



Dear Candidate/Representative,

Our country is currently in the midst of a healthcare crisis. As an elected official/candidate for office, you have the power to solve the crisis and help your constituents and millions of other Americans. The accompanying materials explain how you can be part of fundamentally improving the health of our country, while **saving lives and money!**

- As you may know, the U.S. currently has the **most expensive** healthcare system in the developed world, paying more than double per capita what other countries pay.
- Much of this cost stems from the **inefficiency** of our complex, redundant, often for-profit, multi-payer system, with ever-rising administrative costs & little ability to negotiate prices.
- We are also the only country that allows a **for-profit middleman**, with a monetary incentive to **deny us care**, to interfere in health decisions between us and our doctors.
- Sadly, our costly system doesn't even cover all of our people, leaving **tens of millions uninsured or underinsured**, unable to get needed care due to financial constraints.
- We also have some of the worst health outcomes of all developed countries, especially in **life expectancy, infant mortality rate, and maternal death rate**.
- According to a recent poll, a majority of Americans cited **paying for healthcare** as their number one concern. Too many people forego **care due to cost**, or face financial ruin or bankruptcy to get treatment, resulting in a sicker, less productive population.
- Employer-based insurance also **stifles American business**, hurting their bottom line & putting them at a competitive disadvantage with companies in other countries with publicly funded healthcare.
- Employer-based healthcare also **squashes the entrepreneurial spirit and innovation**, forcing people to stay in dead-end jobs just to hold on to their insurance.

Fortunately, there is a solution: **Improved Medicare For All!** You can join the growing number of people supporting it right now! The latest Reuters poll shows 70% of the American people **already support** this approach, and the numbers keep growing. **House Bill 676** (The Expanded & Improved Medicare For All Act - with 122 cosponsors) lays out a vision for a **publicly financed and privately delivered** healthcare system that **covers all** our people, **expands the services covered & eliminates financial barriers to care** while **controlling costs** & saving our country money!

This system will restore our **freedom to choose** the doctors that are best for us - based on their merits and reputations. Reimbursement rates will be set by a commission that includes doctors and other healthcare providers **to ensure fairness**. Those who lose jobs during the transition can receive up to 2 years severance & retraining options.

A recent study by the libertarian Mercatus Institute showed an **Improved Medicare For All** system would lower total healthcare costs over 10 years by \$2 trillion while **expanding coverage to the uninsured**.

Healthcare is not a partisan issue but an issue that affects all of us, and therefore we need a **bipartisan solution**. Now that you know why you should support HR 676, we're asking that you sign on as a **co-sponsor** and become an **outspoken champion** for this bill. Also, please **join the Medicare For All Caucus** recently created in the House of Representatives that will serve as a clearinghouse for research about how to best implement this policy.

We appreciate you taking the time to read our materials and we would be happy to answer any questions you might have either by phone or in person if you'd like to set up a meeting. Together we can transform our country by creating a simplified, efficient, cost-saving healthcare system that will be the envy of the developed world.

Warmest regards,

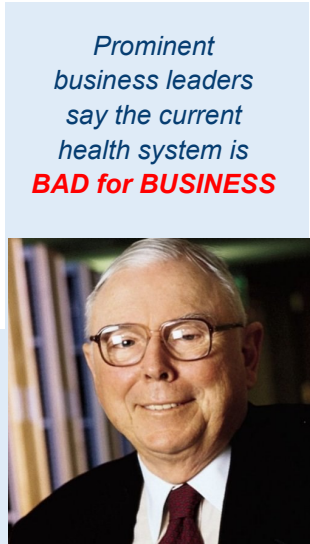
Healthcare For All, Y'all Team
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THE CURRENT U.S. HEALTHCARE SYSTEM IS BAD FOR OUR COUNTRY

Despite our vast wealth and spending far more than any other country, U.S. healthcare has failed and health outcomes look more like those of developing nations. Millions of families face financial ruin from medical expenses and costs keep rising ... making it impossible for individuals and businesses to keep up.

The current U.S. healthcare system is:

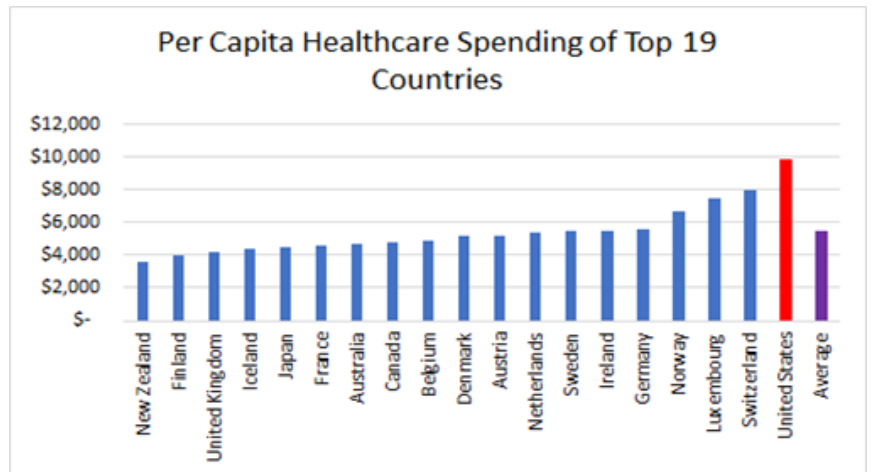
- **BAD** for the health and personal finances of all Americans
- **BAD** for American businesses due to the high cost of employee healthcare
 - * hurts the bottom line and hinders strategic planning
 - * creates a competitive disadvantage in domestic and global markets
- **BAD** for our nation's security, productivity, and economic stability



“Our cockamamie system gives our companies a big disadvantage in competing with other manufacturers.”

- Charlie Munger, Vice-Chairman, Berkshire Hathaway

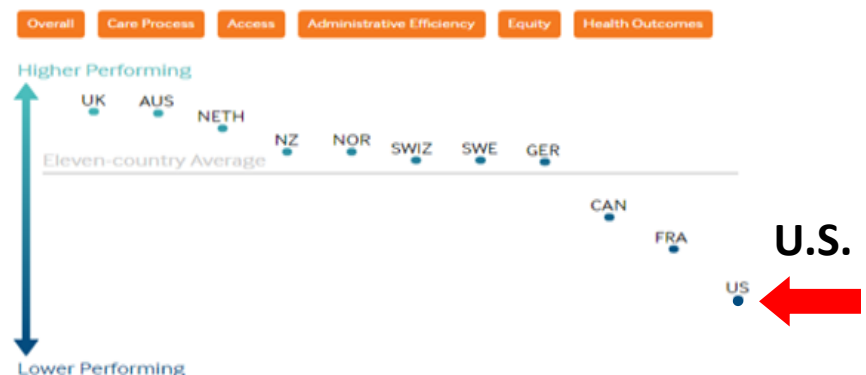
The U.S. spends **MORE** on healthcare than any other wealthy country



YET --

the U.S. ranked **LAST** among wealthy countries in overall performance of health systems

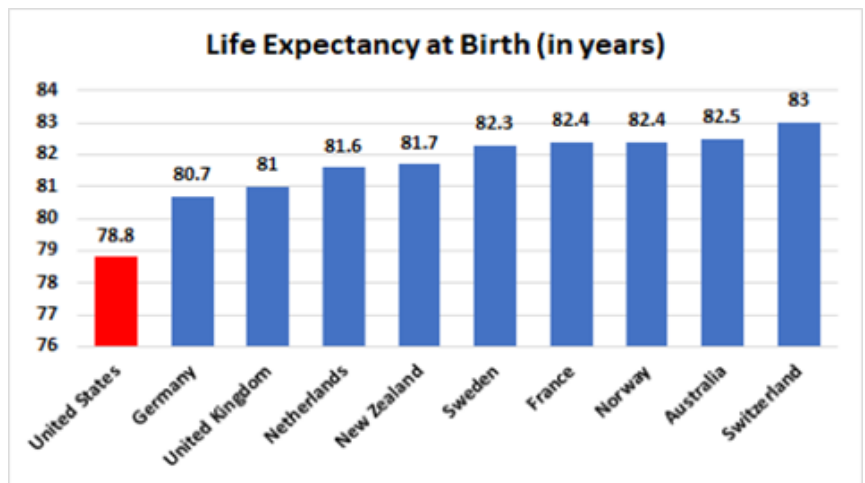
Exhibit 3. Health System Performance Scores



Source: Commonwealth Fund 2017 Study www.commonwealthfund.org/interactives/2017/july/mirror-mirror/

Despite the high cost of U.S. healthcare, our country has some of the worst health outcomes in the developed world

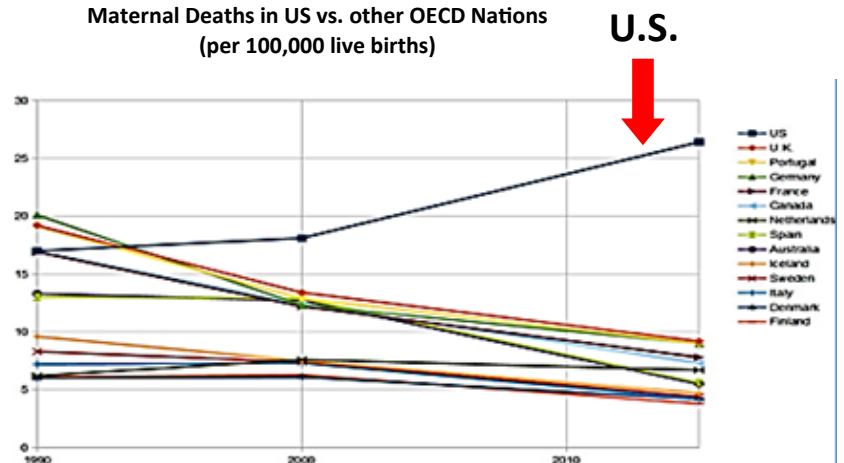
Life expectancy in the U.S. is the **LOWEST** among developed nations



Source: OECD 2016

The U.S. is the only developed country where the maternal death rate is **INCREASING**

Maternal Deaths in US vs. other OECD Nations (per 100,000 live births)

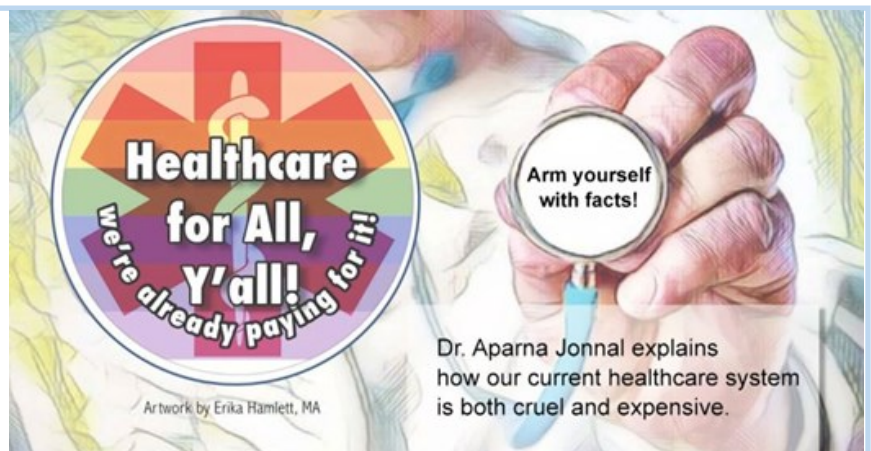


Source: [www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)31470-2.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31470-2.pdf)

YOUR constituents are suffering RIGHT NOW

Watch a North Carolina physician discuss how our current healthcare system makes it very difficult to treat her patients:

<https://vimeo.com/243320577>



The majority of Americans are at financial risk due to healthcare expenses

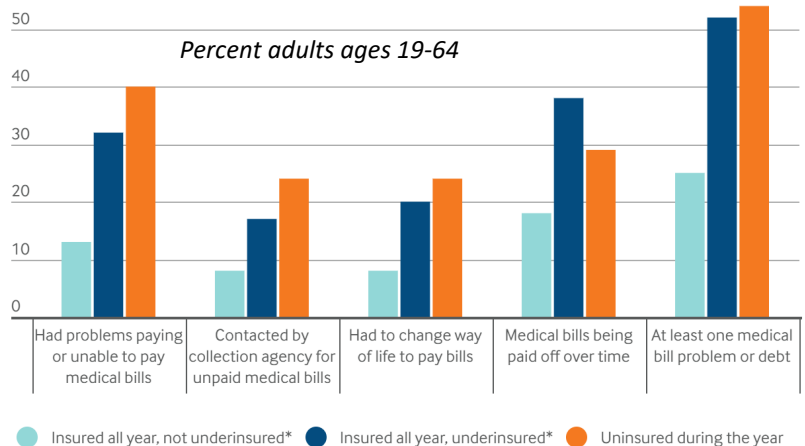
- ⇒ Even those with employer-based or marketplace insurance can be “UNDERINSURED”, meaning they can’t afford the care they need due to high out-of-pocket costs on top of their premium.
- ⇒ When people avoid care because they can’t pay, it causes unnecessary suffering and other negative outcomes for both personal and public health.

- Millions of uninsured or underinsured people, including 25% of people with employer-based insurance, won’t be able to afford future medical costs.
<http://www.commonwealthfund.org/publications/issue-briefs/2017/oct/insurance-coverage-consumers-health-care-costs>
- Half of all workers now have health insurance with a deductible of at least \$1,000 for an individual, up from 22% in 2009, according to [data](#) from the Kaiser Family Foundation.
- **About 41% say they can’t pay a \$400 emergency expense without borrowing or selling something, according to the [Federal Reserve](#).**

Source: www.bloomberg.com/news/features/2018-06-26/sky-high-deductibles-broke-the-u-s-health-insurance-system

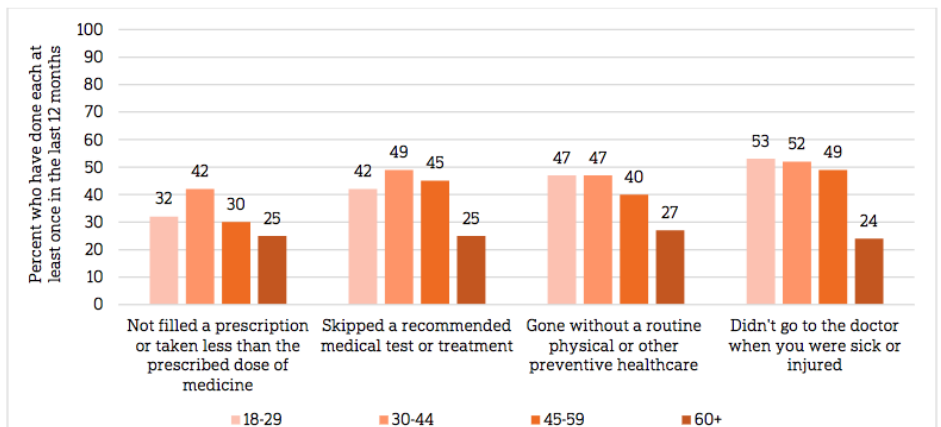
More than half of underinsured* adults reported medical bill problems, close to the rate of uninsured adults.

*Underinsured defined as insured all year but experienced one of the following: out-of-pocket costs, excluding premiums, equaled 10% or more of income; out-of-pocket costs, excluding premiums, equaled 5% or more of income if low-income (<200% of poverty); or deductibles equaled 5% or more of income. Data: Commonwealth Fund Biennial Health Insurance Survey (2016).



More than half of 18 to 44 year olds* report not going to the doctor in the last year when they were sick or injured because of cost.

***this age group represents what will be the LARGEST VOTING BLOC in the 2018 election**



Source: West Health Institute/NORC poll conducted February 15-19, 2018, with 1,302 adults nationwide www.westhealth.org/press-release/survey2018

Understanding the critical flaws in U.S. healthcare – to build a better system

INEFFICIENT

The complexity of having dozens of government (public) services and private insurers results in high administrative costs.

The current system has **MULTIPLE PAYERS** that handle billing, causing ENORMOUS bureaucratic redundancy and cost. To cover all the paperwork, most hospitals and clinics have **MORE ADMINISTRATIVE STAFF THAN CLINICAL STAFF***.

PUBLIC SERVICES



PRIVATE INSURERS



*Source: <https://hbr.org/2013/09/the-downside-of-health-care-job-growth>

INFLATED

The economic consequence of uninsured patients, provider monopolies, and insurance company control is passed along to consumers in the form of inflated charges.

- Hospitals cover the unpaid costs of millions of uninsured and underinsured patients by OVERCHARGING the rest of us.
- By limiting access to providers, hospitals & clinics (via networks and other restrictions), private insurers prevent market demand from keeping costs down. Limiting service also allows insurers and health systems to inflate charges as they see fit.

PROFIT-MOTIVATED

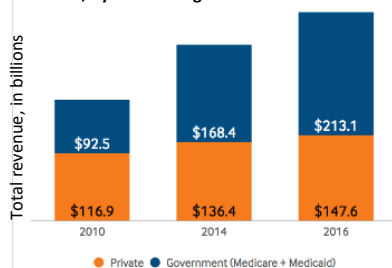
Private insurers are in it to make money, which is motivation to deny care. In addition, the health insurance industry pulls **BILLIONS** of dollars away from healthcare services for:

- shareholders - executive salaries & bonuses -
- advertising - lobbying - campaign contributions

We are paying private insurers to restrict our access to care, control prices, and stand between doctor and patient in making health decisions!



Revenues from Premiums and ASO contracts for the Five Largest U.S. Commercial Health Insurers, by Market Segment



PRIVATE INSURERS PROFIT OFF PUBLIC DOLLARS

For-profit insurers are managing more and more Medicare and Medicaid services.

Over a period of only six years, private insurers more than doubled their revenue from these government programs to the point where **59% of their total revenue ultimately comes from public dollars.**

This means money that was supposed to be spent on care is ending up in insurance company profit margins.

Source: www.commonwealthfund.org/publications/in-the-literature/2017/dec/five-health-insurers-membership-and-revenue-trends

Improved MEDICARE FOR ALL

REDESIGNING U.S. HEALTHCARE

- based on the popular and proven MEDICARE health plan enjoyed by millions of Americans
- builds on the current MEDICARE program, which is ALREADY FUNDED by public dollars
- adds MORE coverage like dental, vision, hearing, prescription drugs & medical devices
- ALL Americans are eligible for preventative care and evidence-based health services

MAXIMUM EFFICIENCY

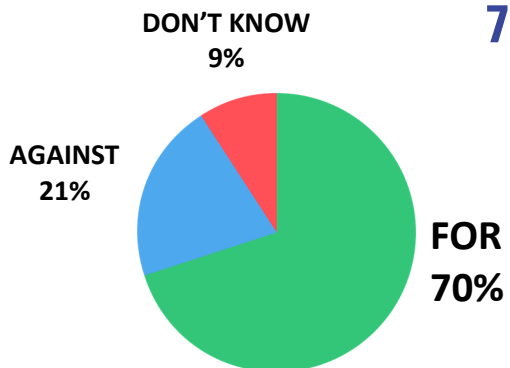


Improved Medicare for All centralizes and simplifies the financial transactions between payer and provider. As a result, the \$ BILLIONS currently wasted on administrative facilities and staffing will be put toward health services.

The efficiency savings are so great that the total amount spent on healthcare will be LESS than it is now, even after providing healthcare to EVERY American!

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 \$



All Americans: 70% Support

70% of Americans now support Medicare for All - including the MAJORITY of Republicans.

Q: "Would you support or oppose a policy of MEDICARE for ALL?"

85% of Democrats
52% of Republicans
expressed support

Source: <http://thehill.com/policy/healthcare/403248-poll-seventy-percent-of-americans-support-medicare-for-all>

How does IMPROVED MEDICARE for ALL work?

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**



We're
already
paying
for it.



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>

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

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

Dozens of non-partisan studies show substantial savings with this healthcare program

⇒ The libertarian Mercatus Institute's study showed an Improved Medicare For All system would **lower total healthcare costs by \$2 trillion** over 10 years - while **STILL** covering those who are currently uninsured.

**HEAD-TO-HEAD
COMPARISON
of
HEALTHCARE
PROGRAMS:

funding,
services,
and total cost**

	average of 19 most costly healthcare countries (2016)	ACA/Obamacare (2016)	Improved Medicare for All (post-transition - 2020) [†]
cost per capita	\$ 5,469	\$ 9,892	\$ 8,327 [‡]
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).
[†] 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>).
[‡] Actual per capita value is likely to be lower than projected due to negotiated prices for pharmaceutical and medical device products.

Why Improved Medicare For All (HR 676) is better than the alternatives

Several **alternative plans** have been put forth that do not measure up to Improved Medicare for All:

- “Fixing” the Affordable Care Act, shoring up the marketplace, etc.
- Allowing people to “buy in” to Medicare in the marketplace (also called “public option “ or “Medicare Extra for All”)
- Allowing people to “buy in” to Medicaid in the marketplace

DRAWBACKS to the alternative plans:

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 corporation heads
- still wasteful due to redundant billing systems across countless plans
- constantly changing rules for pre-authorization, facilities, and networks
- decentralization means no negotiating power for equipment, devices and pharmaceuticals

A public option similar to current Medicare would cover only about half of an individual’s total medical expenses, leaving significant costs with remaining co-pays

Neither type of buy-in program would effectively reduce the number of uninsured

- The CBO estimates only ~ 2 million will gain insurance with a public option, leaving 28 million still uninsured www.cbo.gov/budget-options/2013/44890

Moving from a multi-payer to a single-payer system is the ONLY way to achieve the cost savings needed to provide universal care that is efficient, equitable, and sustainable.

IMPROVED MEDICARE for ALL - better healthcare coverage for ALL AMERICANS