

Background Fact Sheet



Beyond the Affordable Care Act: A Physicians' Proposal for Single-Payer Health Care Reform (American Journal of Public Health, June 2016)

- 1** [33.0 million Americans were uninsured in all of 2014](#), according to the Census Bureau. According to the Congressional Budget Office, [28 million Americans](#) will remain uninsured in 2026. ("Health Insurance Coverage in the United States: 2014," U.S. Bureau of the Census, September 2015, and "Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2016 to 2026," Congressional Budget Office).
- 2** [39 million adults age 19-64 were underinsured](#) in 2014 (21 percent), up from 10 percent in 2003. Underinsurance is defined as having insurance all year but having out-of-pocket medical costs (excluding premiums) of 10 percent or more of income (5 percent when income is below the poverty line) or having an insurance deductible of 5 percent of income or more. (Collins et al., "Too high a price: Out of pocket health care costs in the U.S.," Commonwealth Fund, November 2014).
- 3** [Twenty percent of insured Americans reported having trouble paying their medical bills](#) in a recent Kaiser poll. (New York Times/Kaiser poll, 1/5/16).
- 4** Over one-third ([36 percent](#)) of Americans with private insurance were covered by high-deductible health plans in 2015, up from 25 percent in 2010, according to the CDC. HDHP's are defined as plans with a deductible over \$2,600 for a family, but according to Kaiser, the average deductible is much higher, \$4,347, and [19 percent of workers have a family deductible of \\$6,000 or more](#). (National Center for Health Statistics, February 2016, and 2015 Employer Health Benefits Survey, Kaiser Family Foundation).
- 5** After a lull during the great recession, during which health care inflation fell below 5 percent, costs are rising again. Costs are projected to rise 5.8 percent to [\\$3.4 trillion / \\$10,527 per capita / 18.1 percent of GDP in 2016](#). At this rate, by 2024, health care costs will top \$5.4 trillion, consuming 19.6 percent of GDP. (Keehan, "National health expenditure projections 2014-2024," Health Affairs, July 2015).
- 6** Every other developed nation has some form of national health insurance, yet U.S. health spending is far higher; 47% higher than in Switzerland and 113% higher than in Canada. (Organization for Economic Cooperation and Development, Health Database, 2013).
- 7** [Taxes funded 64.3 percent of total U.S. health spending in 2013](#). At present, GOVERNMENT spending on health care in the U.S. (\$5,960 per capita, 11.2 percent of GDP) is higher than TOTAL spending on health care in Canada (\$4,351, 10.2 percent of GDP) and every other country. (Himmelstein and Woolhandler, "The current and projected taxpayer shares of U.S. health costs," American Journal of Public Health, 1/21/16).
- 8** Single payer national health reform would save nearly \$500 billion annually on paperwork and administration, enough to cover all of the uninsured and to eliminate deductibles, co-insurance, and co-pays for everyone. [Administration consumes 25.3 percent of hospital costs in the U.S. \(\\$215.4 billion in 2011\), compared to 12.4 percent in Canada](#). Paying hospitals global "lump sum" payments would save \$150 billion on hospital overhead alone. (Himmelstein et al., "A Comparison Of Hospital Administrative Costs In Eight Nations: US Costs Exceed All Others By Far," Health Affairs, September 2014).
- 9** No other reform can slash overhead or control costs as well as single payer. Allowing private insurers to continue playing a big role in health care guarantees high administrative costs. Payment reform has been hyped, but evidence that reforms short of single payer could achieve substantial administrative savings is lacking.
- 10** [Comprehensive systematic reviews](#) have found that investor-ownership leads to worse patient outcomes and raises costs, diverting funds for clinical care to overhead and profits. (Devereaux et al., "Payments at for-profit and non-profit hospitals," Can. Med. Assoc. J., June 2004, and Devereux et al., "Mortality rates of for-profit and non-profit hospitals," CMAJ, May 2002).
- 11** Surveys show strong, rising support for single-payer national health insurance among physicians. A survey by the Maine Medical Association in 2014 found that nearly [two-thirds \(64.3 percent\) of physicians](#) in that state favored a single-payer approach to reform, up from 52.3 percent in 2008. Similarly, a 2011 survey of physicians in Massachusetts carried out by the AMA affiliate there found the largest share, [41 percent, favored single payer over four other options for reform](#), including that state's 2006 reform (the model for the ACA), up from 34 percent in 2010. Nationally, a 2008 survey of physicians found that [59 percent supported "legislation to establish national health insurance"](#) up from 49 percent 5 years earlier. Polls have long shown that a majority of the public supports Medicare for All. For instance, a Kaiser poll in December found that [58 percent of Americans support Medicare for All](#), including 34 percent who say they strongly favor it. (A. Carroll and R. Ackermann, "Support for National Health Insurance among US Physicians: 5 years later," Annals of Internal Medicine, April 2008, and DiJulio, "Kaiser Health Tracking Poll," December 2015).