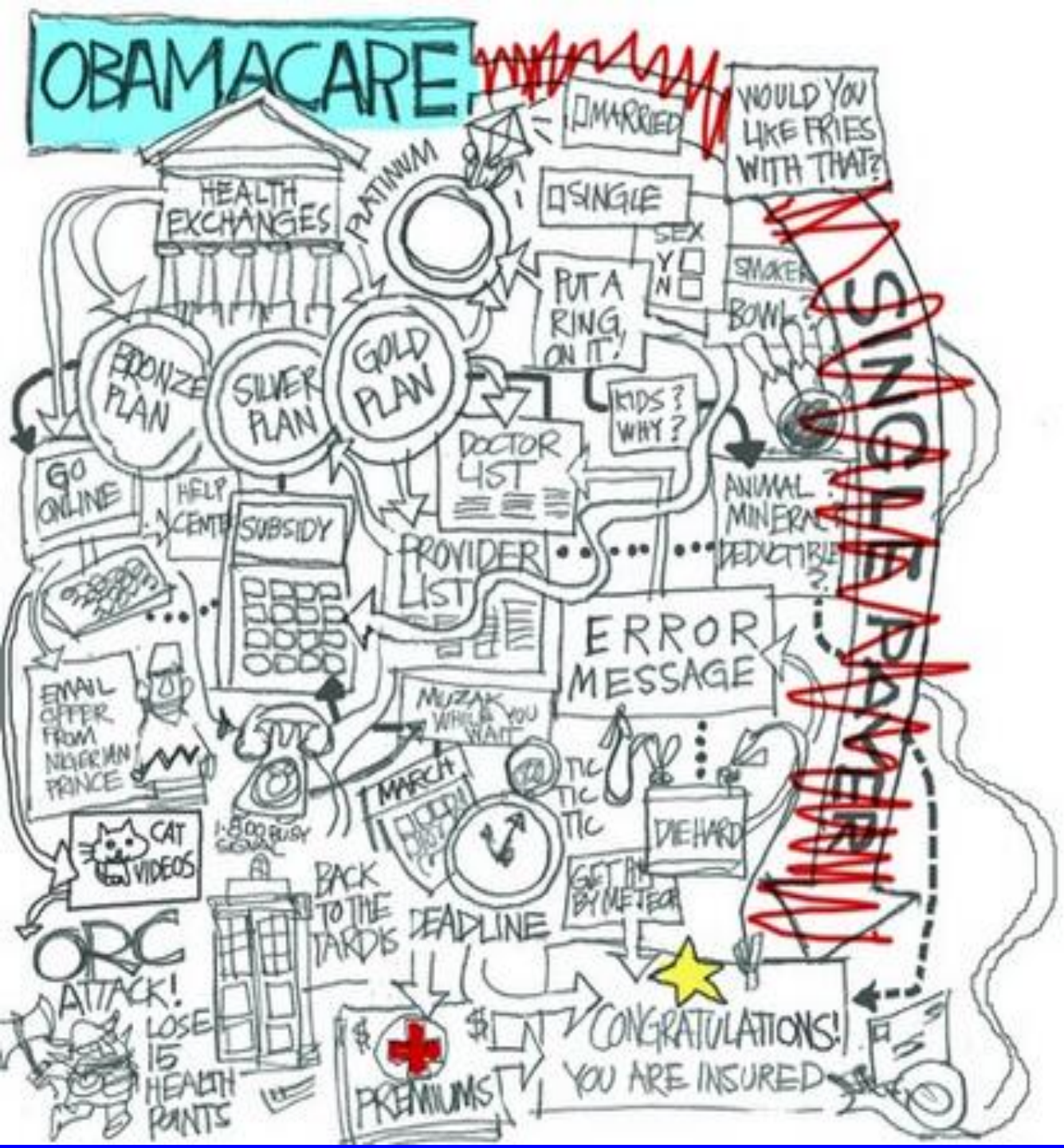
Medicare Advantage Plans' Narrow Networks



Source: Kaiser Family Foundation June, 2016

Note: Narrow = <30% of hospitals; Medium small = 20-49%; Medium = 50-69%; Broad = >69%

Note: >1/3 of all plans lack an NCI cancer ctr.; 49% of narrow networks exclude academic med centers



THE STATE TRIBUNE

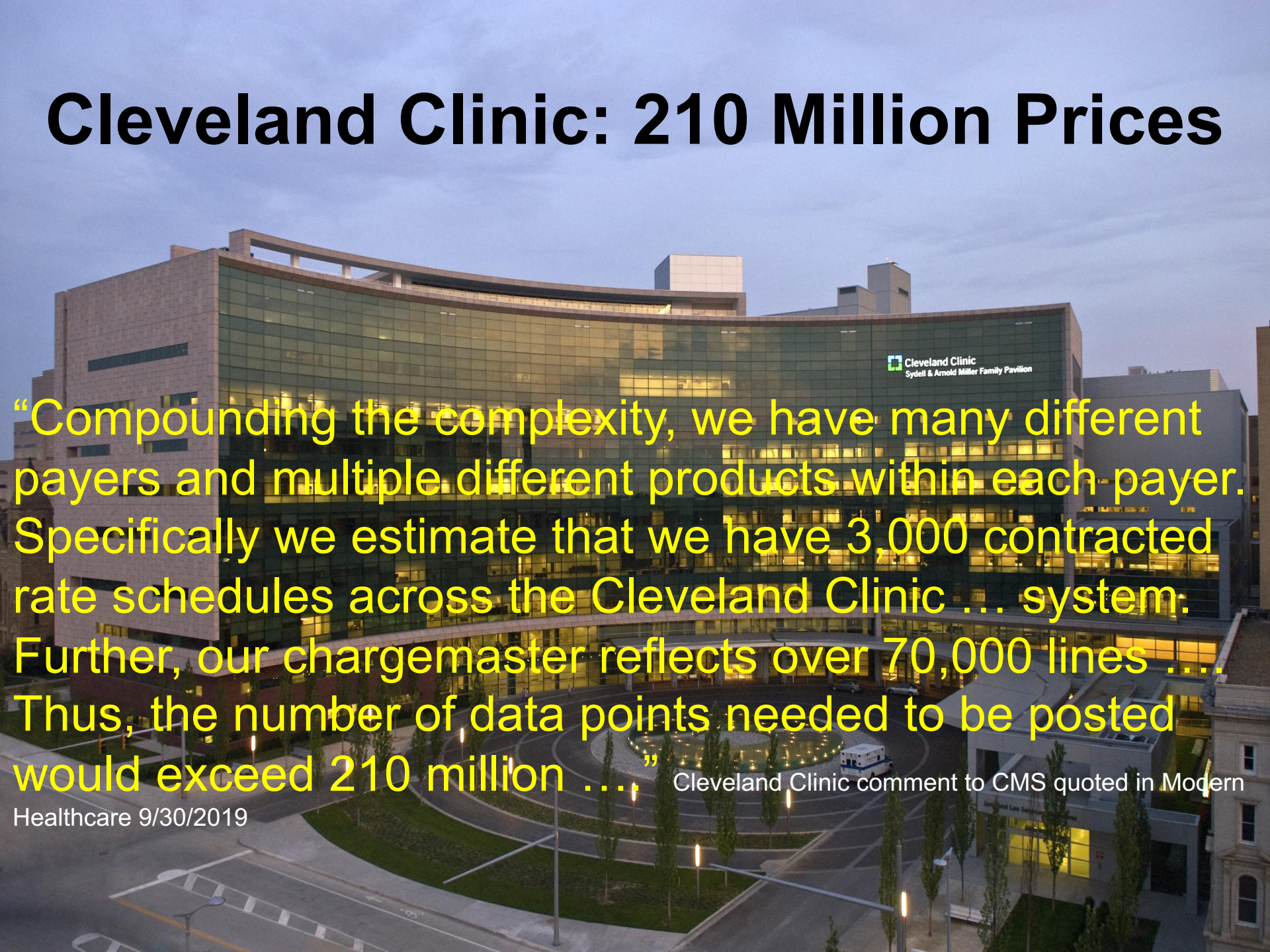
THE SIMPLE GOP PLAN FOR THE UNINSURED

GET SICK

↓

DIE PENNILESS

Cleveland Clinic: 210 Million Prices

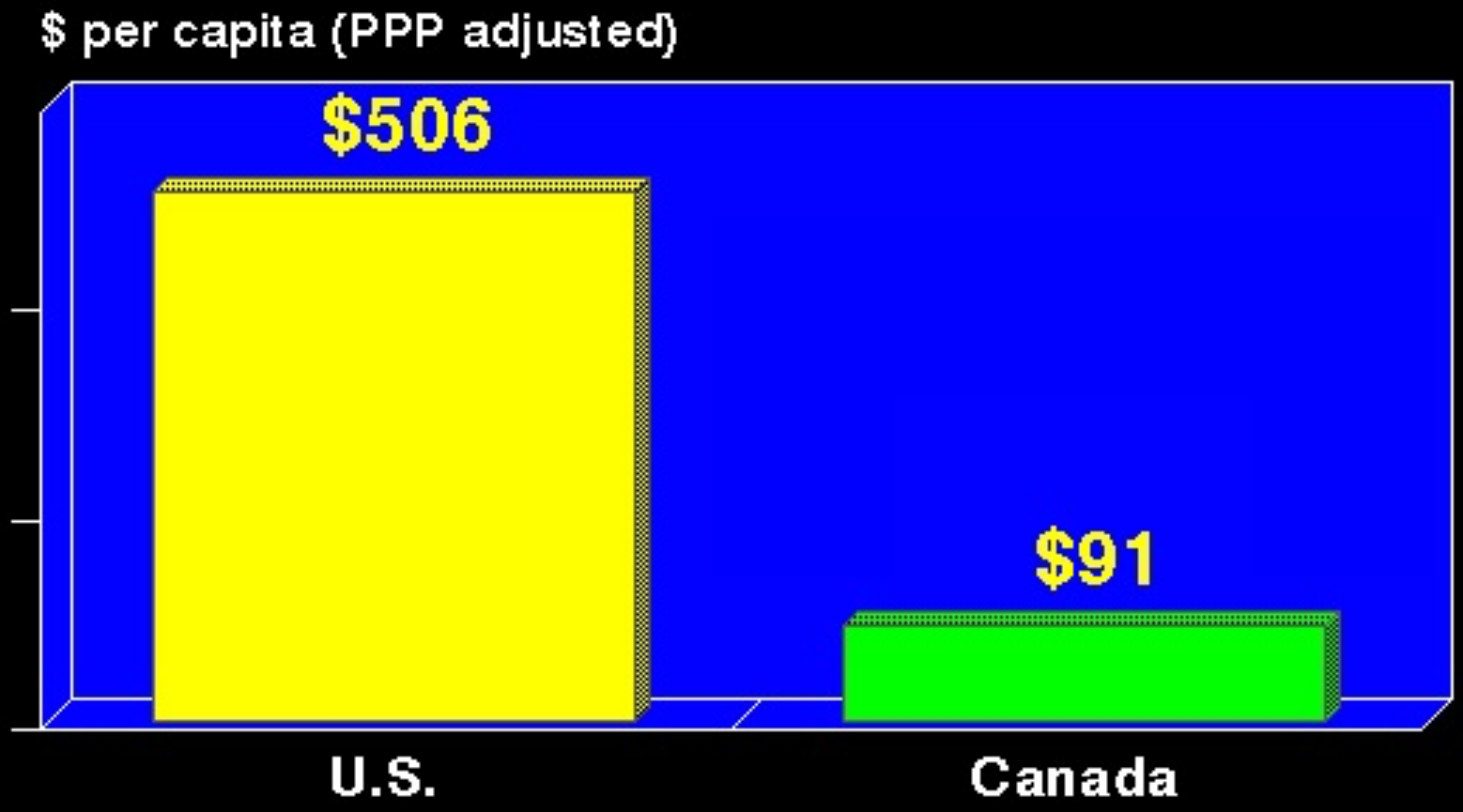


"Compounding the complexity, we have many different payers and multiple different products within each payer. Specifically we estimate that we have 3,000 contracted rate schedules across the Cleveland Clinic … system. Further, our chargemaster reflects over 70,000 lines …. Thus, the number of data points needed to be posted would exceed 210 million …."

Cleveland Clinic comment to CMS quoted in Modern Healthcare 9/30/2019


Duke Medical Center: 957 beds, 1600 billing clerks
Source: JAMA 2018;319:691

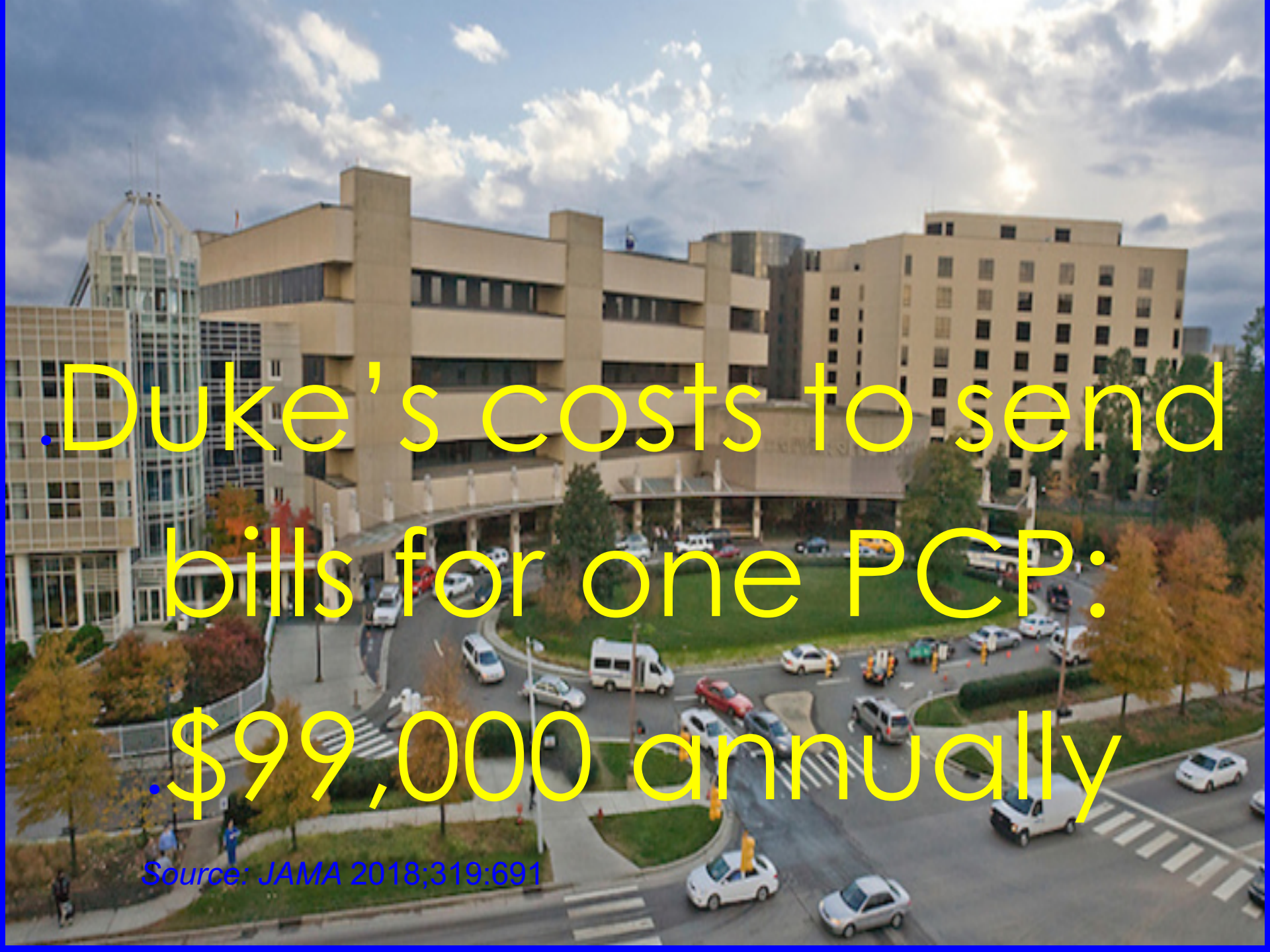
Physicians' Billing-Related Expenses United States & Canada, 2019



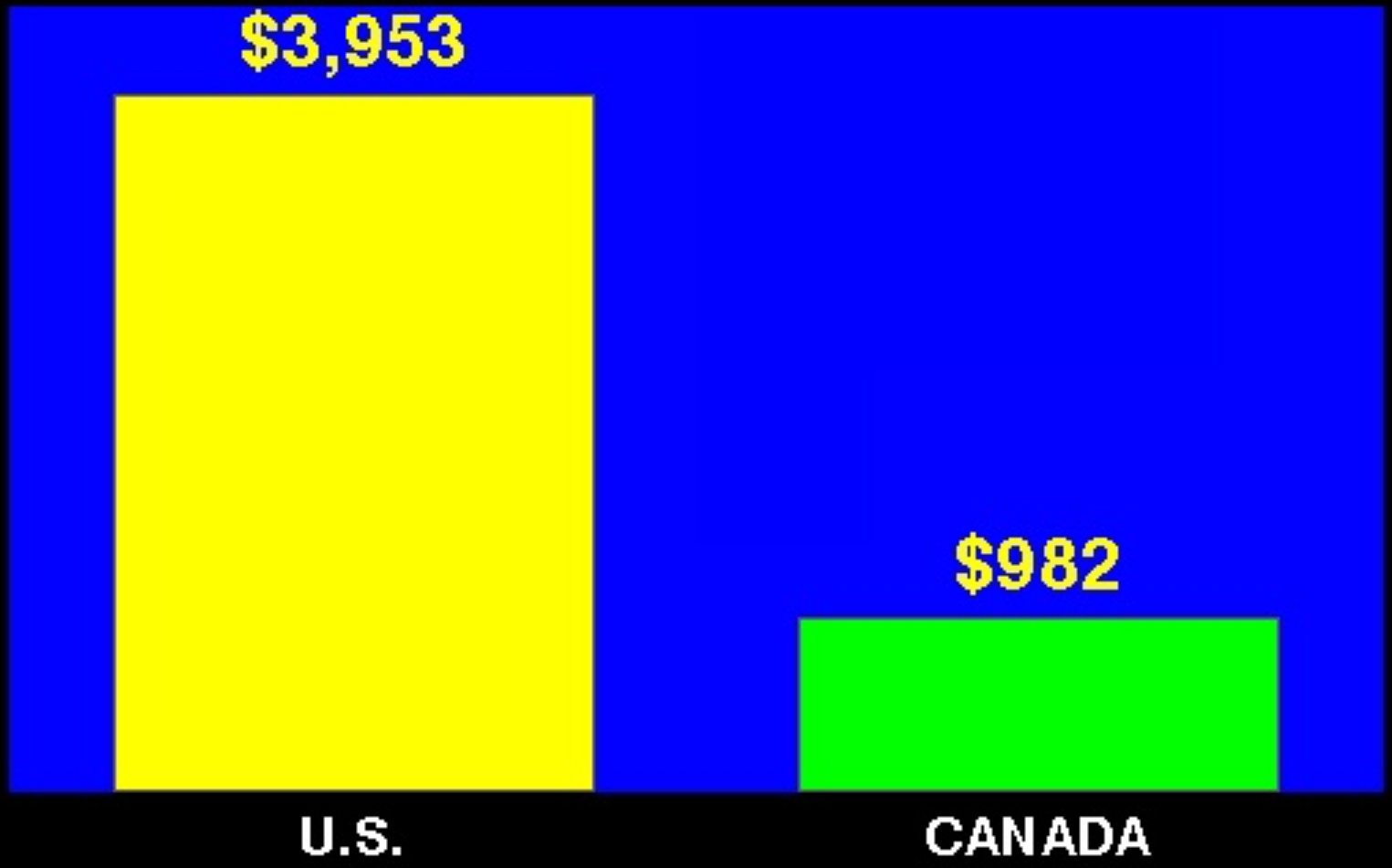
Source: Woolhandler/Campbell/Himmelstein NEJM 2003;349:768 (updated)

Note: Excludes dentists and other non-physician, office-based practitioners

Note: Excludes non-billing-related costs for documentation compliance etc.


Duke's costs to send bills for one PCP:
$99,000 annually
Source: JAMA 2018;319:691

Overall Administrative Costs Per Capita United States & Canada, 2019



Source: Woolhandler et al NEJM 2003; 349:768 (updated); Himmelstein et al Health Af 9/2014

National Health Insurance

- Universal - covers everyone
- Comprehensive - all needed care, no co-pays
- Single, public payer - simplified reimbursement
- No investor-owned HMOs, hospitals, etc.
- Improved health planning
- Public accountability for quality and cost, but minimal bureaucracy

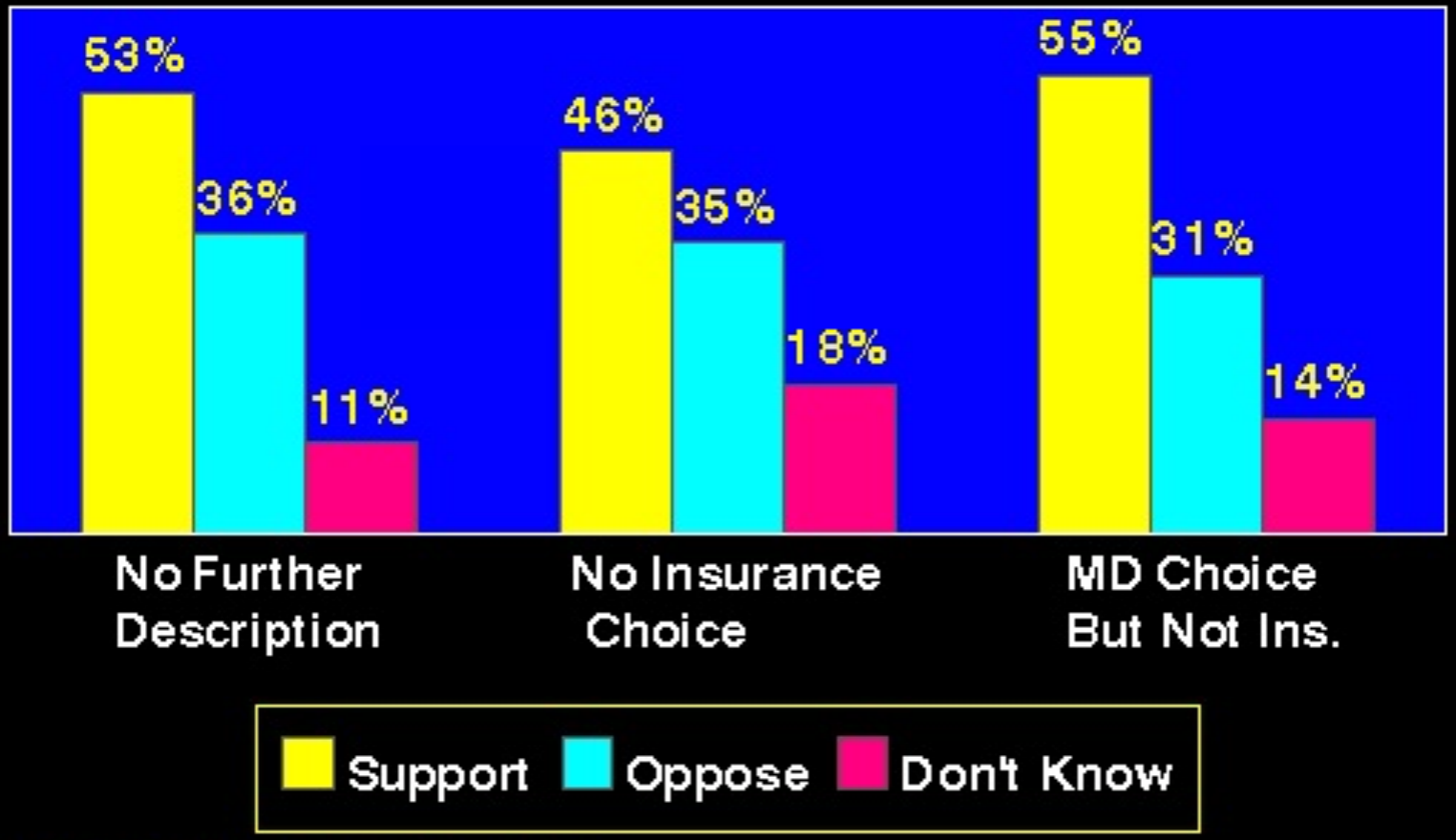
Source: Proposal of the Physicians Working Group for Single Payer NHI. JAMA 2003;290:798

Public Option = High Costs

- Less savings than single payer on insurers' overhead
- Multiple payers = no savings on doctor/hospital billing and administration.
- Private insurers will tilt the playing field (as under Medicare Advantage) raising system-wide costs and perpetuating network restrictions, cherry-picking, lemon dropping etc.
- Higher system-wide costs (compared to single payer) assure political pressure for benefit cuts.

Most Favor Phasing Out Private Plans if They Can Keep Their Doctor/Hospital

Percent supporting Medicare for All with . . .

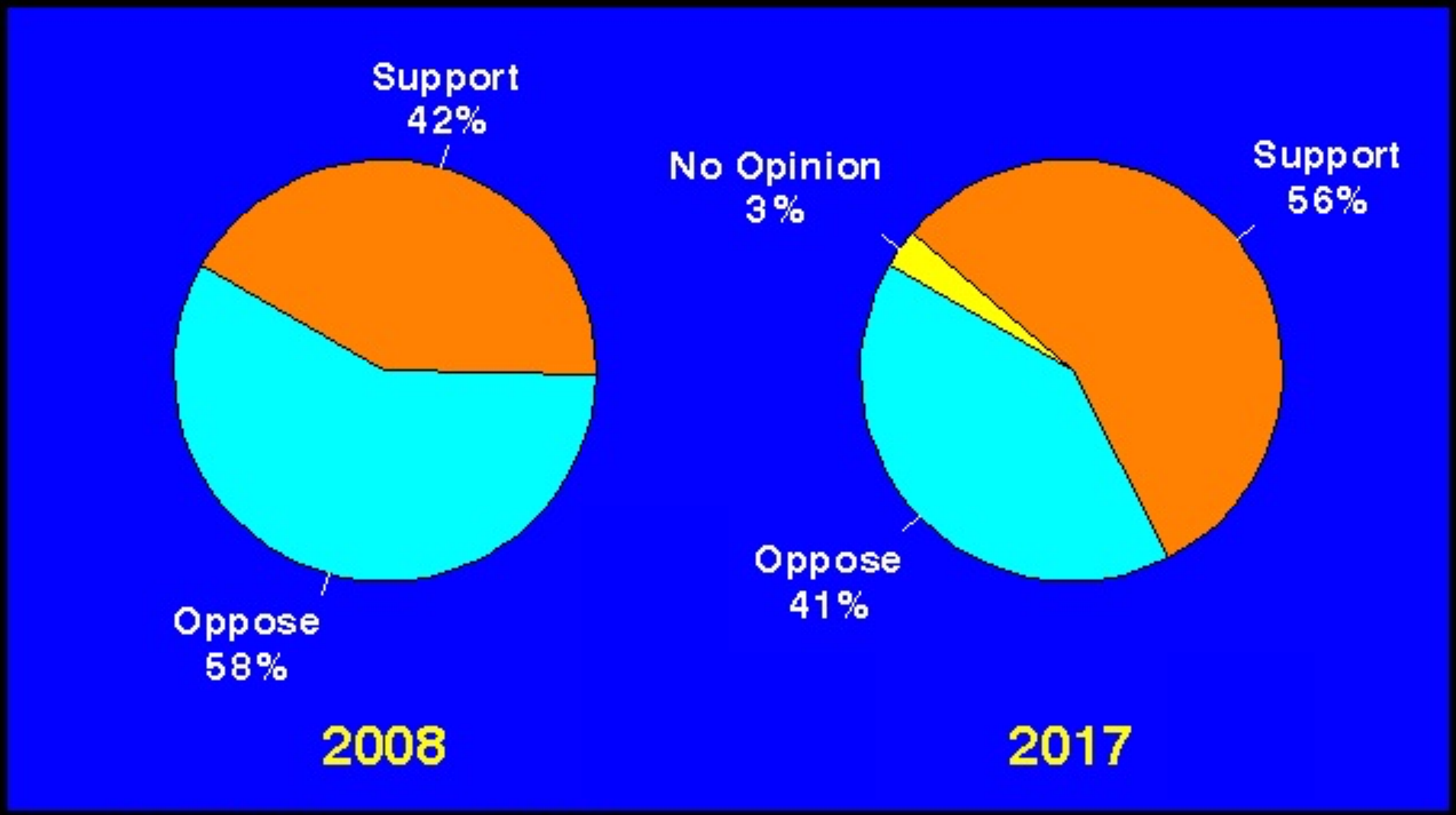


Source: Morning Consult July, 2019

Note: Question asked about choice of doctor AND hospital

Most Doctors Favor Single Payer

Support Has Sharply Increased



Source: Merritt Hawkins surveys of physicians

Shared Support/Desires/Needs I

- Universal –Cover Everybody
  - Health insurance to cover basics, when the get seriously ill.
- Should be adequate to cover; no underinsurance
  - Avoid copays, coinsurance, deductibles
- Shouldn't be based on job; age, marriage status,
- Not discriminate against people w/pre-existing condx
  - Rescissions
- Affordable
  - Currently- most costly wasteful system in the world
- Financing should be fair,
  - Those who can't afford should be helped.
    Rich people who can pay more should pay fair share.

Shared Support/Desires/Needs II

- Shouldn’t be ripped off,
  - Not corrupt; taken advantage of because sick, ignorant/overwhelmed by complexity, fear.
    Everyone can make a fair profit, but extortion pricing,
- Shouldn’t be wasteful
  - Too few dollars to squander on administrative waste
- Simple, user friendly
    Shouldn't be a hassle; to enroll, use benefits,
- Stable over time; not a political football
- Doctors/services should be accessible.
- Continuity of care
- Choose own doctor

Shared Support/Desires/Needs III

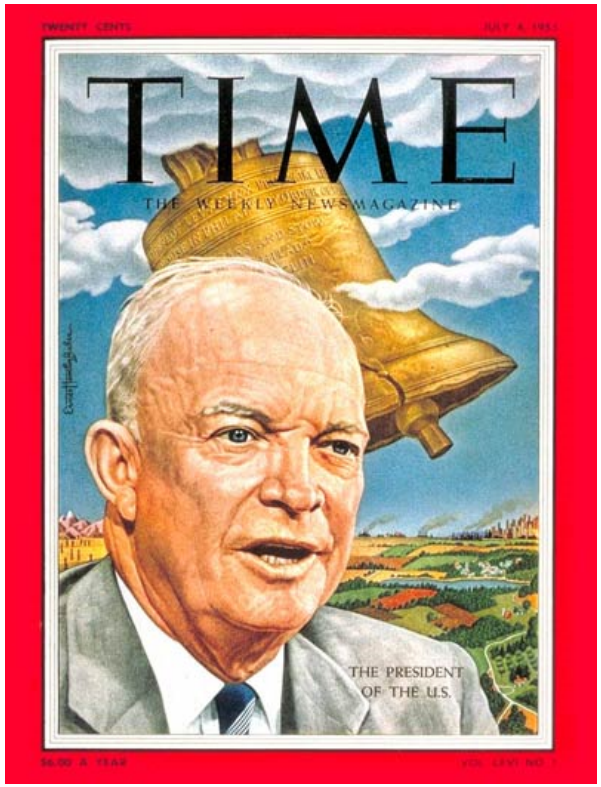
- Should be about things that work,
  - Have been demonstrated to work
- Should be as error free and harm free as possible.
- Should be accountable, open, learning, working to prevent in future mistake.
- Should treat people in a dignified way
  - Listen, respectful, not make wait, rushed, stigmatize.
- Information privacy, confidentiality should be protected, respected.
- People work in system shouldn't feel burned out
  - Not over stressed, angry, rushed, hassled
    Should feel supported, enjoy their work,
    Helping and advocating for patients. should be allies of patients

THE LANCET

Volume 380 · Number 9845 · Pages 859–948 · September 8–14, 2012 www.thelancet.com

"The 25 wealthiest nations all now have some form of universal coverage (apart from the USA, where political opposition remains strong)... According to WHO Director-General Margaret Chan, universal health coverage 'is the single most powerful concept that public health has to offer'."

See **Comment** page 861



"Whenever I run into a problem I can't solve, I always make it bigger. I can never solve it by trying to make it smaller, but if I make it big enough I can begin to see the outlines of a solution ."

–Dwight D. Eisenhower