THE U.S. HEALTH CARE CRISIS: HURTING PATIENTS AND PHYSICIANS

The statistics are staggering. Over 50.7 million Americans are uninsured. More than 44,000 adults die annually from lack of coverage, according to the American Journal of Public Health. "Tens of millions more Americans are "under-insured," lacking sufficient coverage for vital care and medications. Health care costs are rising steeply. Skyrocketing malpractice premiums and insurance hassles are driving good physicians out of practice.

The U.S. spends enough on health care – over $8,000 per person in 2009 – to provide care for all. However, paperwork and administrative overhead devours one-third (31 percent) of every health care dollar. Regrettably, the health bill that passed in 2010 will still leave 23 million uninsured by 2019 and won’t control costs.

A not-for-profit, single-payer financing system would save $400 billion annually by streamlining administration – enough to cover all of the uninsured and to upgrade coverage for all (NEJM, 8/21/03).

PHYSICIANS’ PROPOSAL FOR SINGLE PAYER NATIONAL HEALTH INSURANCE

• Expands financial coverage to all Americans and removes all financial barriers to medical care.
• Restores autonomy to physicians and free choice of doctors and hospitals to patients.
• Covers all medically necessary services, including doctor, hospital, long-term care, mental health, dental, prescription drugs and supplies.
• Saves enough on paperwork to cover all of the uninsured, thus requiring no increase in total health care spending.
• Controls costs through global budgets for hospitals, negotiated fees with physicians, and bulk purchasing of pharmaceuticals. Ends investor-ownership of hospitals, diagnostics and pharmacy.
• Pays for itself by combining current sources of government health spending into a single fund, with modest new taxes that would be fully offset by reductions in premiums and out-of-pocket spending.

It’s time to add your voice!

Physicians for a National Health Program

www.PNHP.org

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Joel J. Gertler: Join the Movement for Affordable Care

Ends investor-ownership of hospitals,
• Pays for itself by combining current sources of
government health spending into a single fund, with modest new taxes that would be fully offset by reductions in premiums and out-of-pocket spending.
What is PNHP?

In 1987, a small group of physicians, concerned that the nation’s health care system urgently needed reform, started Physicians for a National Health Program. Today, PNHP has over 18,000 members, representing every medical specialty and every state. As an organization and as individuals, we’ve played a key role in focusing the health policy debate on the need for nonprofit national health insurance.

We inform and mobilize the public.

By working with and educating community and religious organizations, business and consumer groups, labor unions, seniors, and health care workers at every level, we’ve helped build a grassroots movement for health care reform.

We educate physicians and other health professionals.

We’ve brought the reform debate to health professionals across the nation. At grand rounds and professional conferences, we’ve educated thousands of physicians about realistic alternatives for reform. We speak to the most powerful groups in organized medicine – as their colleagues and their conscience.

We conduct and publicize research.

PNHP members have contributed significant, peer-reviewed research on issues such as medical bills as a contributor to bankruptcy, administrative waste, and the impact of corporate control of health care. PNHP helps support and publicize this important scholarship.

We don’t just criticize the system – we show how it can be changed.


We advise the highest levels of government.

PNHP members serve as advisers and critics on state and national legislation. In the 2009 health care debate, PNHPers testified before every major congressional committee on health care. Our analyses support members’ lobbying efforts, and their roles in congressional and presidential campaigns.

We make your voice heard.

We’ve carried our message to every corner of America. PNHP has written articles in top medical journals and on NPR and radio stations from coast to coast. By working with and educating community and religious organizations, business and consumer groups, labor unions, seniors, and health care workers at every level, we’ve helped build a grassroots movement for health care reform.

We are our members.

PNHP is an organization run by its members. Our small staff and all activities are supported by members’ dues, individual contributions, and above all, the hands-on activities of our members.

Membership Benefits

As a PNHP member, you’ll receive our periodic newsletters with over 40 pages of health care policy news, commentaries, features, and research. You’ll also have access to educational materials, slide sets, speakers’ training workshops and other resources to help you become an effective advocate for reform.

You will also be able to participate in annual meetings where we discuss what’s really happening in health care in the U.S. and abroad, and plan our national strategy. You can become actively involved in one of over two dozen local chapters, or start a chapter in your area.

To become a PNHP member, just fill out the registration panel and send it to:

Physicians for a National Health Program
29 E. Madison St., Suite 602, Chicago, IL 60602
Phone: (312) 782-6006, Fax: (312) 782-6007
info@pnhp.org

Or Join Online at www.PNHP.org/join

I’d like to become a member of PNHP

☐ New Member ☐ Renewal

Name:

Address:

City, State, Zip: ________________________________

Daytime Phone: ________________________________

E-mail: ________________________________

Specialty: ________________________________

Membership Level

☐ Supporting $250/yr
☐ Regular $120/yr
☐ Low-income/Resident/Non-Phys. $40/yr
☐ Student
☐ Contribution $_____

Payment Information

Dues and contributions to PNHP are tax-deductible under section 501(c)(3) of the IRS code
☐ Check Enclosed (payable to PNHP)
☐ Credit Card: ☐ Visa ☐ MasterCard ☐ AmEx

CC #: ________________________________ Exp. Date ______________

Who delivers health care?

Growth in physicians and administrators since 1970

<table>
<thead>
<tr>
<th>Year</th>
<th>Physicians</th>
<th>Administrators</th>
</tr>
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<tbody>
<tr>
<td>1970</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1975</td>
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<tr>
<td>1980</td>
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<td>2000</td>
<td></td>
<td></td>
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<tr>
<td>2005</td>
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Source: BLS & Himmelstein/Woolhandler/Lewontin Analysis of CPS Data

Number of uninsured Americans (in millions)

<table>
<thead>
<tr>
<th>Year</th>
<th>Uninsured Americans</th>
</tr>
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<tbody>
<tr>
<td>1970</td>
<td>20</td>
</tr>
<tr>
<td>1980</td>
<td>30</td>
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<td>1990</td>
<td>40</td>
</tr>
<tr>
<td>2000</td>
<td>50</td>
</tr>
<tr>
<td>2005</td>
<td>60</td>
</tr>
</tbody>
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Source: U.S. Census Bureau

“Let’s fix our ailing health care system. Join PNHP and the movement for reform that can actually work.”

—Marcia Angell, M.D., Former Editor-in-Chief, NEJM

“Do you have universal coverage and good quality health care while still managing to control costs? But you have to have a single-payer system to do it.”


Money spent per capita on administrative costs

<table>
<thead>
<tr>
<th>Country</th>
<th>Admin Cost per Capita</th>
</tr>
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<tbody>
<tr>
<td>U.S.</td>
<td>$1,857</td>
</tr>
<tr>
<td>Canada</td>
<td>$522</td>
</tr>
</tbody>
</table>


—International Journal of Health Services

——Marcia Angell, M.D., Former Editor-in-Chief, NEJM

— Harvard health economist William Hsiao,
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