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The case for an improved Medicare for All

The Problem: The health care crisis in the United States is worsening

- Over 58.7 million people were uninsured at least part of 2011 ([National Center for Health Statistics](#)), and at least 31 million will likely remain uninsured in 2023 ([Congressional Budget Office](#)).
- An additional 49 million people spent 10 percent or more of their income on health care and premiums (meeting the definition of “underinsured”) ([The Commonwealth Fund](#)).
- About 45,000 deaths annually are associated with lack of health insurance ([American Journal of Public Health](#)). That’s roughly one unnecessary death every 12 minutes.
- Sixty-two percent of all personal bankruptcies in the U.S. are linked to medical bills or illness, and three-quarters of those bankrupted had health insurance when they got sick. ([American Journal of Medicine](#)). That’s about one medical bankruptcy every 15 seconds.
- In 2010, 75 million working age adults went without necessary care due to costs, 73 million reported having trouble paying bills or were in medical debt, and a quarter of those with chronic conditions skipped care due to cost ([The Commonwealth Fund](#)). Many people have to choose between paying for medicine and paying for food and housing.
- Even though U.S. health spending is the highest in the world, at an estimated \$8,952 per person (or 17.9 percent of GDP) in 2012 ([Centers for Medicare and Medicaid Services](#)), the U.S. ranked sixth of seven countries in terms of quality in a 2010 cross-national study by [The Commonwealth Fund](#). We’re not getting our dollars’ worth.
- Private health insurance companies have high overhead expenses, including advertising, underwriting costs, and lavish payouts to executives and shareholders. They siphon off 12 percent to 25 percent of premiums – billions of dollars every year – that should be spent on health care. By comparison, Medicare’s overhead is about 1.4 percent ([Centers for Medicare and Medicaid Services](#)). The U.S. has notoriously high administrative costs, about 31 cents of every health care dollar, most of which is unnecessary ([New England Journal of Medicine](#)).
- The nation’s five top for-profit health insurers netted \$11.7 billion in profits in 2010, up 51 percent from 2008, with UnitedHealthcare leading the pack with over \$4.6 billion in profits ([Health Care for America Now](#)). The CEOs at those five firms garnered at least \$54.4 million in compensation in 2010 ([Executive PayWatch, AFL-CIO](#)).

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The Solution: an Improved Medicare for All, single-payer national health insurance

- We have an American system that works: Medicare. It's not perfect, but Americans with Medicare are far happier than those with private insurance. Medicare has been a leader in keeping costs down. And keep in mind that Medicare insures people with the greatest health care needs: people over 65 and the disabled. We should improve and expand Medicare to cover everyone.
- Single-payer legislation like “The Expanded and Improved Medicare for All Act,” [H.R. 676](#), sponsored by Rep. John Conyers Jr., would (1) automatically enroll everyone in the plan, (2) provide comprehensive services covering all medically necessary care and drugs, (3) allow free choice of doctor and hospital, (4) eliminate all co-pays and deductibles, (5) create a public, nonprofit agency to pay all the bills, simplifying administration, paperwork and bureaucracy, (6) finance care through progressive taxation, with people paying less than what they are paying now for premiums and out-of-pocket expenses, (7) boost job growth and the entire U.S. economy by reducing the burden of health costs on businesses, (8) provide everyone with first-dollar coverage without spending any more than we are now, thanks to the administrative savings, estimated at \$400 billion annually, (9) provide powerful cost-control tools like bulk purchasing and global budgeting ([JAMA](#)) for long-term, sustainable savings.
- A single-payer, Medicare-for-all system would not be “socialized medicine,” since many physicians and other providers would remain in private practice. Only the financing would change. It would not introduce “government rationing” (as opposed to the rationing we have now based on ability to pay), but would restore the doctor-patient relationship by removing meddlesome private insurer bureaucrats. It would be transparent and publicly accountable, fair and efficient. It would be humane.
- Polls, surveys and “citizen juries” show such an approach enjoys the [support of two-thirds of the U.S. population](#). Endorsements by labor, faith-based and civic organizations and legislative bodies provide [further evidence of strong support](#) for this solution.
- Dr. Martin Luther King Jr. once said, “Of all the forms of inequality, injustice in health care is the most shocking and inhuman.”
- We need to create a single-payer system, an improved Medicare for All.

Physicians for a National Health Program, a single-payer advocacy group, has 18,000 members. For more than two decades, PNHP has been educating doctors and the general public about the advantages of single-payer national health insurance. For more information, visit www.pnhp.org.