

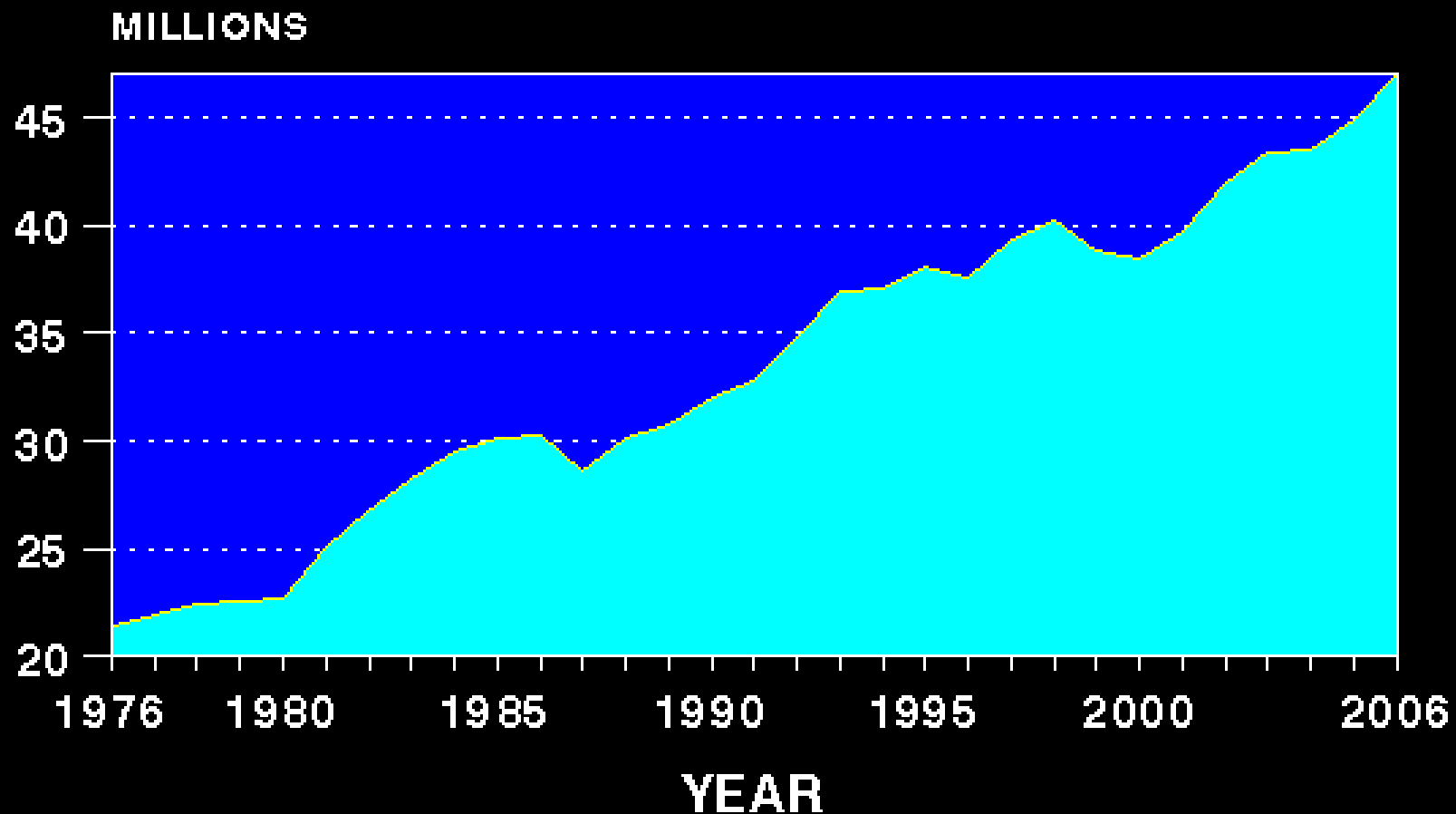
**Universal Health Care without
Private Health Insurance?
Single Payer: The Only Affordable,
Lifelong, Comprehensive, Quality
Health Care Plan for Every American**

James Floyd, MD

PNHP

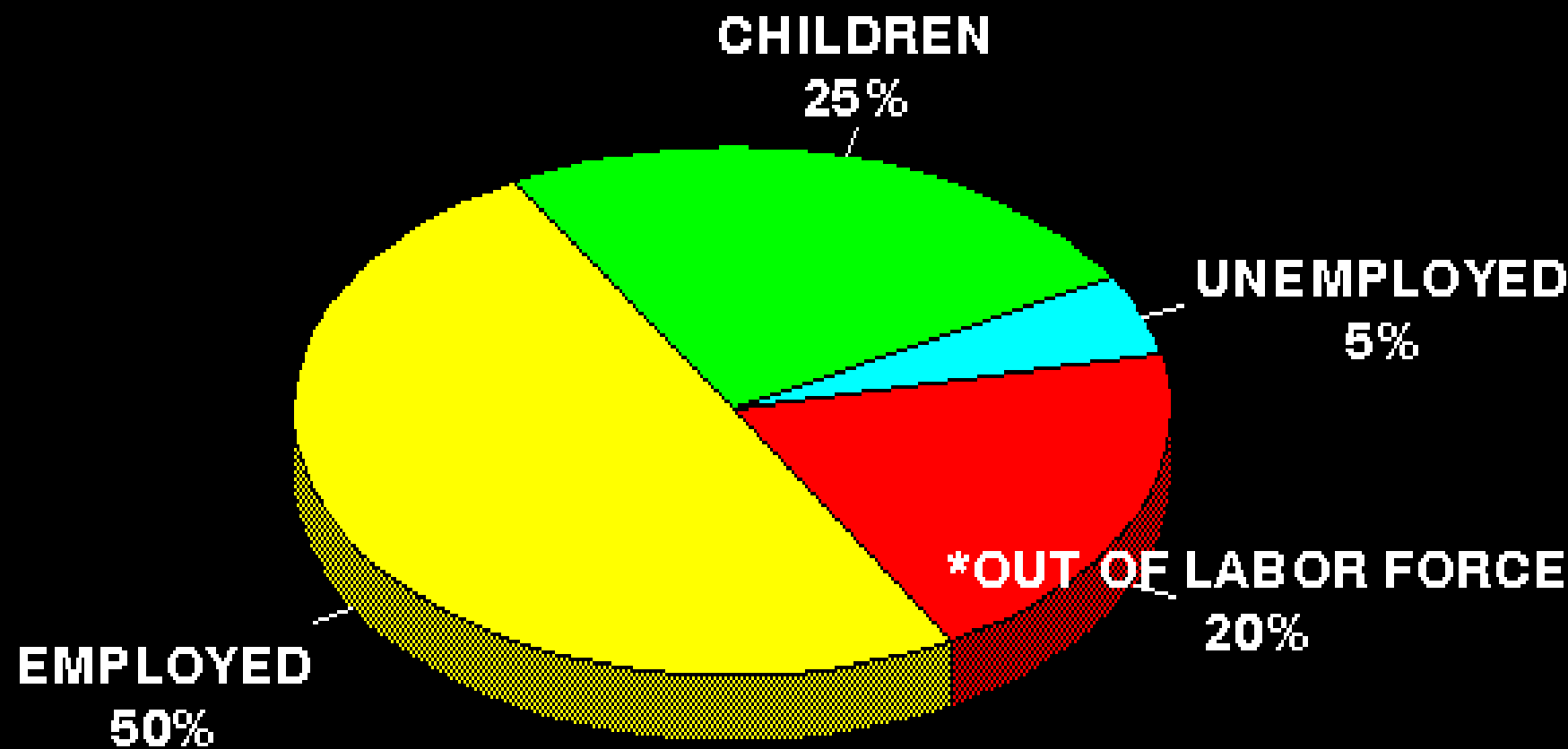
www.pnhp.org

Number of Uninsured Americans 1976-2006



Source: Himmelstein, Woolhandler & Carrasquillo - Tabulation from CPS & NHIS Data

Who Are The Uninsured?

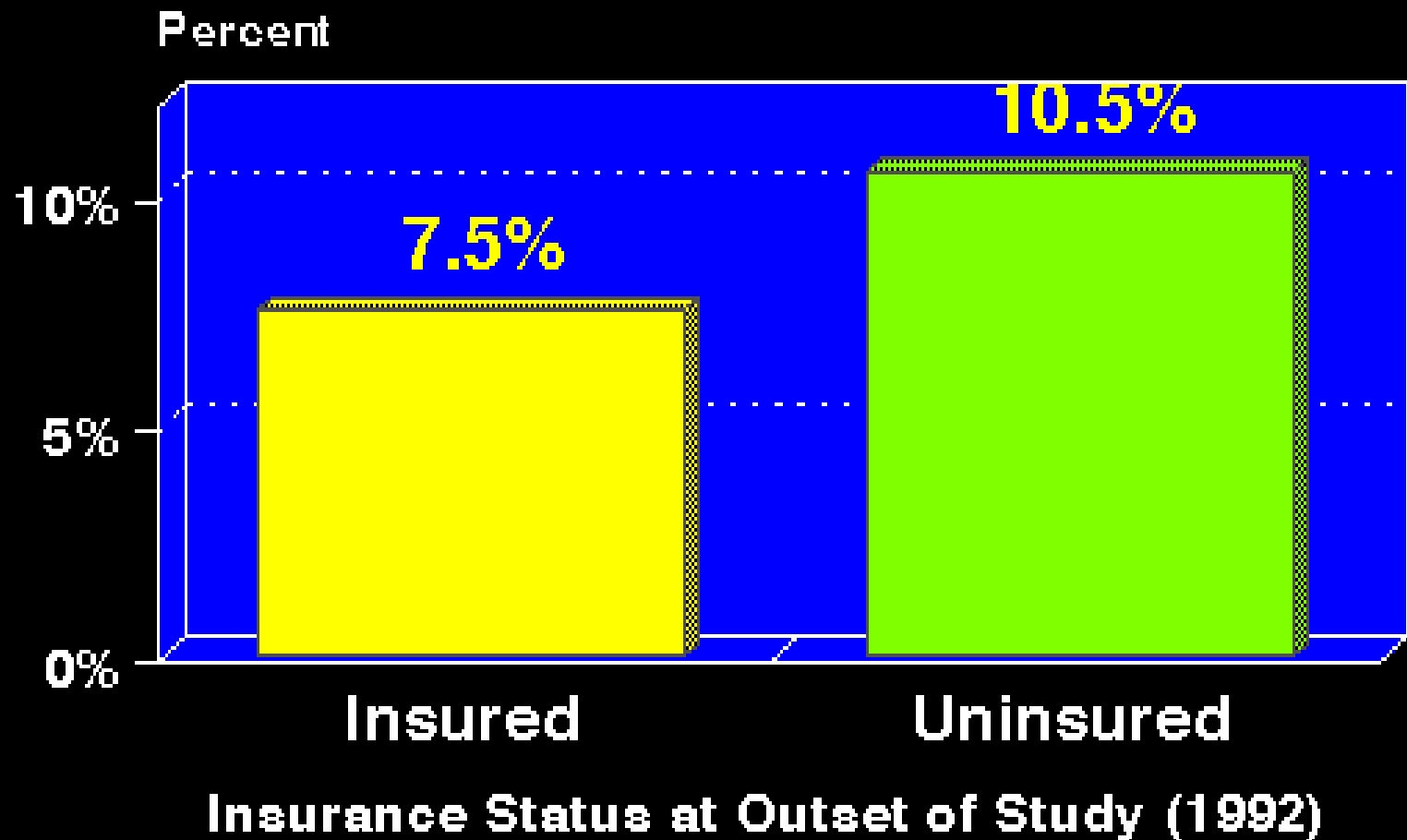


* STUDENTS > 18, HOMEMAKERS, DISABLED, EARLY RETIREES

SOURCE: Himmelstein & Woolhandler - Tabulation from 1999 CPS

Higher Death Rates for the Uninsured

Percent of People 55-65 Dying Over the Next 8 Years



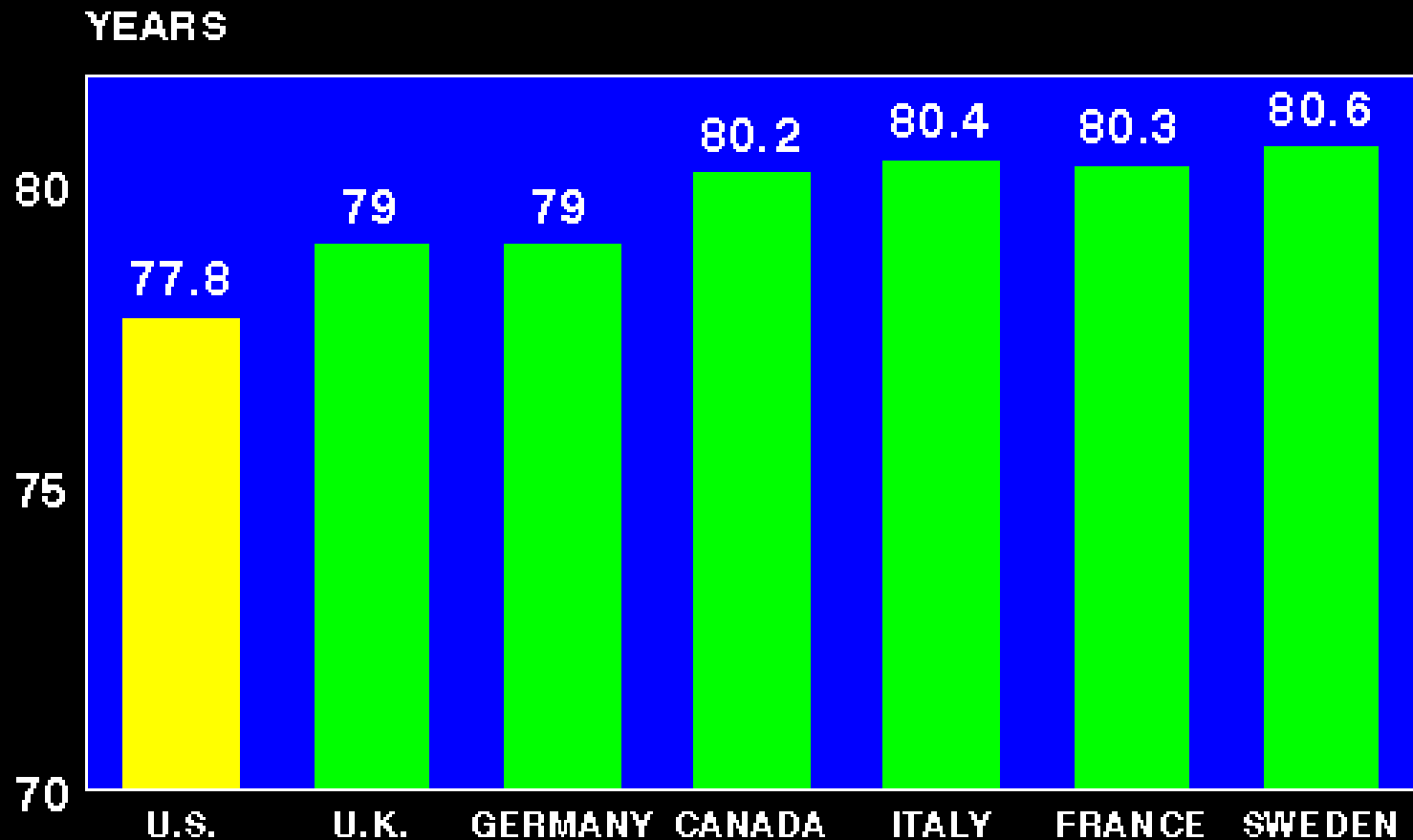
Note: Comparison is adjusted for 27 demographic, lifestyle and health variables

Source: Health Affairs July/August, 2004:228

18,314 Adult Deaths Annually Due to Uninsurance

Age Group	Deaths
25-34	1,930
35-44	3,431
45-54	4,734
55-64	8,219
Total	18,314

Life Expectancy

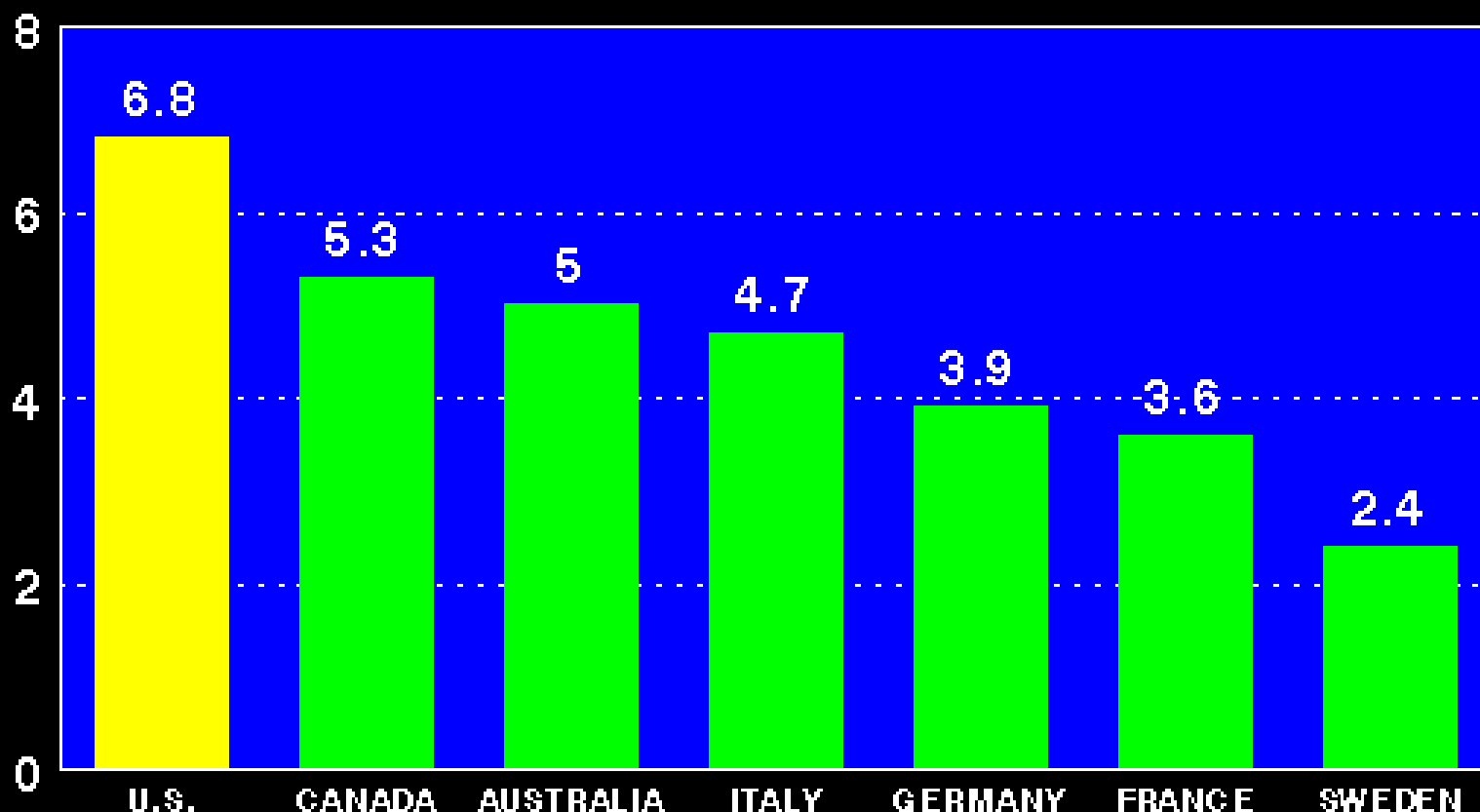


Source: OECD, 2007

Note: Data are for 2005 or most recent year available

Infant Mortality

Deaths in First Year of Life/1000 Live Births

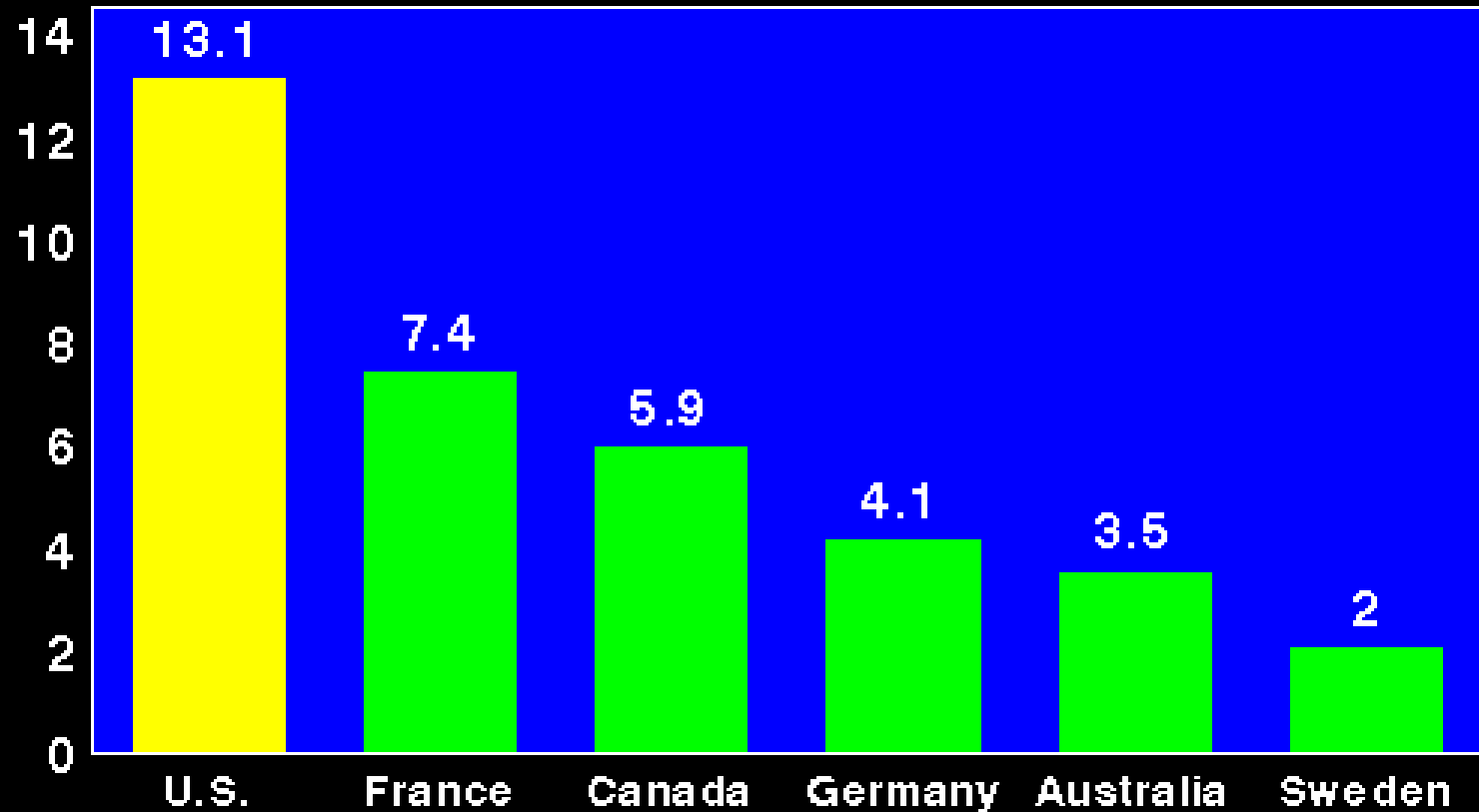


Source: OECD, 2007

Note: Data are for 2005 or most recent year available

Maternal Mortality

Deaths/100,000 Births

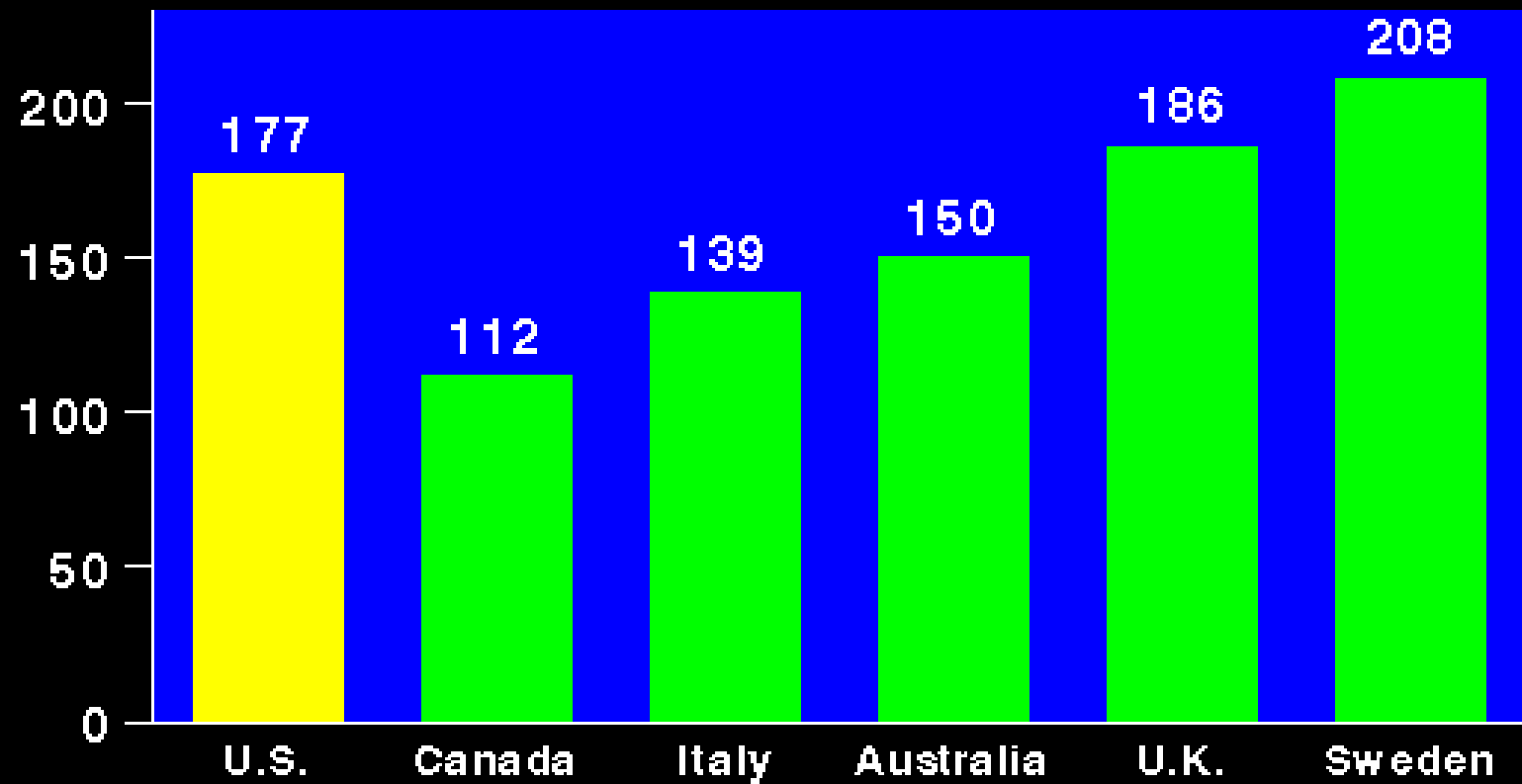


Source: OECD, 2007

Note: Data are for 2005 or most recent year available

Hip Replacement

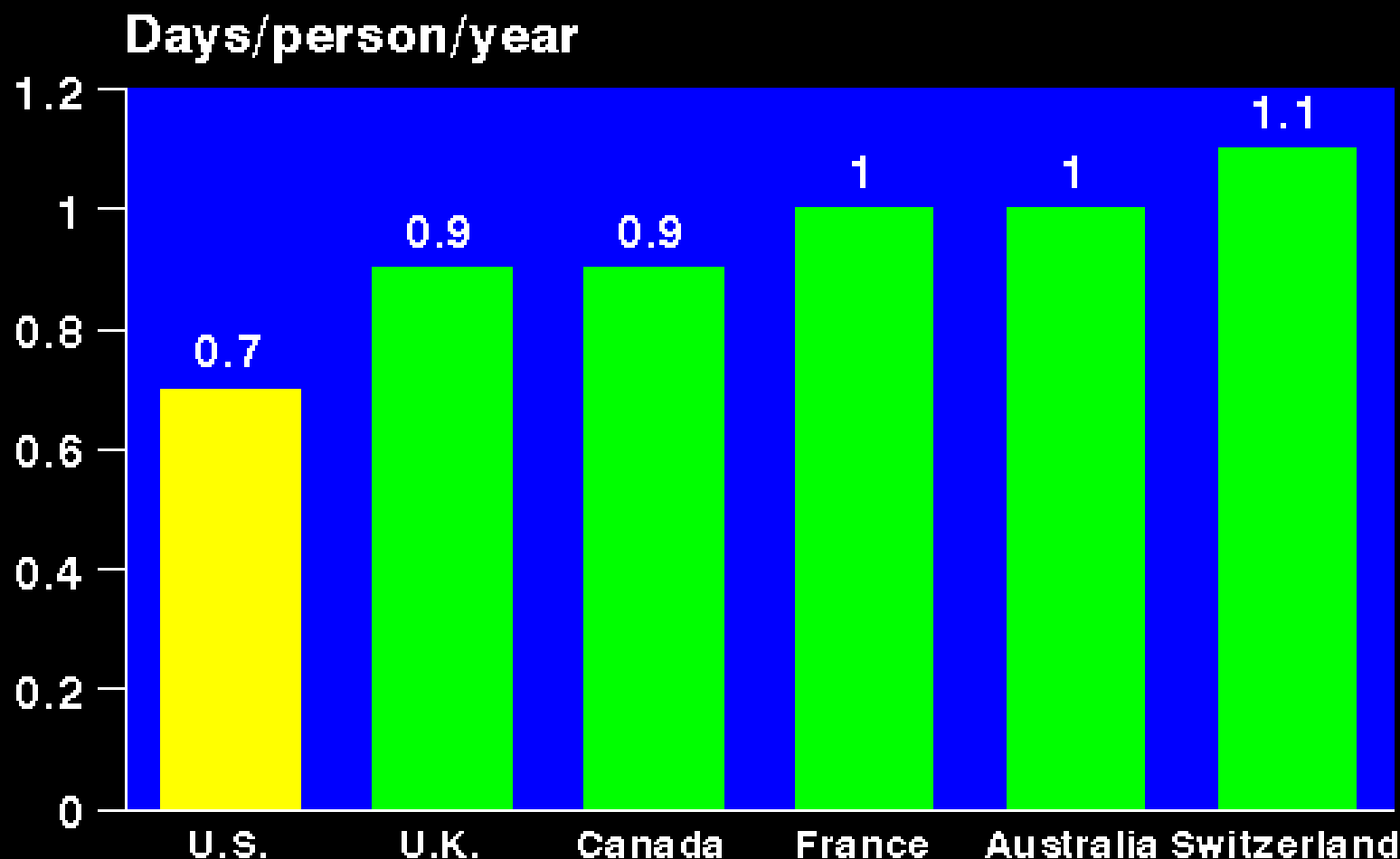
Procedures per 100,000 population



Source: OECD 2007

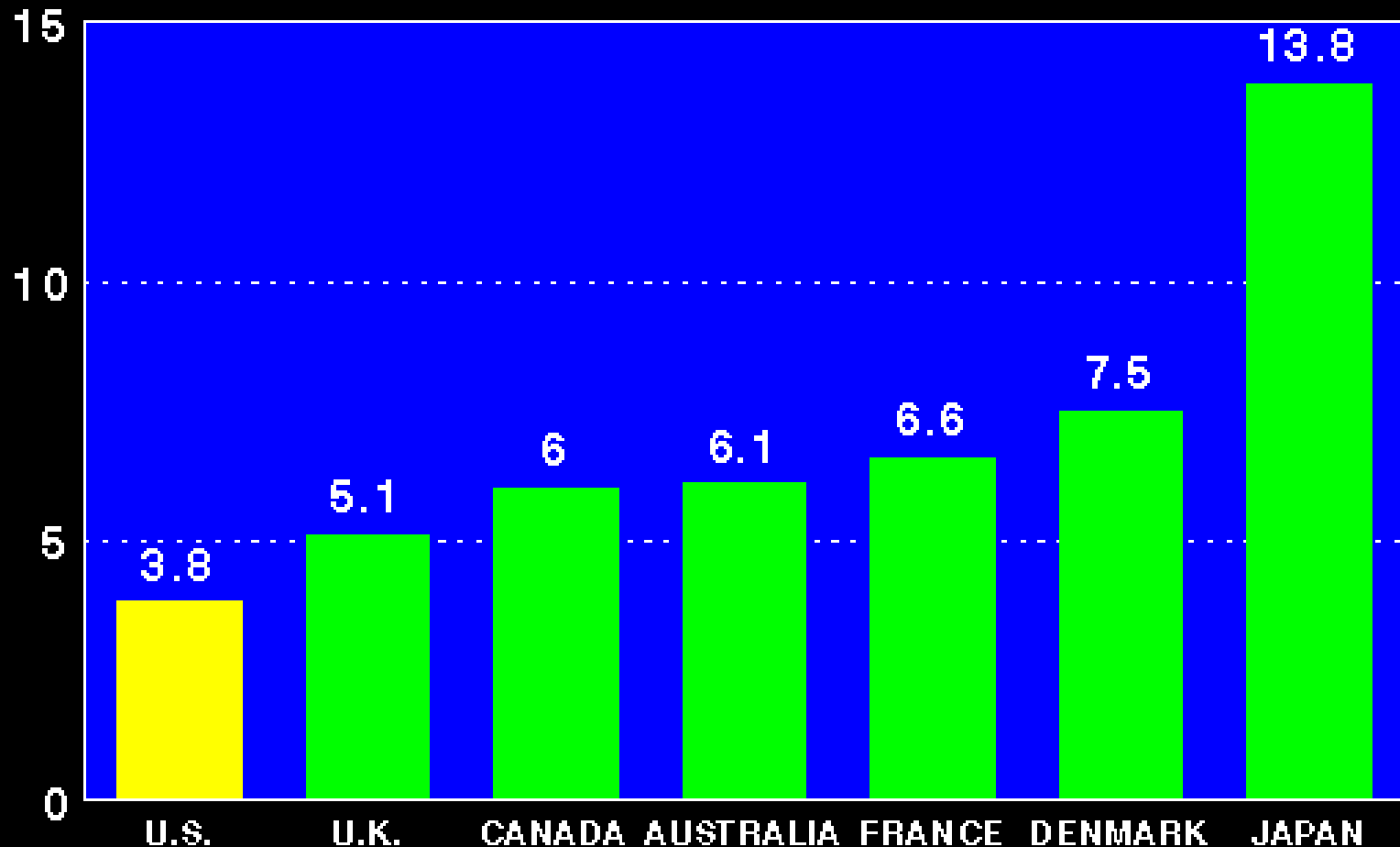
Data are for 2005 or most recent available

Hospital Inpatient Days Per Capita



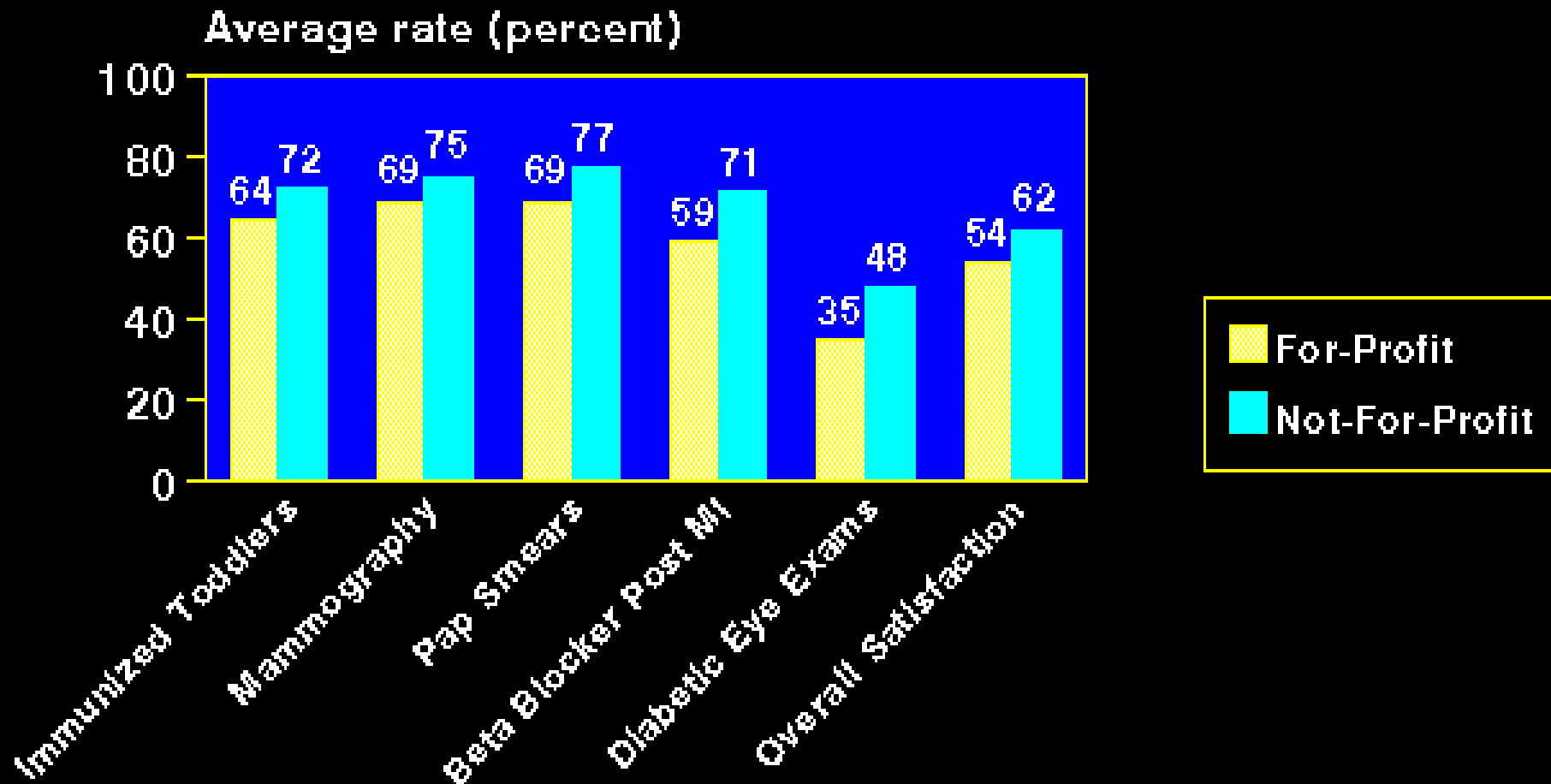
Source: OECD, 2007 - Note: Figures are for 2005 or most recent available

Physician Visits Per Capita

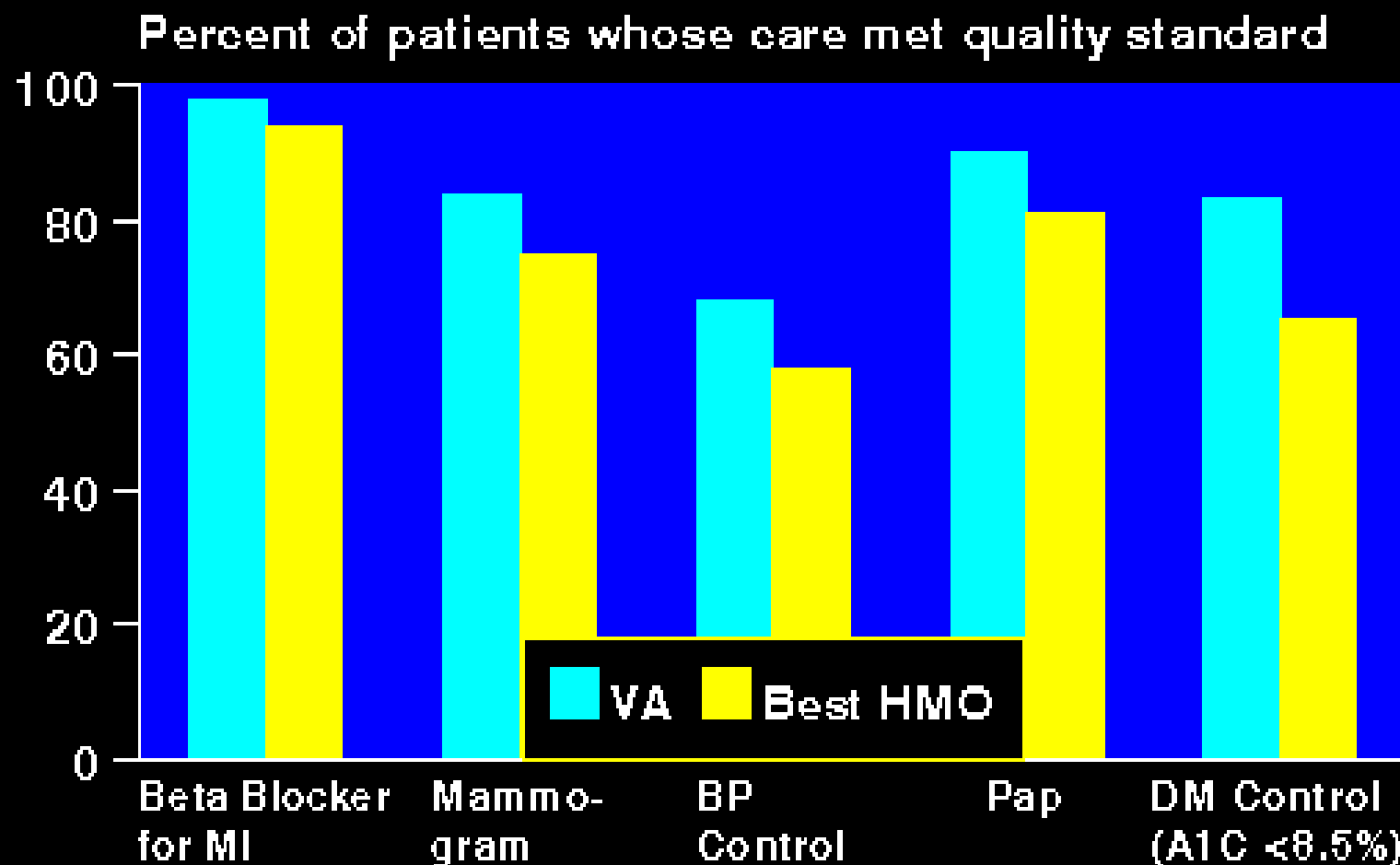


Source: OECD, 2007 - Data are for 2005 or most recent available year

Investor-Owned HMOs Provide Lower Quality Care



VA Quality is Better than HMOs

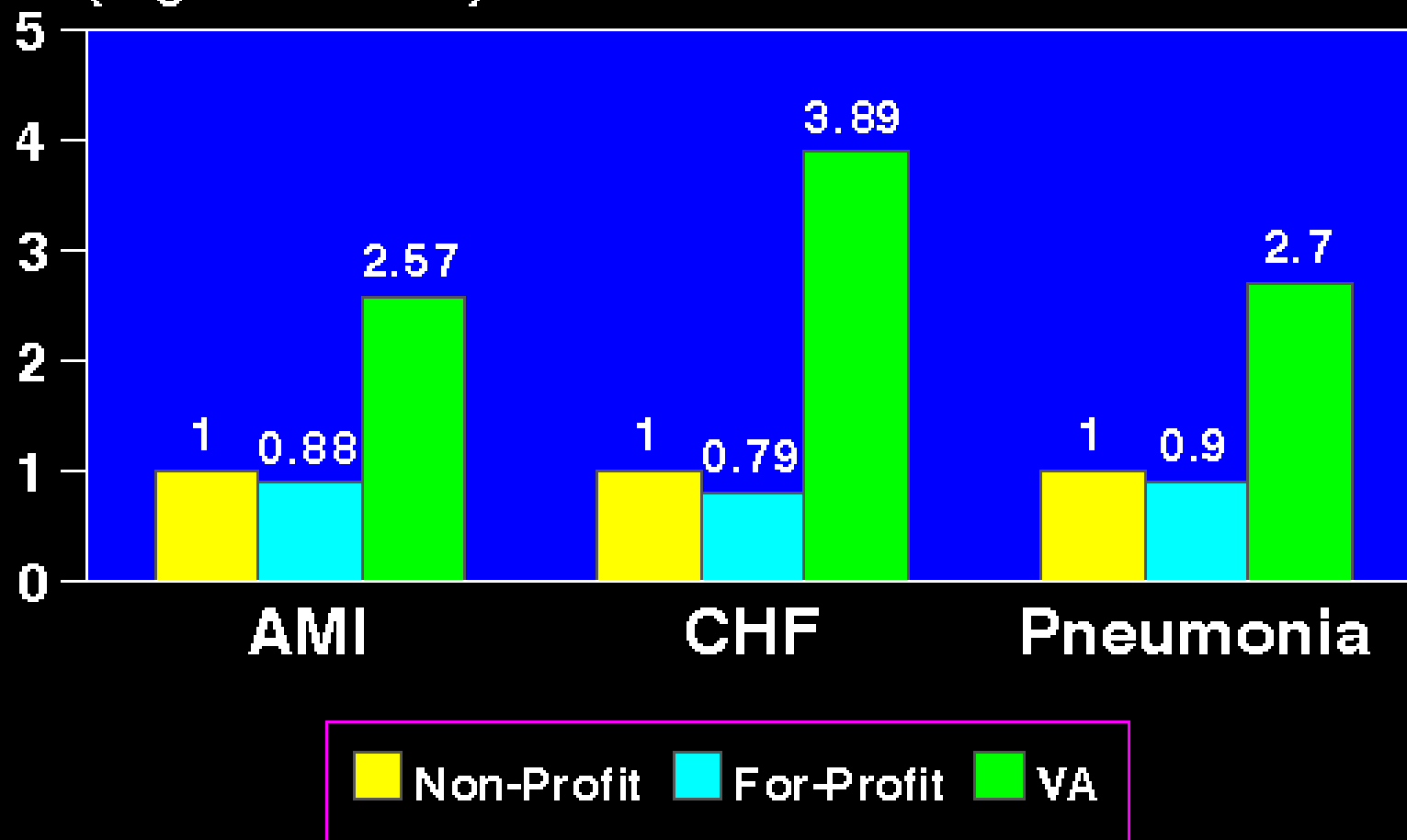


Note: HMO figure is best reported to NCQA, except diabetes which is average HMO

For Profits Hospitals Are Worst, VA Best

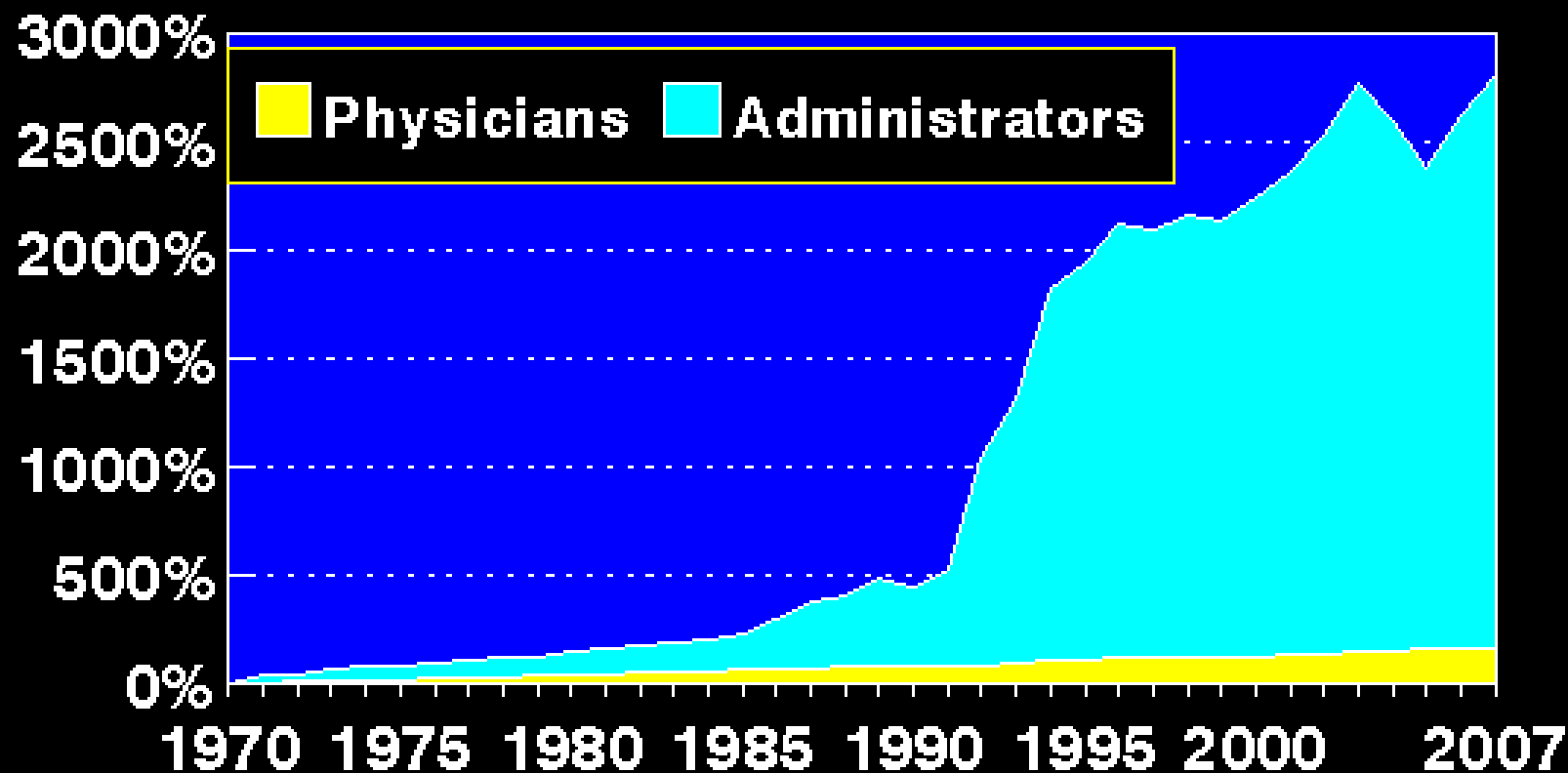
Quality Measures for AMI, CHF, Pneumonia

Odds ratios of meeting composite quality measures
(Higher = Better)



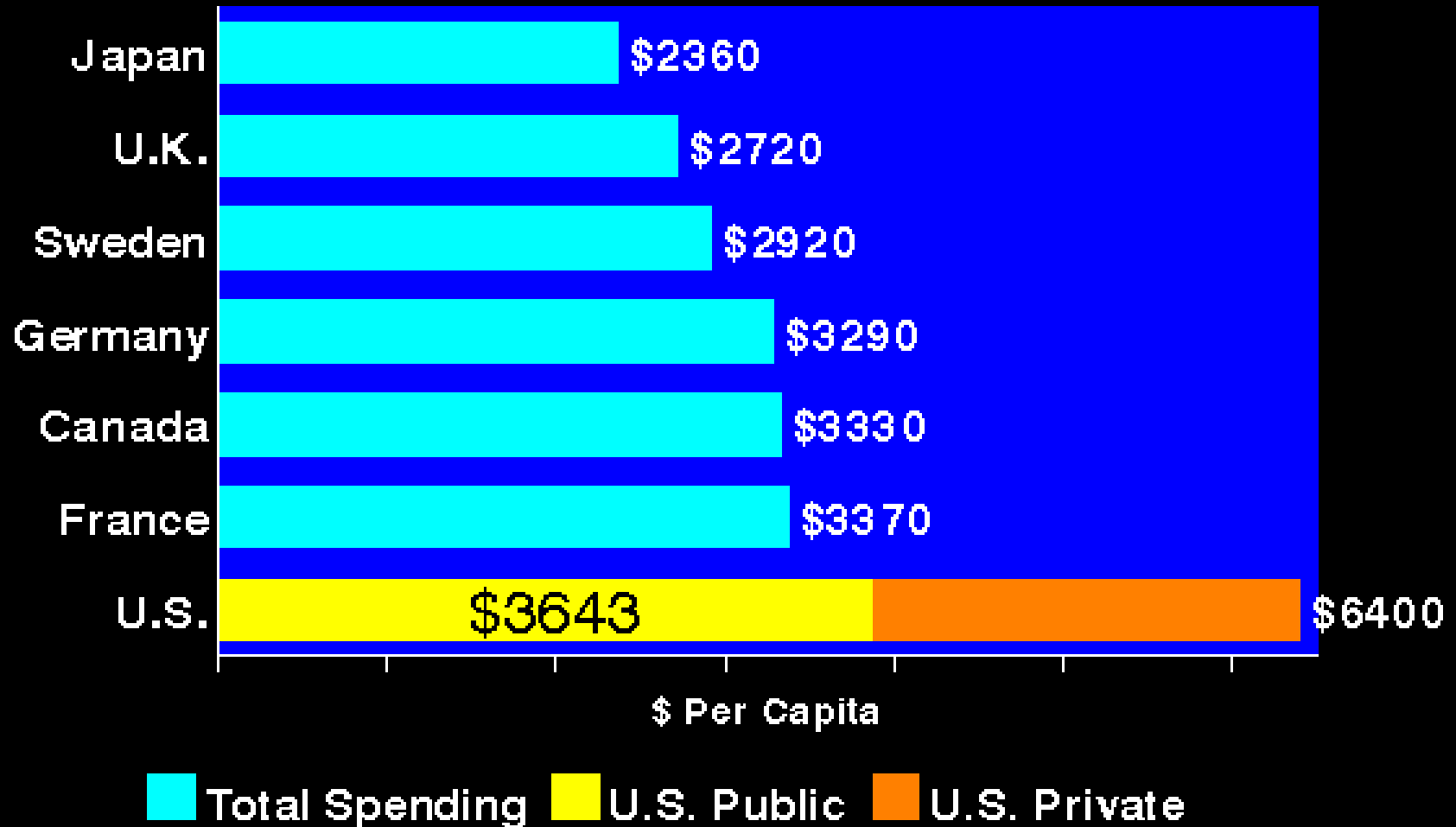
GROWTH OF PHYSICIANS & ADMINISTRATORS 1970-2007

GROWTH SINCE 1970



Source: Bureau of Labor Statistics; NCHS; and analysis of CPS

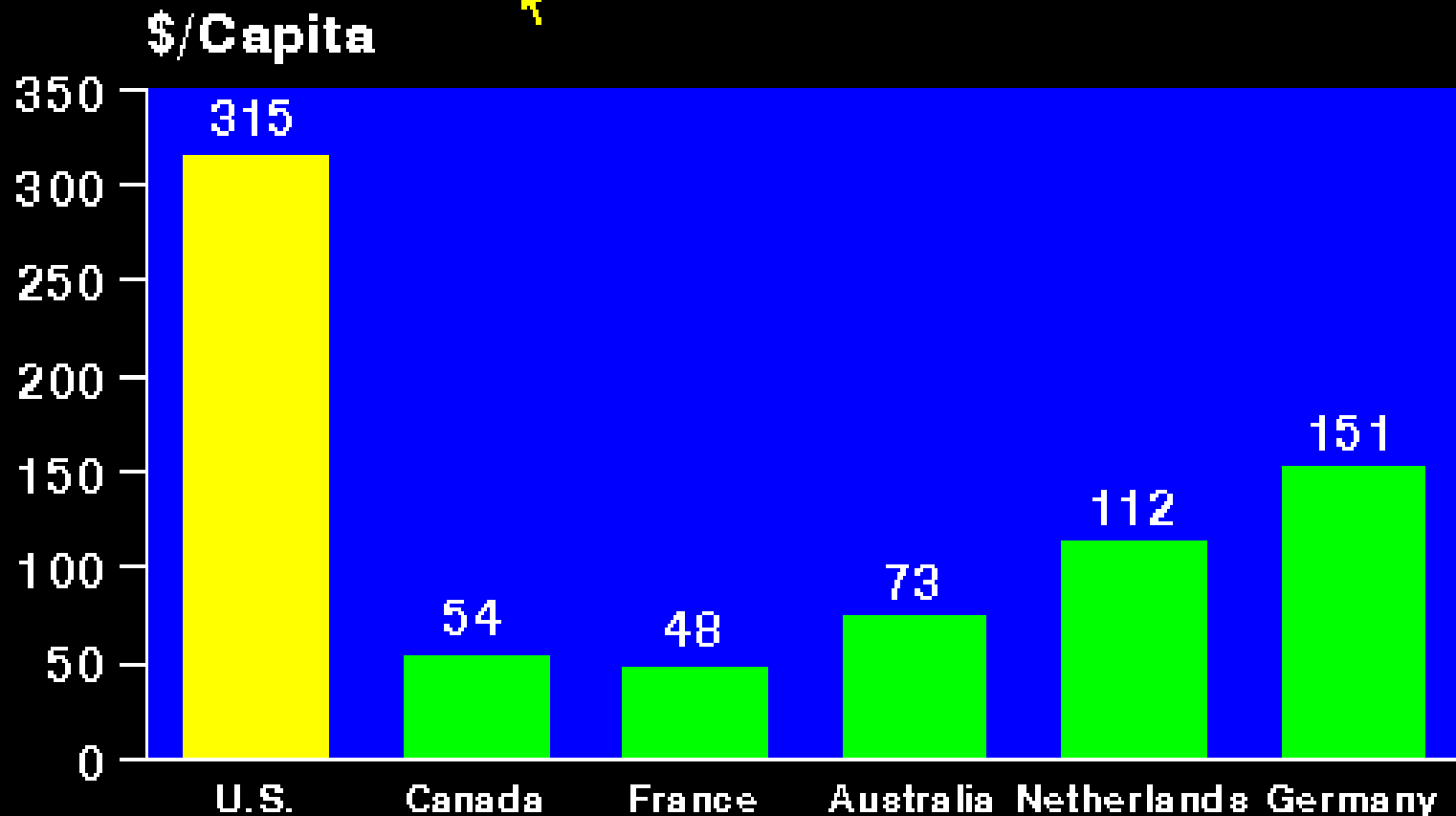
U.S. PUBLIC Spending Per Capita for Health is Greater than TOTAL Spending in Other Nations



Note: Public includes benefit costs for govt. employees & tax subsidy for private insurance

Source: OECD 2007; Health Aff 2002; 21(4):88 - Data are for 2005

Insurance Overhead, 2001



Source: OECD, 2003

Note: Figures adjusted for Purchasing Power Parity

The Healthcare Americans Want

- **Guaranteed access**
- **Free choice of doctor**
- **High quality**
- **Affordability**
- **Trust and respect**

**Individual & employer
mandates, HSAs, High
Deductible Plans, Free
Market models**

=

**MORE OF
THE SAME**

Insanity:

**Try it the same way every
time and expect different
results.**

House Resolution 676:
United States National
Health Insurance Act
(Expanded and Improved
Medicare for All Act)

http://www.house.gov/conyers/news_hr676.shtml

The 4 principles of single-payer:

1. Access to **comprehensive health care** is a **human right**.
2. The **right to choose** and change one's physician is fundamental to **patient autonomy**.
3. **No corporate profit** and personal fortune.
4. In a **democracy**, the public should set overall health policies.

NHI: A Single-Payer Proposal

- National Health Insurance covering all Americans, no private insurance, no co-payments or deductibles
 - Remove barriers to accessing health care
 - All Americans receive the same high-quality care
- Negotiate operating budgets with each hospital
 - No profit, excessive executive incomes, marketing
- Payments only to institutions that deliver care

JAMA 2003;290:798. Proposal of the Physicians' Working Group for Single-Payer National Health Insurance.

NHI: A Single-Payer Proposal

- Fully fund long-term care, encourage home- and community-based services
- Abolishment of investor-ownership
 - Shown consistently to decrease quality of care
- National formulary, negotiate drug prices, NHI pays for all drugs
- Physicians remain privately employed

JAMA 2003;290:798. Proposal of the Physicians' Working Group for Single-Payer National Health Insurance.

Single payer NHI would cover every American for all lifetime medically-necessary services:

acute, rehabilitative, long term and home care, mental health, dental services, occupational health care, prescription drugs and supplies, and preventive and public health measures

NHI: Financing

- Continue existing federal and state funding
- Payroll tax of 4.75% (current 1.45%)
- 5% health tax on wealthiest 5% of Americans
- 0.25% tax on stock and bond transactions
- Repeal Bush tax cuts and corporate tax shelter loopholes

NHI: Financing

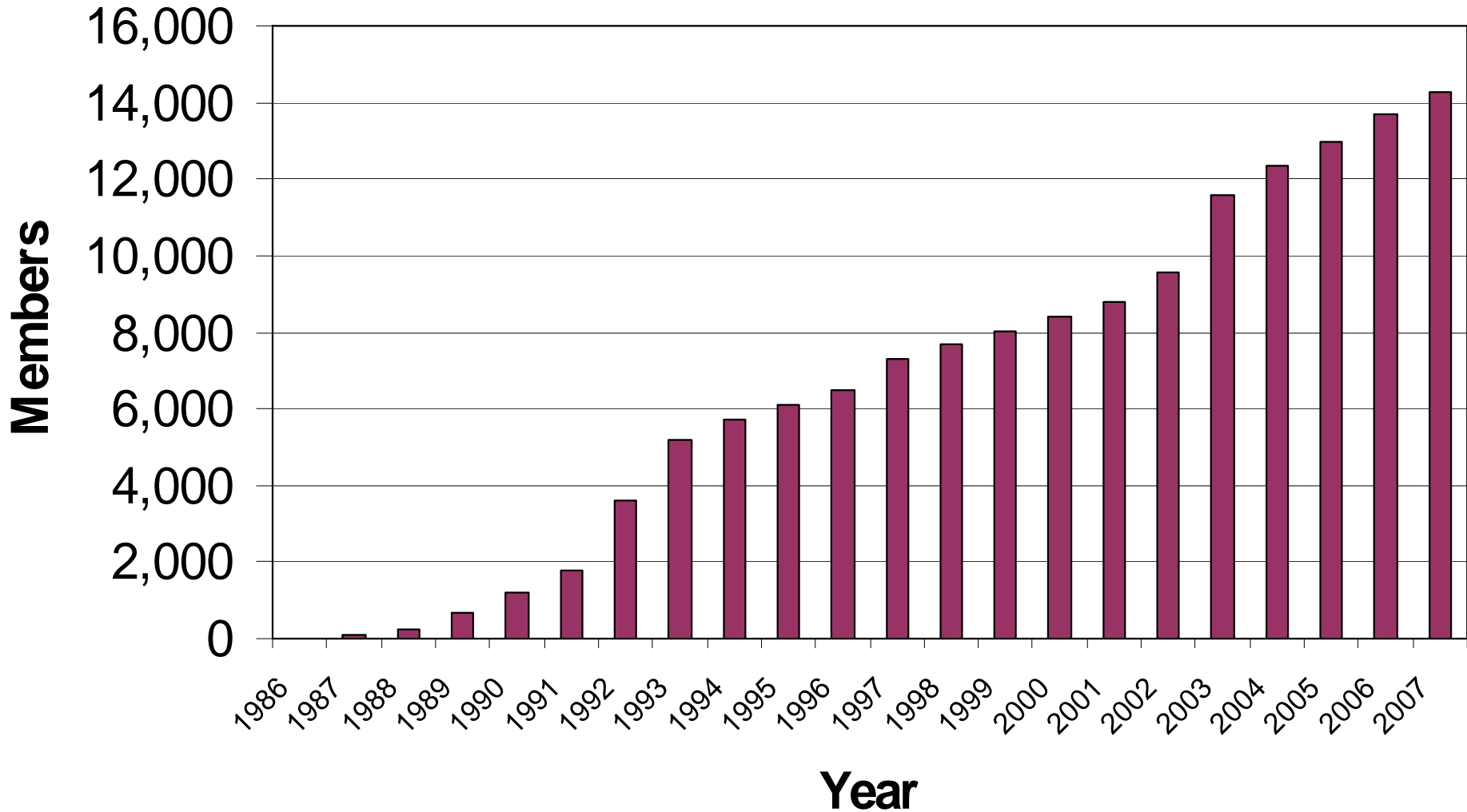
- What would this cost families?
 - Currently paying \$4225/yr
 - Would decrease to \$2700/yr
- What would this cost employers?
 - Currently paying \$8510/yr
 - Would decrease to \$2700/yr
- Cost-savings of over \$300 billion annually, enough to insure every American

Estimates based on family of four

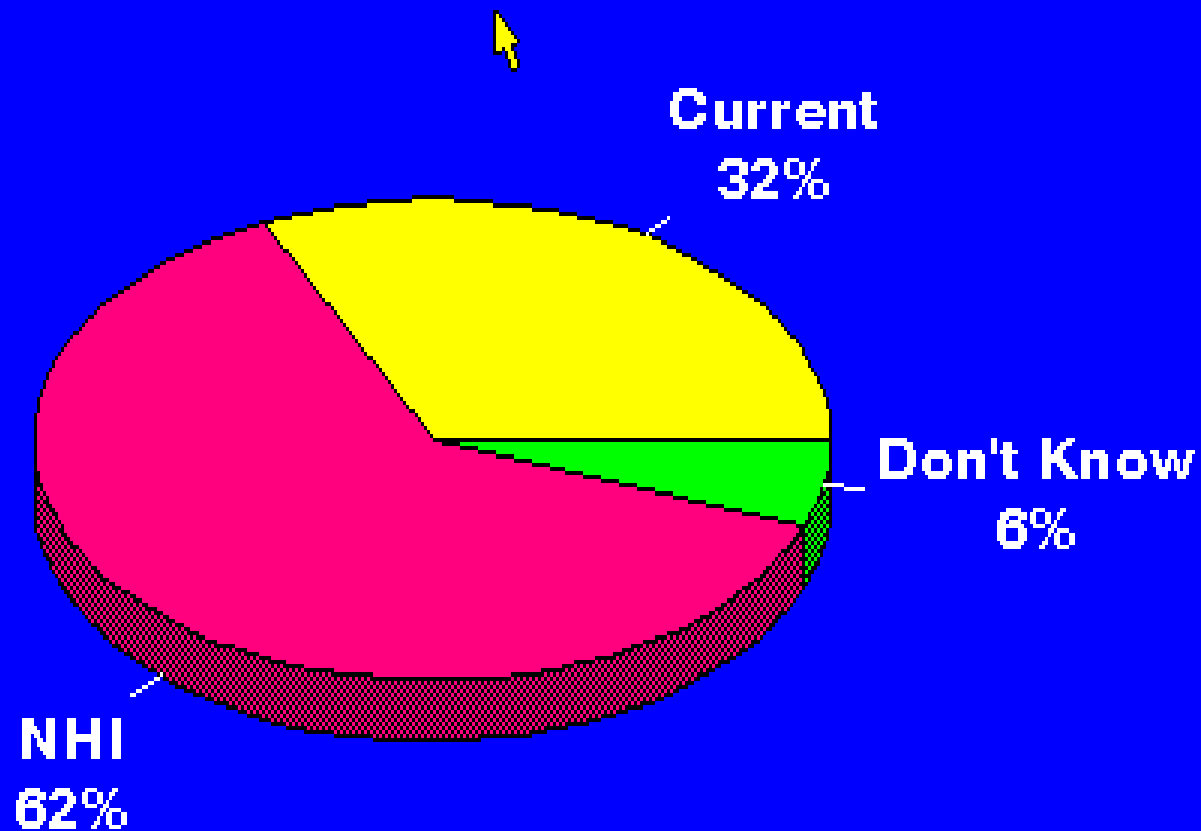
How Do We Know It Can Be Done?

- Every other industrialized nation has a healthcare system that assures health care for all
- All spend less than we do; most spend less than half
- Most have lower death rates, more accountability, and higher satisfaction
- No country has ever adopted single payer, found it to be worse, and switched back

PNHP Total Membership



"Would You Prefer the Current System or Universal Health Insurance . . . Like Medicare . . . Run by Government . . . Financed by Taxpayers?"



Broad Support from:

- **92 US Congressional co-sponsors of HR 676 (more than any other bill)**
- **59% of US physicians**
- **70,000 medical students**
- **75,000 nurses**
- **Faith organizations**
- **2 state governments (Kentucky and N.H. House of Representatives)**
- **U.S. Conference of Mayors**
- **452 union organizations**