The American Healthcare Crazy Quilt

Medicaid/CHIP
19% = 62 Million

Medicare
14% = 45 Million

Employer Plans
49% = 157 Million

Veterans
7% = 22 Million

Non-Group Employer Plans
49% = 157 Million

The Uninsured
9% = 28 Million

Tricare
1%
U.S. Healthcare System

- Skilled Providers
- State-Of-The-Art Technology
- Accessible
- Affordable
- Efficient

The American Healthcare Crazy Quilt

Medicaid/CHIP 19% = 62 Million
Medicare 14% = 45 Million
employer Plans 49% = 157 Million
Veterans 1% = 1 Million
Tricare 1%
Non-Group Plans 7% = 22 Million
Uninsured 9% = 28 Million

©2012 Kaiser Family Foundation (kff.org) based on Census Bureau March 2016 CPS-ASEC (census.gov)
Hierarchy for sorting multi-covered people into only one category: Medicaid, Medicare, Employer, VA/Tricare, Non-Group
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Despite Improvements, ACA Still Leaves **28 Million Uninsured** And Millions More Underinsured

### 2010

- Medicare: 13%
- Medicaid/CHIP: 16%
- Non-Group: 5%
- Uninsured: 16%
- VA & Tricare: 16%
- Employer Plans: 49%

Total Population: 306 Million

### 2016

- Medicare: 14% = 45 Million
- Medicaid/CHIP: 19% = 62 Million
- Non-Group: 7% = 22 Million
- Uninsured: 9% = 28 Million
- VA & Tricare: 14%
- Employer Plans: 49% = 157 Million

Total Population: 320 Million

Source: Kaiser Family Foundation (kff.org) based on Census Bureau CPS-ASEC (census.gov)

Hierarchy for sorting multi-covered people into only one category: Medicaid, Medicare, Employer, VA/Tricare, Non-Group

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Health Spending By Country 2016

U.S. spends far more overall ($3.5 trillion in 2017), spends far greater % on private, but still leaves 28 million uninsured and many underinsured.

Source: Organization for Economic Cooperation Development, Health at a Glance 2017, Feb 2018
Fig 7.3 on pg 135 and Fig 7.1 on pg 133 (oecd.org) and OECD Health Expenditures and Financing (stats.oecd.org)
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America’s Healthcare “Crazy Quilt” system is costly and inefficient: We now spend more than twice the per person average of all other industrialized countries.

OECD Avg: $4,003 (2016)

2014 ACA: 20 Million more Americans begin to get coverage.

Switzerland: $8,009 (Regulated Private with Mandate)

USA: $10,209 (Crazy Quilt)

Denmark: $5,183 (Single Payer)

Canada: $4,826 (Single Payer)

U.K.: $4,246 (Socialized Medicine)

Source: Organization for Economic Cooperation Development – Health Expenditures and Financing (stats.oecd.org)
Runaway Health Premiums Eat Away At Wages & Burden Employers

In 2018, avg Total Health Spending for Family of 4 was $28,166! (Premiums & Out-of-Pocket)

1999
Total: $5,791
Worker: $1,543
Employer: $4,247

2018
Total: $19,616
Worker: $5,547
Employer: $14,069

Source: Kaiser/HRET Employer Health Benefits Survey, Oct 3, 2018, Figures 5 & 2 (kff.org)
Family of 4 avg total health spending: 2018 Milliman Medical Index, May 2018 (milliman.com)
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Individual Plan Health Premiums: Costs Were Skyrocketing Long Before ACA

Monthly Premiums (Based on “Gold Level Plan”: approx $1,000 to $1,400 Deductible & 20% coinsurance)

- 64 yr Male
- 54 yr Female
- Female Aging 31 to 55 yrs
- Overall Inflation

ACA Marketplaces Open 2014:
Pre-existing conditions & essential benefits must now be covered;
No annual or lifetime caps; 80% of enrollees get tax credits that greatly defray these retail prices.

Projection w/o ACA

8 insurers & 119 plans

ACA Passes March 2010
80/20 Rule Takes Effect

CA PPO: 1 insurer & 2 plans

$73
$140
$215
$300
$403
$457
$587
$767
$801
$1,078
$1,078
$382
$382
$120
$121
$120
$418
$801
$767
$587
$418
$801
$418

$73
$300
$140
$215
$403
$457
$587
$767
$801
$1,078
$1,078
$1,078
$1,078

Source for 1995-2013: Blue Cross Rate Sheets for Preferred PPO, Pima County AZ, $1,000 Deductible & 20% Coinsurance

Source for 2014-2018: Healthcare.gov for Pima County AZ, Gold Plan: $1,000 to $1,400 Deductible

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U.S. Prices Are Too Darn High!

<table>
<thead>
<tr>
<th>Procedure</th>
<th>USA Avg</th>
<th>Australia Avg</th>
<th>U.K. Avg</th>
<th>New Zealand Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Stay (1-Day)</td>
<td>$5,220</td>
<td>$765</td>
<td>$2,142</td>
<td>$32,480</td>
</tr>
<tr>
<td>MRI Scan</td>
<td>$1,119</td>
<td>$215</td>
<td>$503</td>
<td>$2,142</td>
</tr>
<tr>
<td>Baby Delivery</td>
<td>$10,808</td>
<td>$1,950</td>
<td>$5,312</td>
<td>$32,480</td>
</tr>
<tr>
<td>Coronary Bypass</td>
<td>$78,318</td>
<td>$24,059</td>
<td>$32,480</td>
<td>$2,142</td>
</tr>
<tr>
<td>Hip Replacement</td>
<td>$29,067</td>
<td>$6,757</td>
<td>$16,335</td>
<td>$32,480</td>
</tr>
</tbody>
</table>

“The U.S. Pays a Lot More for Top Drugs than Other Countries,” Bloomberg News, Dec 18, 2015 (bloomberg.com)
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Because U.S. has a wide range of prices for same procedures, average prices are shown here; Dollars are $US
Curing Diseases Is Bad For Business

“There ain’t no money in the cure; the money’s in the medicine. That’s how you get paid — on the comeback. That’s how a drug dealer makes his money — on the comeback.”

— Chris Rock

ACCESS
Before ACA

ACA plugged some of the worst holes, but more work to be done!

For more on this topic, see Wendell Potter, Deadly Spin: An insurance company insider speaks out on how corporate PR is killing health care and deceiving Americans, 2010

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“We at Big Insurance will even kick sick children to the curb, but we pay a nice juicy dividend to our shareholders (aka our real customers). At least our death panels turn a profit. The more people and claims we deny and delay, the more money we make. The system works for us!”

For more on this topic, see Wendell Potter, *Deadly Spin: An insurance company insider speaks out on how corporate PR is killing health care and deceiving Americans*, 2010
### Read The Fine Print: Before ACA, Having Insurance ≠ Having Coverage

<table>
<thead>
<tr>
<th>Service</th>
<th>2011: % of Private Employer-Sponsored Health Plans that Cover a Given Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Office Visits</td>
<td>100%</td>
</tr>
<tr>
<td>Hospital Room &amp; Board</td>
<td>99%</td>
</tr>
<tr>
<td>ER Visits</td>
<td>91%</td>
</tr>
<tr>
<td>Outpatient Mental</td>
<td>85%</td>
</tr>
<tr>
<td>Outpatient Drug Rehab</td>
<td>79%</td>
</tr>
<tr>
<td>Inpatient Drug Rehab</td>
<td>78%</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>70%</td>
</tr>
<tr>
<td>Durable Medical Equip</td>
<td>67%</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>66%</td>
</tr>
<tr>
<td>Ambulance</td>
<td>64%</td>
</tr>
<tr>
<td>Ob/Gyn Exams</td>
<td>60%</td>
</tr>
<tr>
<td>Prosthetics</td>
<td>46%</td>
</tr>
<tr>
<td>Organ/Tissue Transplants</td>
<td>45%</td>
</tr>
<tr>
<td>Infertility Treatment</td>
<td>45%</td>
</tr>
<tr>
<td>Kidney Dialysis</td>
<td>27%</td>
</tr>
<tr>
<td>Diabetes Management</td>
<td>27%</td>
</tr>
<tr>
<td>Sterilization</td>
<td>26%</td>
</tr>
</tbody>
</table>

“Covered,” benefits often still involve deductibles, copays and cost-sharing.


Based on a report on employer-sponsored health insurance coverage from the Department of Labor

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Before ACA

50,000,000 in U.S. Had No Health Insurance

44,000/yr Died Because of Lack of Insurance

600,000/yr Went Bankrupt Due to Medical Bills


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Infant deaths per 1,000 of live births in 2015

United States: 5.8
Chile: 9.2
China: 10.7
Turkey: 12.5

Source: Organization for Economic Cooperation Development, Health at a Glance 2017, pg 59 (oecd.org)
U.S. Spends The Most, But Has Lower Life Expectancy Than Peers

2015 Health Spending Per Person
(U.S. dollars, purchasing power parity)

Source: Organization for Economic Cooperation Development, Health at a Glance 2017, pg 49 (oecd.org)
Current U.S. Healthcare “Crazy Quilt”
Is Complex, Costly And Cruel

- $3.3 TRILLION spent in 2016
  - 18% of economy; 2/3 is tax-financed

- $10 THOUSAND per person
  - more than twice the OECD avg

- $50 TRILLION 2019-2028 estimated cost
  - over next decade

- $19.6 THOUSAND 2018 PREMIUM
  - employer family plan (employee paid 28%)

- $500 BILLION paperwork waste per year due to too many payers

- 31 MILLION uninsured
  - and millions more underinsured (2017)

- 28 THOUSAND uninsured die per year due to lack of insurance

- 600 THOUSAND go bankrupt per year due to medical bills

Sources:
- Health Financing – stats.oecd.org
- Uninsured Rate and Employer Plan Premium – kff.org
- Bankruptcies – Amer. Journal of Medicine, Aug 2009

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“It’s a vision that says America can’t afford to keep the promise we’ve made to care for our seniors. It says that ten years from now, if you’re a 65-year-old who’s eligible for Medicare, you should have to pay nearly $6,400 more than you would today. It says instead of guaranteed health care, you will get a voucher. And if that voucher isn’t worth enough to buy insurance, tough luck — you’re on your own.”

“Put simply, it ends Medicare as we know it.”

— President Obama (April 2011)

Cost Shifting Is No Solution

Source: “Premium Support Is the Wrong Direction for Medicare,” AARP Public Policy Institute, Oct 2017 (aarp.org)

Note: See cartoon on this theme on the color slides

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WE IN THE GOP WANT TO LIGHTEN THE LOAD OF MEDICARE COSTS

THIS IS HOW WE’LL TURN THE CORNER!

REPUBLICAN PLAN

Cost Shift ≠ Solution
1. **Death Panels: Govt Bureaucrats Ration Care**
   - It’s profit-obsessed private insurers who regularly deny people and claims.

2. **Buy Insurance Across State Lines**
   - Race-to-bottom to avoid even meager state regulations.

3. **Everyone Gets Care: Just Go To ER!**
   - ER only mandated to stabilize patient: No chemo in the ER!
   - Most expensive care: Leads to bankruptcies and cost shifting.

4. **High-Risk Pools For Sick People**
   - Premiums way too high, govt subsidies grossly inadequate, coverage skimpy

5. **Health Savings Accts & Even Higher Deductibles**
   - Only suited for relatively wealthy and healthy with extra disposable income.

6. **Tort Reform For “Crisis Of Junk Lawsuits”**
   - Defensive medicine = only 1% to 2% of total health spending.
   - Capping damages at $250,000 limits patient protection and victims’ rights.

For more on this topic: David Sirota, *Hostile Takeover: How Big Money & Corruption Conquered Our Government – And How We Take It Back*, 2007, pgs 154-204

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Figuring out how to take care of the chronically sick is the trillion dollar question. Preventive care, coordinated care, education, and getting everyone insured will help decrease costs.
March 2010: Patient Protection & Affordable Care Act (aka ACA)
Provisions In Effect Since 2010 (or 2014)

1. Preventive Services Must Be Free (No Copay/Deductible)
2. Young Adults Under 26 Yrs Eligible To Stay On Parents’ Policy
3. Banned Policy Cancellations When You Get Sick
4. Banned Lifetime Caps & Gradually Phased Out Annual Caps By 2014
5. Banned Pre-Existing Condition Discrimination: Began in 2010 for Children Under 19 Yrs Began in 2014 for Everyone Else

Source: Kaiser Family Foundation, “Summary of the Affordable Care Act,” April 23, 2013 (kff.org) ©2012-2018 Design by Witte Design, LLC • Tucson, Arizona • ConnectTheDotsUSA.com • Updated 2/19/17
ACA: But Wait, There’s More!
Other Provisions Since 2010 (or 2014)

6. At Least 80% Of Premium Dollars (85% In Large Group Plans) Must Be Spent On Actual Health Services

7. Small Biz Health Insurance: 35% Tax Credits (50% In 2014)

8. 50% Discount For Seniors Who Fall Into Rx Drug “Donut Hole”; Closes Hole By 2020

9. 2014: Medicaid Expansion and Tax Credits for Individuals & Families to Buy Private Insurance

Source: Kaiser Family Foundation, “Summary of the Affordable Care Act,” April 23, 2013 (kff.org)
- Companies Compete For Your Business: Easy Comparison Shopping
- Policies Must Meet Minimum Standards (No Junk Allowed!)
- Individuals, Families & Small Biz Welcome
- No Discrimination Based On Health Status, Gender, Job, Etc.*

*Rates can vary only by Geography, Age (3:1) & Tobacco Use (1.5:1)

Source: Kaiser Family Foundation, “Summary of the Affordable Care Act,” April 23, 2013 (kff.org)
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It’s All Connected: Why Piecemeal Doesn’t Work

- End Pre-Existing Condition Discrimination
- Free-Rider Problem
- Individual Mandate
- Need Tax Revenues
- Govt Subsidies
- Guaranteed Issue Mandate to Insurance Co’s

Or go Medicare-For-All: Pay for healthcare like we pay for roads and military — through the tax system.
1986 Emergency Medical Treatment and Active Labor Act (EMTALA) was signed by President Reagan.

THE ONE-SIDED MANDATE

Just Shifts Costs To Others

1986 Federal mandate that ERs provide stabilizing treatment to everyone regardless of ability to pay shifts costs of unpaid services for the uninsured to hospitals, which then shift the costs to the insured.

Cost Shift = Avg $1,000/yr Per Family
Affordable Care Act: Help With Access & Affordability
Began Jan 1, 2014

Expands Medicaid Eligibility (Program For Low-Income)
Up To 138% Federal Poverty Level

Individuals with incomes below $16,753 (for 2019)
Families (of four) with incomes below $34,638 (for 2019)

To avoid burdening States, expansion of Medicaid*
100% financed by Federal govt 2014 thru 2016.
Then phases down to 90% by 2020.

Sliding Scale Of Tax Credits For Low- & Middle-Income
100% To 400% Federal Poverty Level

Individuals with incomes $12,140 to $48,560 (for 2019)
Families (of four) with incomes $25,100 to $100,400 (for 2019)

These households will pay as little as 2.08% and no more than
9.86% of income to buy mid-level insurance on the exchanges.
Max out-of-pocket costs capped at $7,900/individual and $15,800/family
or lower (2019).

*Per Supreme Court June 2012 decision, States can opt out of Medicaid expansion. 36 states + D.C. have opted into the expansion as of Nov 2018.

For more details: Kaiser Family Foundation, “Summary of the Affordable Care Act,” April 23, 2013 (kff.org)
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Per Supreme Court June 2012 decision, states can opt out of Medicaid expansion. In 2014, 25 states opted out. 

**GOP Blocking Medicaid Expansion In 14 States — Where Most Needed**

Accepting (36 + DC)
Rejecting (14)

*4 states approved in 2018 to begin in 2019. Maine approved by ballot in 2017 but was blocked by recently termed-out GOP governor.

Source: Kaiser Family Foundation, as of Nov 26, 2018 (kff.org)

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## TABLE 1: Incomes as Percentage of 2018 Federal Poverty Level (FPL)

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>100% FPL</th>
<th>138% FPL</th>
<th>150% FPL</th>
<th>200% FPL</th>
<th>250% FPL</th>
<th>300% FPL</th>
<th>350% FPL</th>
<th>400% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,140</td>
<td>$16,753</td>
<td>$18,210</td>
<td>$24,280</td>
<td>$30,350</td>
<td>$36,420</td>
<td>$42,490</td>
<td>$48,560</td>
</tr>
<tr>
<td>2</td>
<td>$16,460</td>
<td>$22,715</td>
<td>$24,690</td>
<td>$32,920</td>
<td>$41,150</td>
<td>$49,380</td>
<td>$57,610</td>
<td>$65,840</td>
</tr>
<tr>
<td>3</td>
<td>$20,780</td>
<td>$28,676</td>
<td>$31,170</td>
<td>$41,560</td>
<td>$51,950</td>
<td>$62,340</td>
<td>$72,730</td>
<td>$83,120</td>
</tr>
<tr>
<td>4</td>
<td>$25,100</td>
<td>$34,638</td>
<td>$37,650</td>
<td>$50,200</td>
<td>$62,750</td>
<td>$75,300</td>
<td>$87,850</td>
<td>$100,400</td>
</tr>
<tr>
<td>5</td>
<td>$29,420</td>
<td>$40,600</td>
<td>$44,130</td>
<td>$58,840</td>
<td>$73,550</td>
<td>$88,260</td>
<td>$102,970</td>
<td>$117,680</td>
</tr>
</tbody>
</table>

In 32 states + D.C. opting in, households below 138% of FPL will qualify for Medicaid expansion instead.

## TABLE 2: Maximum Monthly Premium You Pay For Benchmark Silver Plan

(Federal govt pays any balance of non-smoker Silver premium owed to insurance co.)

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>100% FPL</th>
<th>138% FPL</th>
<th>150% FPL</th>
<th>200% FPL</th>
<th>250% FPL</th>
<th>300% FPL</th>
<th>350% FPL</th>
<th>400% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$21 /mo</td>
<td>$48 /mo</td>
<td>$63 /mo</td>
<td>$132 /mo</td>
<td>$211 /mo</td>
<td>$299 /mo</td>
<td>$349 /mo</td>
<td>$399 /mo</td>
</tr>
<tr>
<td>2</td>
<td>$29 /mo</td>
<td>$65 /mo</td>
<td>$85 /mo</td>
<td>$179 /mo</td>
<td>$287 /mo</td>
<td>$406 /mo</td>
<td>$473 /mo</td>
<td>$541 /mo</td>
</tr>
<tr>
<td>3</td>
<td>$36 /mo</td>
<td>$82 /mo</td>
<td>$108 /mo</td>
<td>$227 /mo</td>
<td>$362 /mo</td>
<td>$512 /mo</td>
<td>$598 /mo</td>
<td>$683 /mo</td>
</tr>
<tr>
<td>4</td>
<td>$44 /mo</td>
<td>$99 /mo</td>
<td>$130 /mo</td>
<td>$274 /mo</td>
<td>$437 /mo</td>
<td>$619 /mo</td>
<td>$722 /mo</td>
<td>$825 /mo</td>
</tr>
<tr>
<td>5</td>
<td>$51 /mo</td>
<td>$116 /mo</td>
<td>$153 /mo</td>
<td>$321 /mo</td>
<td>$512 /mo</td>
<td>$725 /mo</td>
<td>$846 /mo</td>
<td>$967 /mo</td>
</tr>
</tbody>
</table>

For general informational purposes only; provided without warranty or guarantee. Consult Marketplace at HealthCare.gov.
### Marketplace Plans: The Metal Levels

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Plan Pays % of Total Covered Expenses (on Avg) = Actuarial Value</th>
<th>Consumer Pays for Deductibles, Co-pays &amp; Coinsurance (on Average)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platinum</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>Gold</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Silver</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>Bronze</td>
<td>60%</td>
<td>40%</td>
</tr>
</tbody>
</table>

**Max out-of-pocket annual limit of $7,900 individual / $15,800 family (excluding premiums). Lower for households < 250% FPL.**

100% to 250% FPL also eligible for Cost-Sharing Subsidies to Reduce Out-of-Pocket Costs. Must enroll in Silver plan for cost-sharing subsidies.

Higher Premiums & Lower Consumer Cost-Sharing

Lower Premiums & Higher Consumer Cost-Sharing

For more details: Kaiser Family Foundation, “Summary of the Affordable Care Act,” April 23, 2013 (kff.org)

Premium calculator: kff.org/interactive/subsidy-calculator; FPL = Federal Poverty Level

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# ACA Provisions Very Popular

(Notes: ACA = ObamaCare)

<table>
<thead>
<tr>
<th>Provision</th>
<th>Support %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can stay on parents’ insurance until age 26</td>
<td>82%</td>
</tr>
<tr>
<td>Insurance exchanges to compare prices &amp; benefits</td>
<td>82%</td>
</tr>
<tr>
<td>Govt financial assistance to help buy coverage</td>
<td>81%</td>
</tr>
<tr>
<td>Closes donut hole in Medicare Rx drug plans</td>
<td>81%</td>
</tr>
<tr>
<td>No out-of-pocket costs on preventive services</td>
<td>79%</td>
</tr>
<tr>
<td>Medicaid expansion to cover more low income people</td>
<td>77%</td>
</tr>
<tr>
<td>Large employer mandate to provide health insurance</td>
<td>69%</td>
</tr>
<tr>
<td>Bans pre-existing condition discrimination</td>
<td>65%</td>
</tr>
<tr>
<td>Increases Medicare payroll tax on high incomes</td>
<td>65%</td>
</tr>
<tr>
<td>Favorable opinion of ACA/ObamaCare overall</td>
<td>53%</td>
</tr>
</tbody>
</table>

Source: Health Tracking Poll: Nov 28, 2018, Kaiser Family Foundation (kff.org)
“(The Affordable Care Act) should extend insurance coverage to millions of Americans who are uninsured now and end some of the insurance companies’ harsher practices. But the sad truth is that, even with this ambitious reform, the United States will still have the most complicated, the most expensive, and the most inequitable health care system of any developed nation.”
U.S. Healthcare Is No Marketplace

“(We) are powerless buyers in a seller’s market where the only sure thing is the profit of the sellers.”

“Unless you are protected by Medicare, the health care market is not a market at all. It’s a crapshoot. People fare differently according to circumstances they can neither control nor predict... (T)hey have little visibility into pricing, let alone control of it... They have no idea what their bills mean, and those who maintain the chargemasters couldn’t explain them if they wanted to.”

— Steven Brill, “The Bitter Pill”

Medicare-For-All: Healthcare Is A Right

1 Universal & Comprehensive: Enhances and extends Medicare to all.

2 Simple & Cost-Effective: Ends maze of for-profit insurance costs, medical bills/debt; Negotiates lower drug prices.

3 Freedom & Choice: Go to any doctor or hospital in the entire U.S.

4 Good for Business: Gets insurance burden off backs of businesses; Frees entrepreneurs from job lock.

5 Big Savings for 95% of Americans

Sources: HealthOverProfit.org; Fix It: Healthcare at the Tipping Point (documentary), 2016 (FixItHealthcare.com)
Calculate your savings with “Expanded & Improved Medicare For All Act” (HR 676) at hcfat.org
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Trump/Ryan/GOP “WealthCare”

24 Million Low/Mid-Income Lose Coverage 2017-2026

- Ends Medicaid Expansion & Guts Original Medicaid Thru Fed Caps —($ 880 B)
- Skimpier Insurance Premium Tax Credits ($361 B instead of $673 B) —($ 312 B)
  - Hits older, lower-income, rural and sick Americans especially hard;
  - Ends cost-sharing subsidies that help lower deductibles, co-pays
- Ends Small-Employer Tax Credits —($ 6 B)

Wealthy Get HUGE Tax Breaks 2017-2026

- Repeals 0.9% Add. Medicare Payroll Tax on High Incomes —($ 117 B)
- Repeals 3.8% Capital Gains Medicare Tax on High Incomes —($ 158 B)
  - >$200,000 single/>$250,000 married currently subject to Medicare payroll tax of 3.8% instead of 2.9%; includes investment income over that threshold.
  - Medicare Part A (Hospital) Trust Fund will run out 3 yrs earlier (by 2025)
- Repeals Taxes on Big Insurance, Big Pharma & Medical Device Cos. —($ 189 B)
- Repeals Insurance Mandate (Individual = $38 B; Employer = $171 B) —($ 209 B)
- More Tax Deductions for Health Savings & Flexible Spending Accts —($ 37 B)

Table 2 (pgs 32-33) (cbo.gov)
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## Single Individual With Annual Income of $26,500 in 2026

<table>
<thead>
<tr>
<th>Age</th>
<th>Annual Retail Premium</th>
<th>Premium Tax Credit</th>
<th>Net Premium Paid by Enrollee (and as % of income)</th>
<th>Actuarial Value of Plan (higher % is better)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>House GOP Plan = AHCA (aka Ryan/TrumpCare)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 yr old</td>
<td>$3,900</td>
<td>$2,450</td>
<td>$1,450 (= 5.5%)</td>
<td>65% = Bronze** HIGH deductible, co-pays, co-insur.</td>
</tr>
<tr>
<td>40 yr old</td>
<td>$6,050</td>
<td>$3,650</td>
<td>$2,400 (= 9.1%)</td>
<td></td>
</tr>
<tr>
<td>64 yr old</td>
<td>$19,500*</td>
<td>$4,900</td>
<td>$14,600 (= 55.1%)</td>
<td></td>
</tr>
<tr>
<td><strong>Senate GOP Plan = BCRA (aka McConnell/TrumpCare)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 yr old</td>
<td>$4,100</td>
<td>$1,900</td>
<td>$2,200 (= 8.3%)</td>
<td>70% = Silver** MEDIUM deductible, co-pays, co-insur.</td>
</tr>
<tr>
<td>40 yr old</td>
<td>$6,400</td>
<td>$3,400</td>
<td>$3,000 (= 11.3%)</td>
<td></td>
</tr>
<tr>
<td>64 yr old</td>
<td>$20,500*</td>
<td>$14,000</td>
<td>$6,500 (= 24.5%)</td>
<td></td>
</tr>
<tr>
<td><strong>Current Law = ACA (aka ObamaCare)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 yr old</td>
<td>$5,100</td>
<td>$3,400</td>
<td>$1,700 (= 6.4%)</td>
<td>87% = Gold** LOW deductible, co-pays, co-insur.</td>
</tr>
<tr>
<td>40 yr old</td>
<td>$6,500</td>
<td>$4,800</td>
<td>$1,700 (= 6.4%)</td>
<td></td>
</tr>
<tr>
<td>64 yr old</td>
<td>$15,300*</td>
<td>$13,600</td>
<td>$1,700 (= 6.4%)</td>
<td></td>
</tr>
<tr>
<td><strong>Medicare-For-All (= Single-Payer)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household pays 3.0% of income (employer payroll tax)</td>
<td>$795 (= 3.0%)</td>
<td>100% Covered</td>
<td>No cost-sharing</td>
<td></td>
</tr>
</tbody>
</table>

*GOP Plans allow insurance co. to charge 64yr old 5x more than 21yr old (ACA capped this at 3x more).

**GOP Plans end ACA cost-sharing subsidies that lower deductibles, co-pays, co-insur. for 100% to 250% FPL.
WE MUST REPEAL OBAMA CARE FOR ONE REASON.

WE HAVE TO DENY YOU COVERAGE BECAUSE OF A PRE-EXISTING CONDITION.

FITZSIMMONS TREE OF LIFE DAILY STAR 2011

BOEHNER

SNIFF

CONJOINED TWINS.

OURS.

INSURANCE CORPORATIONS

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Medicare-For-All: Action Plan!

1. **Learn More: Resources**
   - ConnectTheDotsUSA.com: Medicare-For-All presentation
   - Kaiser Family Foundation: kff.org (general health data)
   - Physicians for a National Health Program: pnhp.org
   - HealthOverProfit.org and hcfat.org (HR 676 Calculator)
   - FixItHealthcare.com

2. **Show Up: Push Medicare-For-All Into The Debate**

3. **Litmus Test: Must Pledge To Co-Sponsor Medicare-For-All For Your Vote; Support JusticeDemocrats.com Candidates**

Other Resources: Compare health care systems around the world: international.commonwealthfund.org
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“For God’s sake — every single other industrialized country in the entire world has universal health care. Why can’t we? How many more people have to die? How many more sacrifices on the altar of Almighty Greed? Any health care system that denies necessary care on the basis of wealth is evil. It doesn’t matter how you micromanage it, or tinker with it. It’s evil... End of story.”

— Former U.S. Representative Alan Grayson
ConnectTheDotsUSA.com

CIVICS AND POLICY BASICS FOR THE BUSY MAJORITY™

“Busy Majority” said by Jon Stewart, Sept 2010
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