

Talk to Your Legislators!!

Contrast Single-Payer National Health Insurance with Multi-Payer Profit-First Private Insurances 1

Single-Payer Insurance – the only cost-effective single-risk pool health insurance that directs 95% of health care dollars to health care

- Provides comprehensive, medically necessary health care for all – no denials due to pre-existing conditions
- Transparent, quality-centered (not profit-centered) care
- Provides true full choice of providers
- Separates health care from employment – no need to change providers with change of job
- Permits use of a single claim form to a single central payer, eliminating the wasteful administrative costs of a fragmented network of multiple private insurers
- Lowers overhead costs to 3-5% (25% less than multi-payer private insurance overhead) by combining all health coverage into one risk pool, including Workers' Comp, Auto, Medicare, Medicaid, etc. Also eliminates administratively complicated multiple categories of coverage with means testing and annual reauthorization, etc.
- Replaces insurance middlemen and profit-centered health care with a transparent, quality- & safety-centered system.
- Protects against personal financial disaster. A sliding-scale premium for all replaces out-of-pocket costs (premiums, deductibles, copays, etc.)
- Redresses deteriorating U.S. primary care infrastructure by annual negotiation of fair provider fees and establishment of a grant system for education of needed health providers.
- Saves federal, state, and city governments retiree health costs (for teachers, firefighters, police, and public employees) for private insurances that are 25% more costly than public insurance.
- National Health Insurance (NHI) can save \$350 billion annually through administrative simplification, and provide mechanisms for cost containment through bulk purchasing, negotiated provider fees, and global budgets.

Multi-Payer Insurances – high cost, reduced coverage

- 1300 U.S. private insurances create an inefficient, costly bureaucracy, with administrative costs 5-9 times greater than not-for-profit traditional Medicare – 20-26% vs. 3%.
- Insurance middlemen in “Denial Management” who deny & delay claims, adding no value, only \$20 billion annual cost.
- Private insurance premiums have grown more than 100% since 2000 (projected to consume all of household income by 2025).
- Most families are underinsured, spending more than 10% of their income on health costs (premiums, etc). Medical bills trigger 50% of U.S. personal bankruptcies.
- 75 million under- and uninsured Americans often forego necessary medical care, resorting to costly delayed crisis care.
- The U.S. ranks last of 19 industrial nations in numbers of preventable deaths.²
- Profits, not medical need, dictate resource allocation, resulting in both extremes of undertreatment and overtreatment in the U.S.
- Unequal compensation, greater for specialists than for primary care providers, devastates primary care infrastructure. Specialty hospitals provide high-cost procedures; less-compensated (mental health, emergency room) care is left to community hospitals.
- Taxpayers heavily subsidize higher cost private health insurances. Privatized Medicare Advantage Plans are 13-19% more costly than traditional Medicare.
- Government's share of health expenditures (Medicare, Medicaid, veterans, military, government employees, tax subsidies for business health plans, etc.) nearly doubled from 1965-99, totaling almost 60% of total health costs (Harvard Study, 7-9-02).

¹“Memo to Obama: National Health Insurance The Only Solution,” John Geyman, MD *Tikkun Magazine*, 2009

²*Medicine & Health*, 1-8-08