

Medicare For All



**Saves Lives
Saves Money
So Simple**

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CONNECT THE DOTS™
for democracy **USA**

www.ConnectTheDotsUSA.com

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MEDICARE-FOR-ALL

Healthcare is a human right.

Everyone's life and freedom depends on having access to quality healthcare, regardless of a person's ability to pay. The most efficient and effective way to guarantee this right is to expand and enhance our existing Medicare program to all Americans.

JUSTICE

Requires Universal Healthcare



Martin Luther King, Jr.

“Of all the forms
of inequality,
**injustice in
health care** is the
most shocking
and inhumane.”

Quote: Dr. Martin Luther King, Jr

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FREEDOM

Requires Universal Healthcare



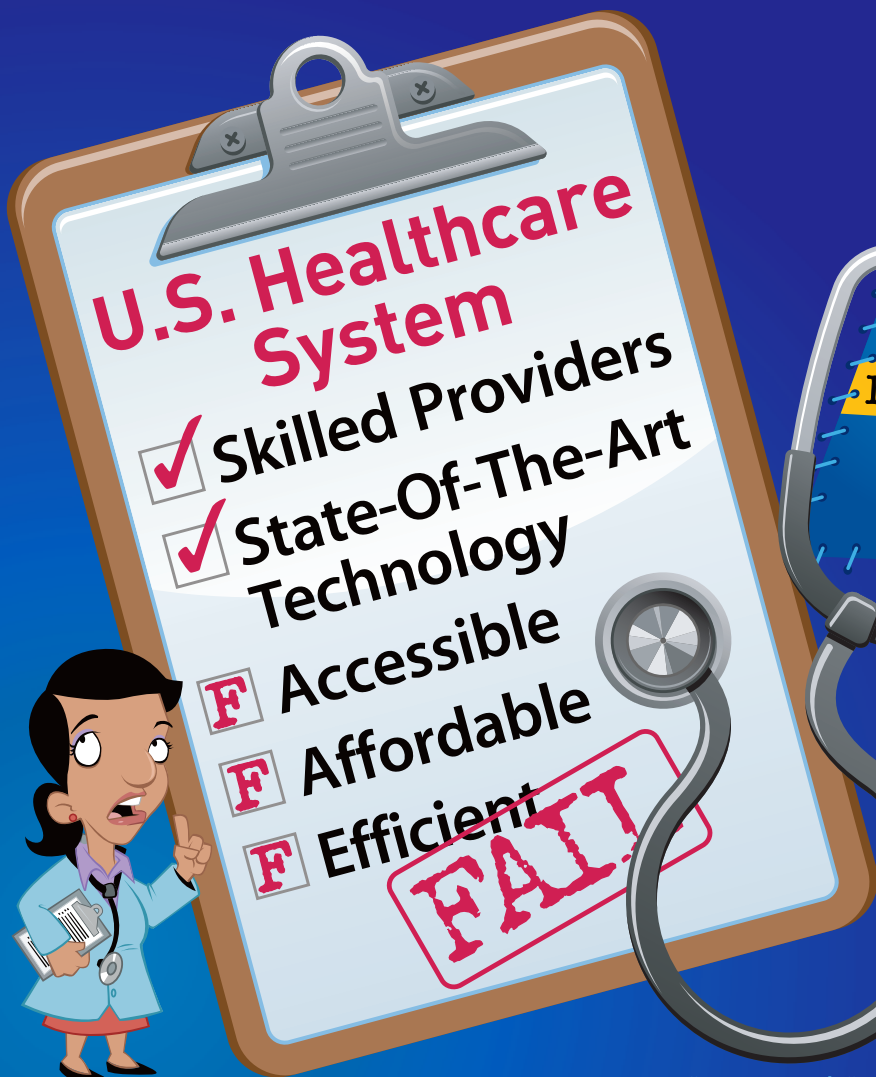
You are not truly free if
you have a serious illness or accident
and cannot afford the treatment
because private insurance premiums and
out-of-pocket costs are too high.



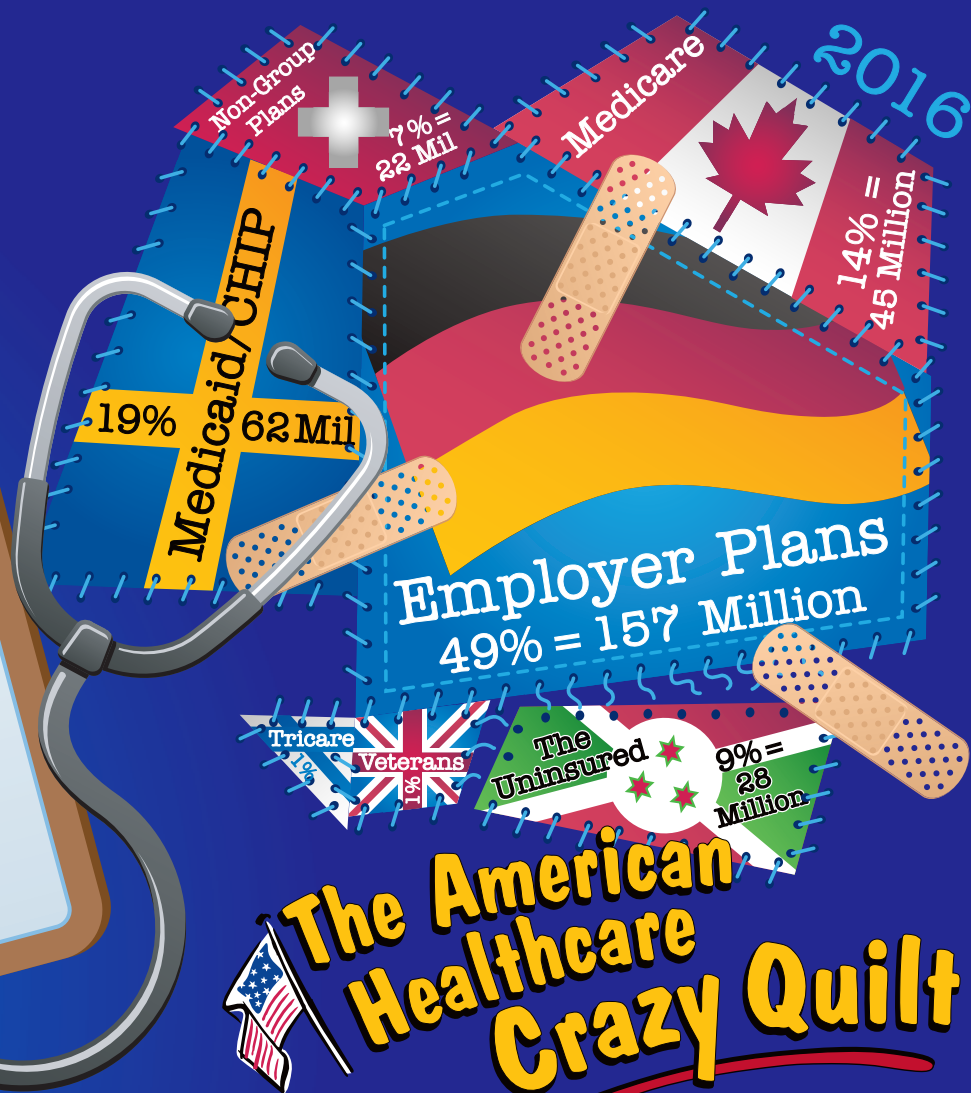
You are not truly free if
you have to sell your home or go bankrupt
to keep a family member alive.

Source: George Lakoff's *The Little Blue Book*, 2012, pgs 38-41

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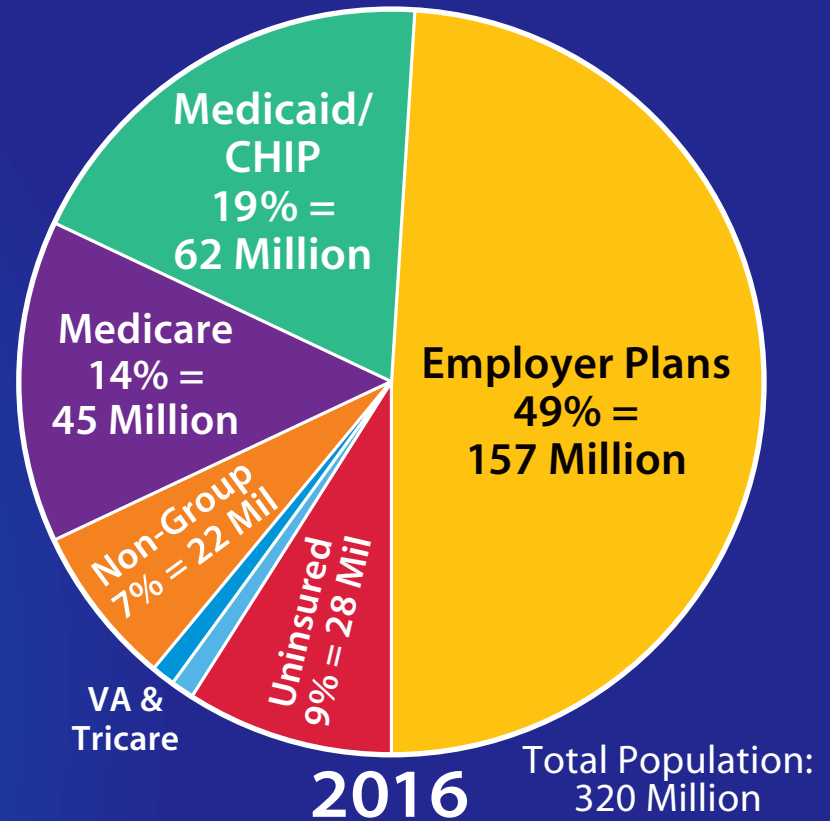
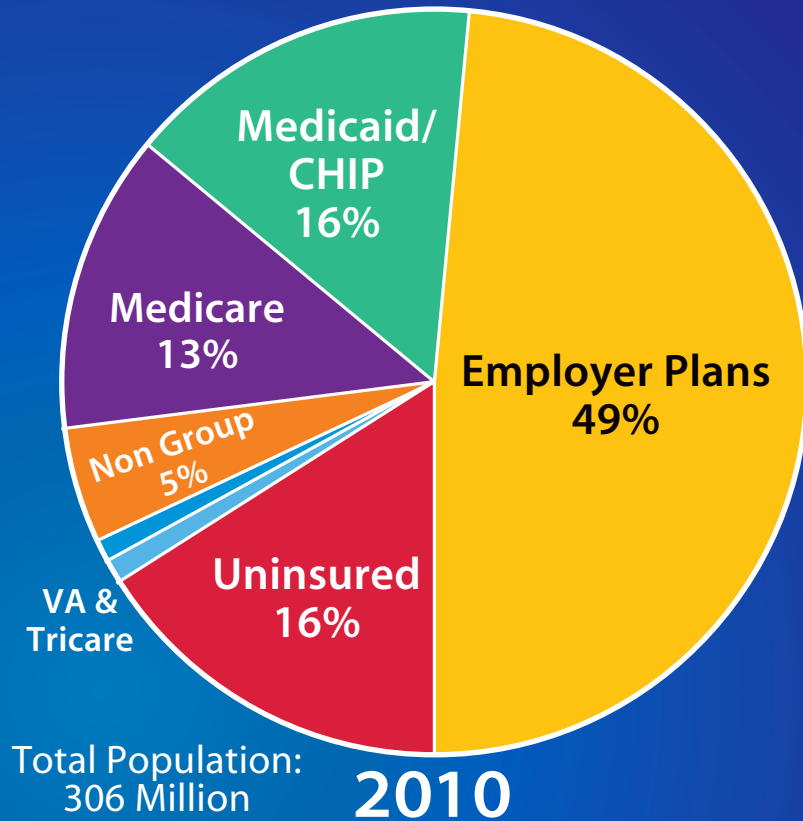


"Crazy-Quilt" metaphor by T.R. Reid, 2009

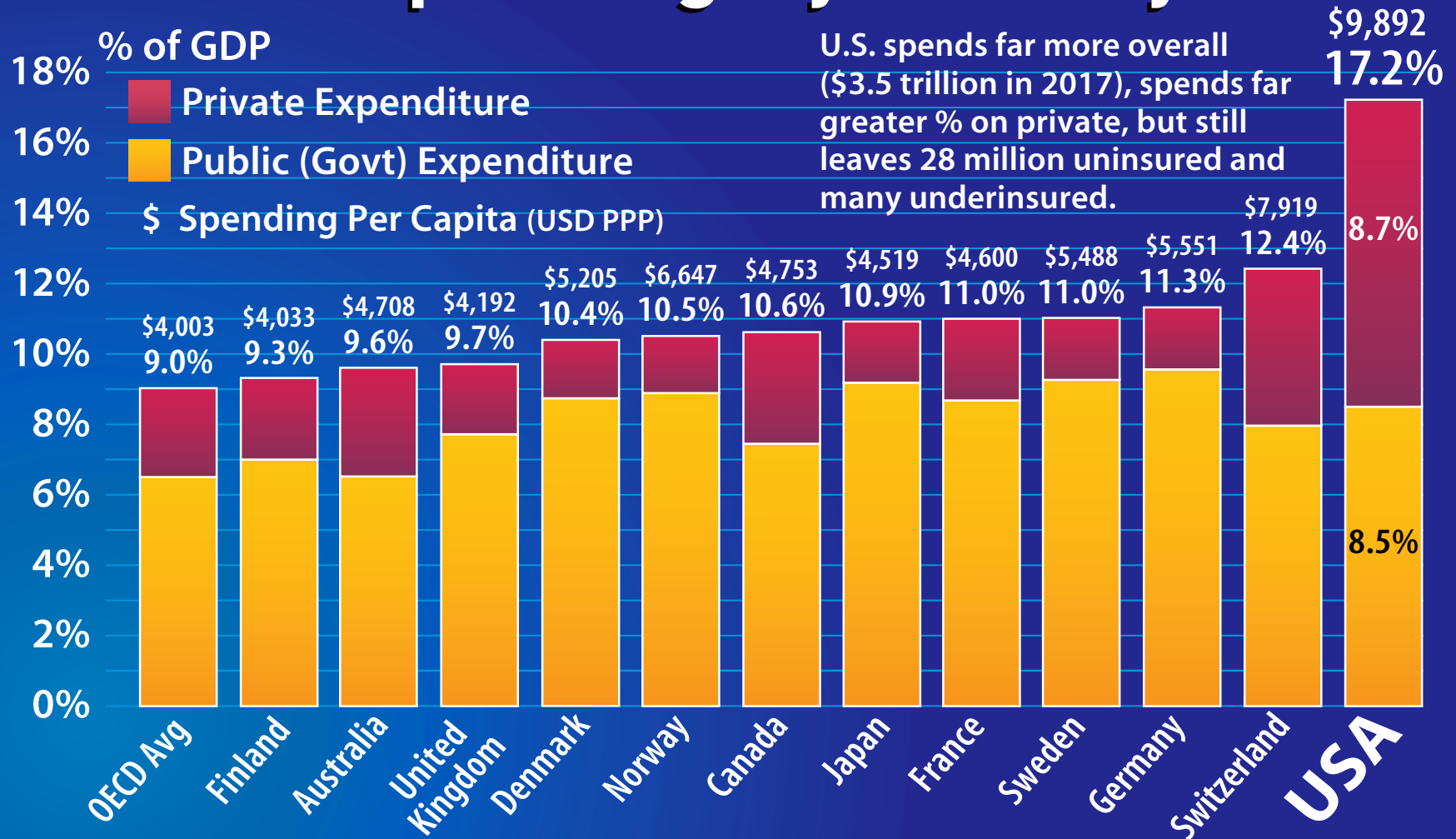
Source: Kaiser Family Foundation (kff.org) based on Census Bureau March 2016 CPS-ASEC (census.gov)
Hierarchy for sorting multi-covered people into only one category: Medicaid, Medicare, Employer, VA/Tricare, Non-Group

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Despite Improvements, ACA Still Leaves **28 Million Uninsured** And Millions More Underinsured



Health Spending By Country 2016



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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U.S. Prices Are Too Darn High!



HOSPITAL STAY (1-DAY)

\$5,220
USA avg

\$765
AUSTRALIA

\$2,142

NEW ZEALAND

\$155
USA

\$74
CANADA

\$38
GERMANY

ADVAIR (30-DAY SUPPLY)

CORONARY BYPASS

\$78,318
USA avg

\$24,059
U.K.

\$32,480
NEW ZEALAND

HIP REPLACE

\$29,067
USA avg

\$6,757
SPAIN

\$16,335
U.K.

MRI SCAN

\$1,119
USA avg

\$215
AUSTRALIA

\$503
SWITZERLAND

BABY DELIVERY

\$10,808
USA avg

\$1,950
SPAIN

\$5,312
AUSTRALIA

Because U.S. has a wide range of prices for same procedures, average prices are shown here; Dollars are \$US

Sources: International Federation of Health Plans, "2015 Comparative Price Report," July 19, 2016 (ifhpb.com)
"The U.S. Pays a Lot More for Top Drugs than Other Countries," *Bloomberg News*, Dec 18, 2015 (bloomberg.com)

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Curing Diseases Is Bad For Business

Goldman Sachs asks in biotech research report: 'Is curing patients a sustainable business model?'

Updated 7:20 PM ET Wed, 11 April 2018



“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*

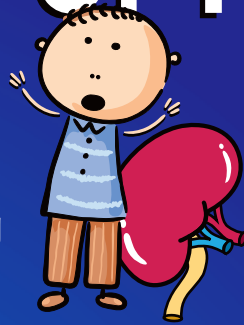
Quote: Chris Rock, “Bigger & Blacker,” 1999

Also see: “Wall Street Admits Curing Diseases Is Bad For Business,” Lee Camp, April 24, 2018 (truthdig.com)

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The Tale Of Two Kidney Stones

No Protection
From Medical
Price-Gouging



Medicare Negotiates
Fair Prices, While
Protecting Patients
The Most



		Emergency Service	Charged Amount for Uninsured or Out-of-Network	Medicare Negotiated Rate	Medicare Paid	Medigap Plan Paid	Patient Cost
HOSPITAL	CT Scan		\$ 7,350	\$ 235	\$ 187		
	IV Hydration		1,946	331	264	\$ 135	\$50
	ER Visit		2,258	345	275		ER Copay
	Hospital Misc		904	0	0		
DOCS	Radiologist		180	89	71	18	0
	ER Doctor		1,529	174	139	35	0
TOTAL			\$14,167	\$1,174	\$936	\$188	\$50

Source: Explanation of Benefits from Traditional Medicare (CMS) and Private Medicare Supplement Plan N
for three-hour ER visit for kidney stone treatment in Tucson, Arizona, 2017

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U.S. Healthcare Is No Marketplace

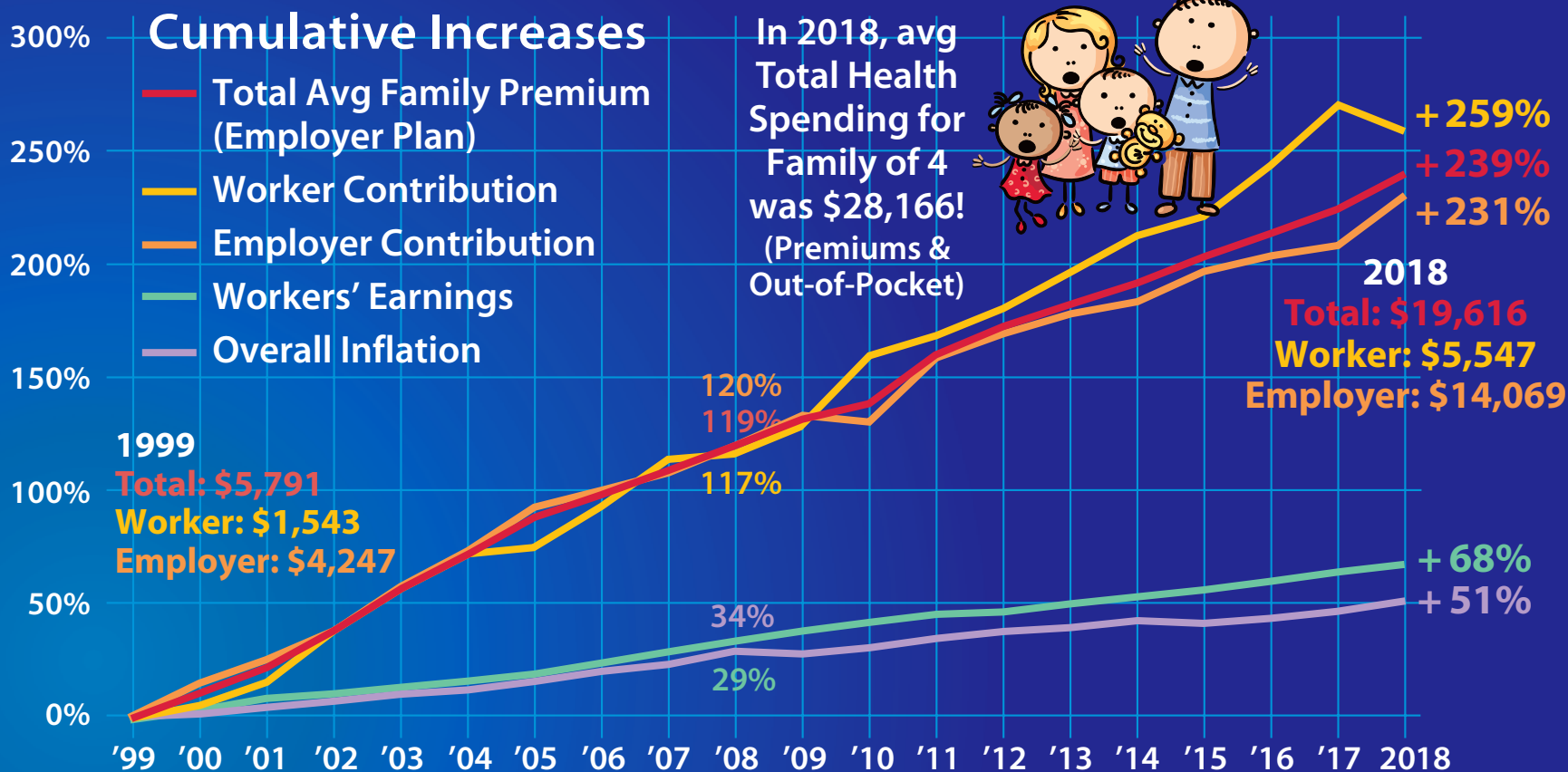
“(We) are powerless buyers in a seller’s market where the only sure thing is the profit of the sellers.”



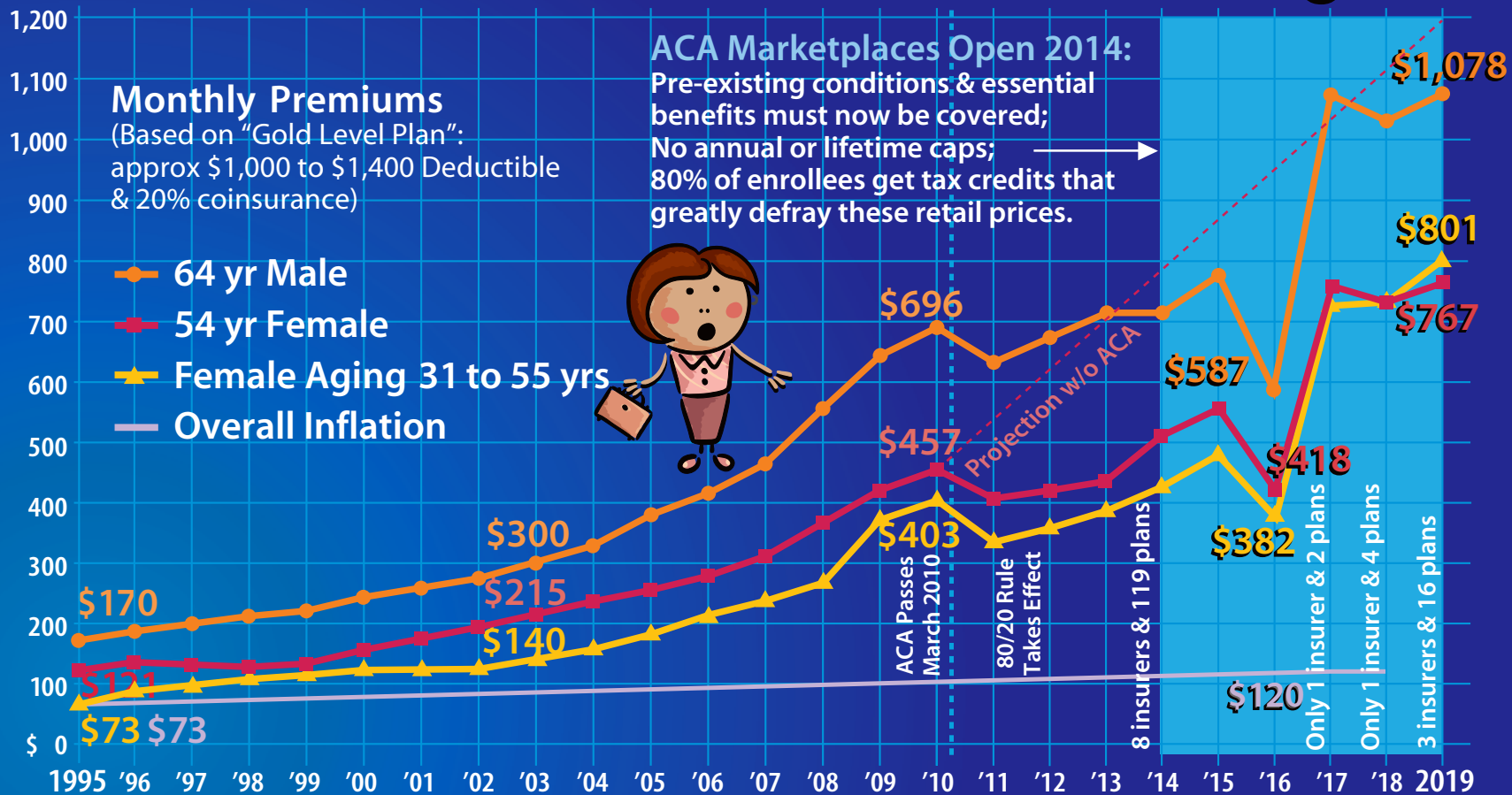
“Unless you are protected by Medicare, the health care market is not a market at all. It’s a crapshoot. People fare differently according to circumstances they can neither control nor predict... (T)hey have little visibility into pricing, let alone control of it... They have no idea what their bills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

— Steven Brill, “The Bitter Pill”

Runaway Health Premiums Eat Away At Wages & Burden Employers



ACA Did Little To Control Overall Costs And Too Vulnerable To Sabotage

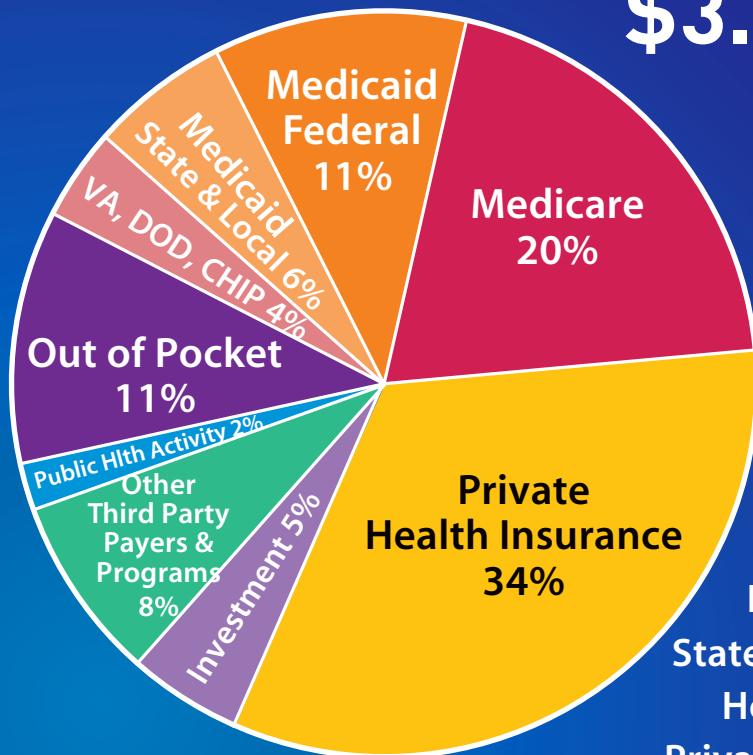


Source for 1995-2013: Blue Cross Rate Sheets for Preferred PPO, Pima County AZ, \$1,000 Deductible & 20% Coinsurance
Source for 2014-2018: **Healthcare.gov** for Pima County AZ, Gold Plan: \$1,000 to \$1,400 Deductible

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U.S. Health Dollar 2016: Where It Came From & Where It Went

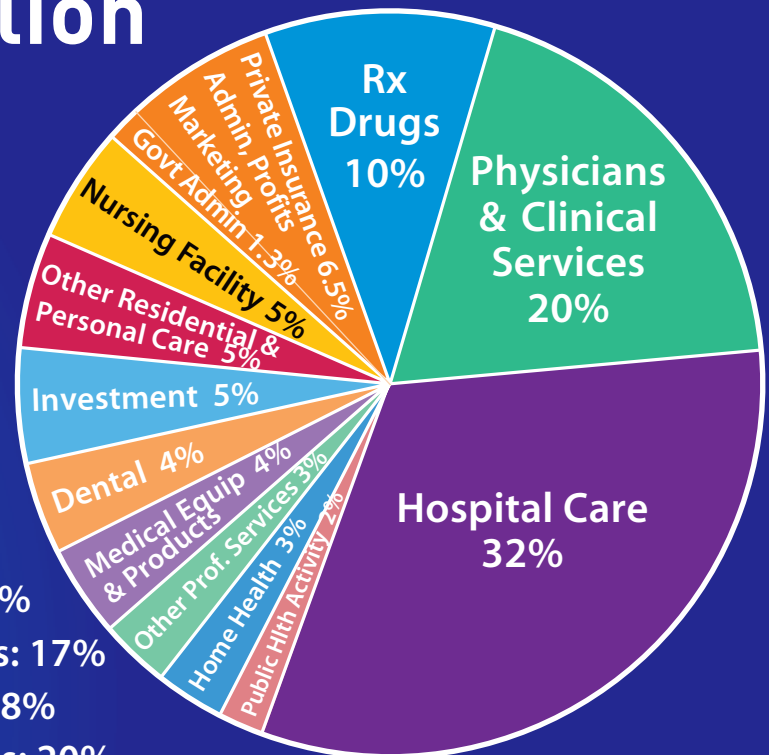
\$3.3 Trillion



Many Payers

Direct Payers by Type of Entity:

Fed Govt: 28%
State/Local Govts: 17%
Households: 28%
Private Businesses: 20%
Other Private: 7%



Recipients

Source: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group ([cms.gov](https://www.cms.gov))
Jan 2018; Note: Sum of pieces may not equal 100% due to rounding.

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Taxpayers Already Finance 65% Of All U.S. Healthcare Spending

Total 2015 Health Spending = \$3,244 B

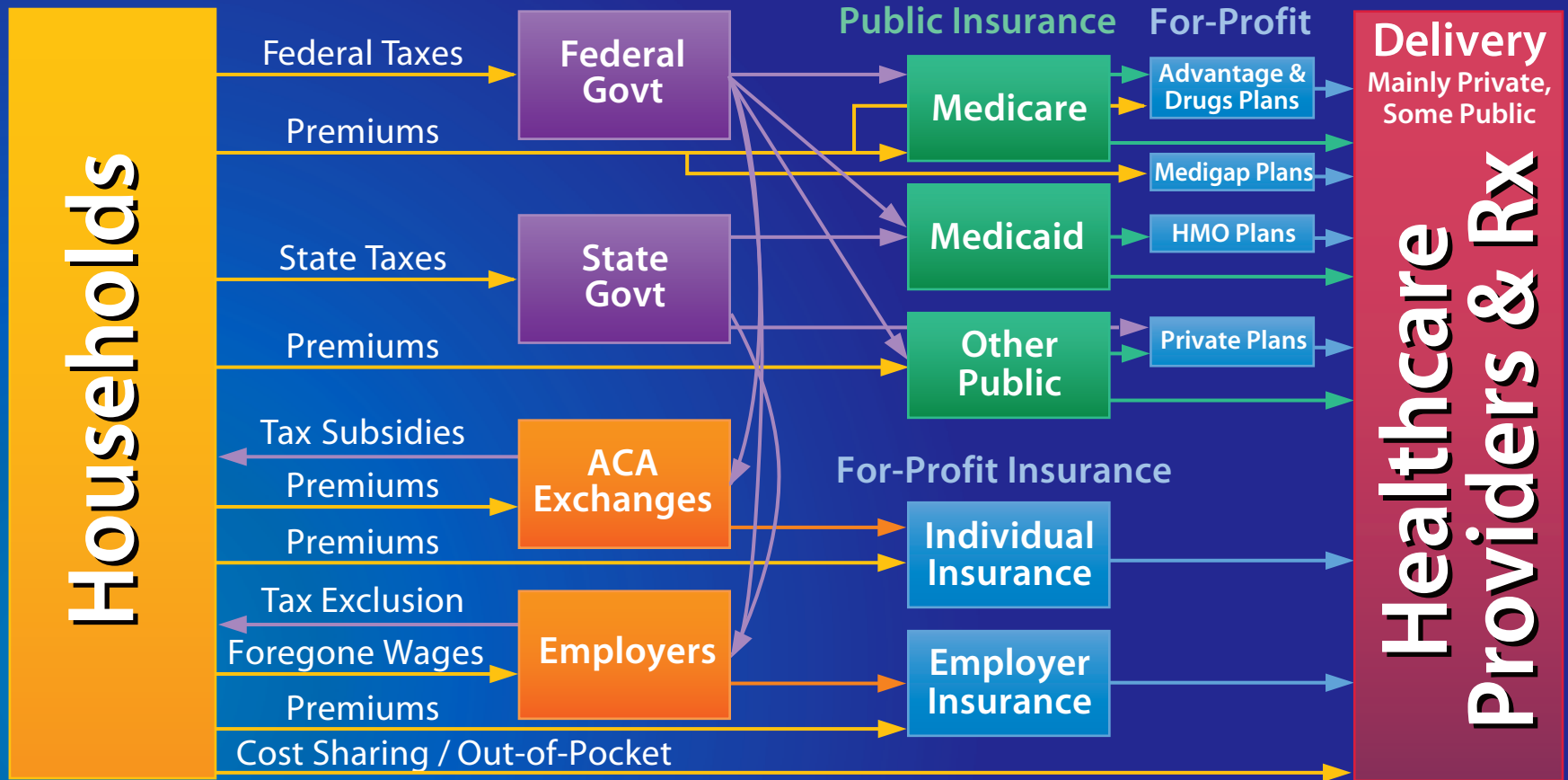
Billions \$ % of Total

1. Direct Govt Health Spending		48.5%
Medicare (Federal)	\$ 646	19.9 %
Medicaid & CHIP (Federal & State)	560	17.3
Other Health Progs (ACA, VA, NIH, Public Health)	366	11.3
2. Govt Spending for Public Employees' Health Benefits		6.5%
Federal Govt	\$ 34	1.0 %
State & Local Govts	177	5.5
3. Tax Subsidies for Private Health Insurance & Care		10.0%
Federal Govt	\$ 276	8.5 %
State & Local Govts	50	1.5
Total Tax-Financed Health Spending	\$ 2,109	65%

Source: "The Current and Projected Taxpayer Shares of US Health Costs," Himmelstein & Woolhandler, *American Journal of Public Health*, March 2016, pgs 449-452, Tables 1 & 2 (ajph.aphapublications.org)

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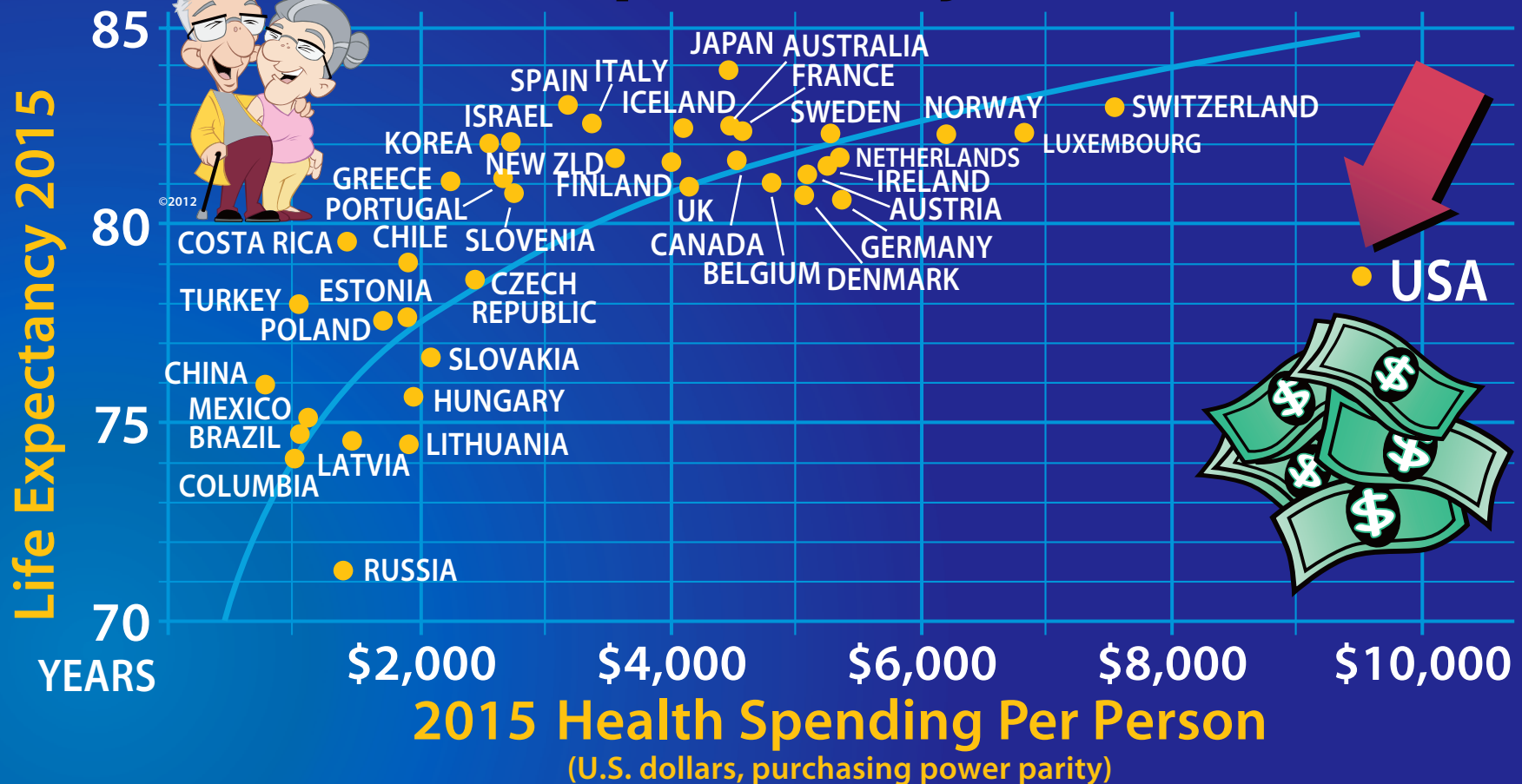
Financing Our Current Healthcare “Crazy Quilt” Is Way Too Complicated



Source: "Mapping the Terrain of the Single Payer Discourse," Matt Bruenig, Sept 6, 2017 (PeoplesPolicyProject.org)

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U.S. Spends The Most, But Has Lower Life Expectancy Than Peers



Source: Organization for Economic Cooperation Development, *Health at a Glance 2017*, pg 49 (oecd.org)

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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)

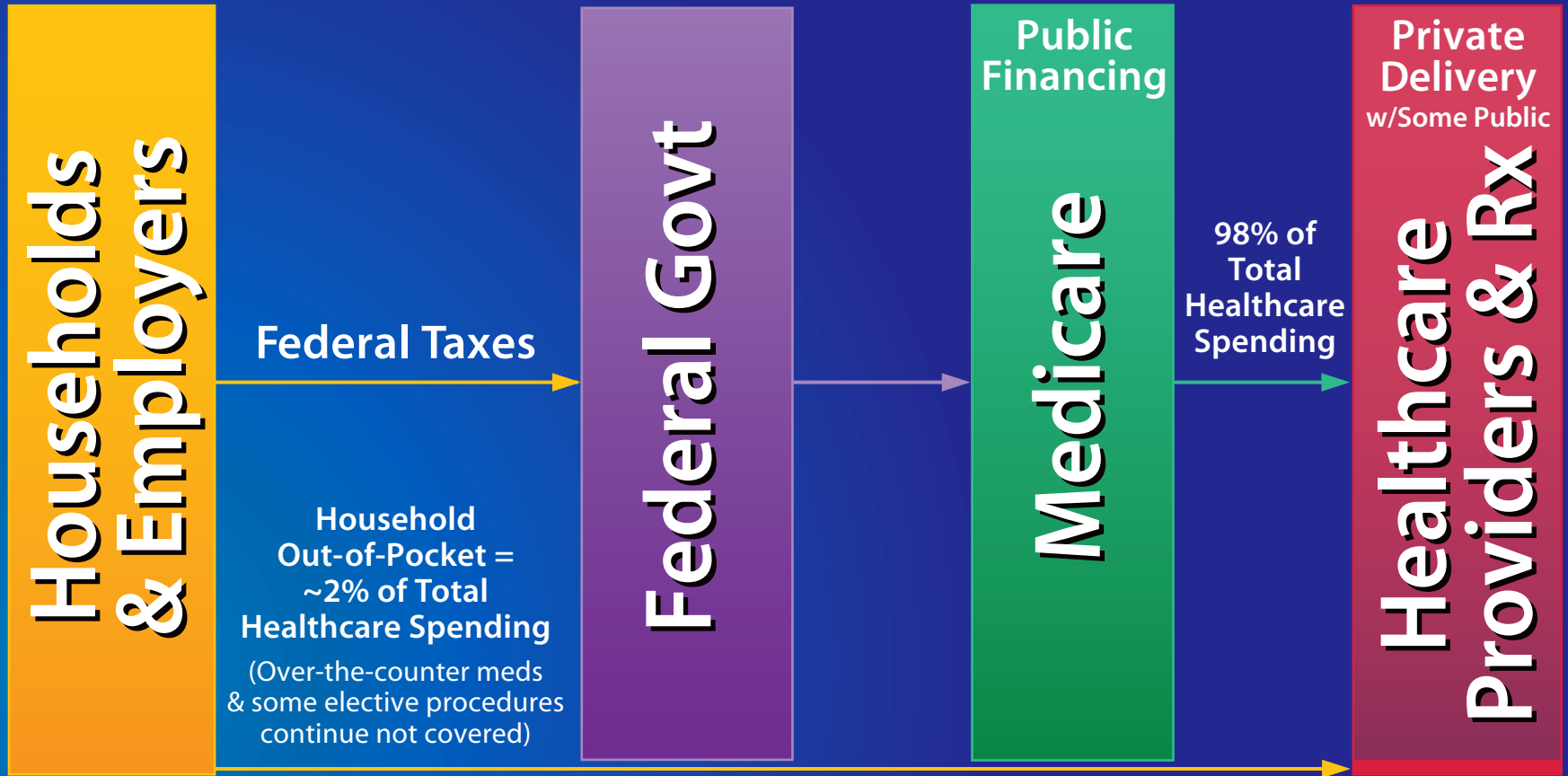
28
THOUSAND
UNINSURED DIE
per year due to
lack of insurance

600
THOUSAND
GO BANKRUPT
per year due to
medical bills



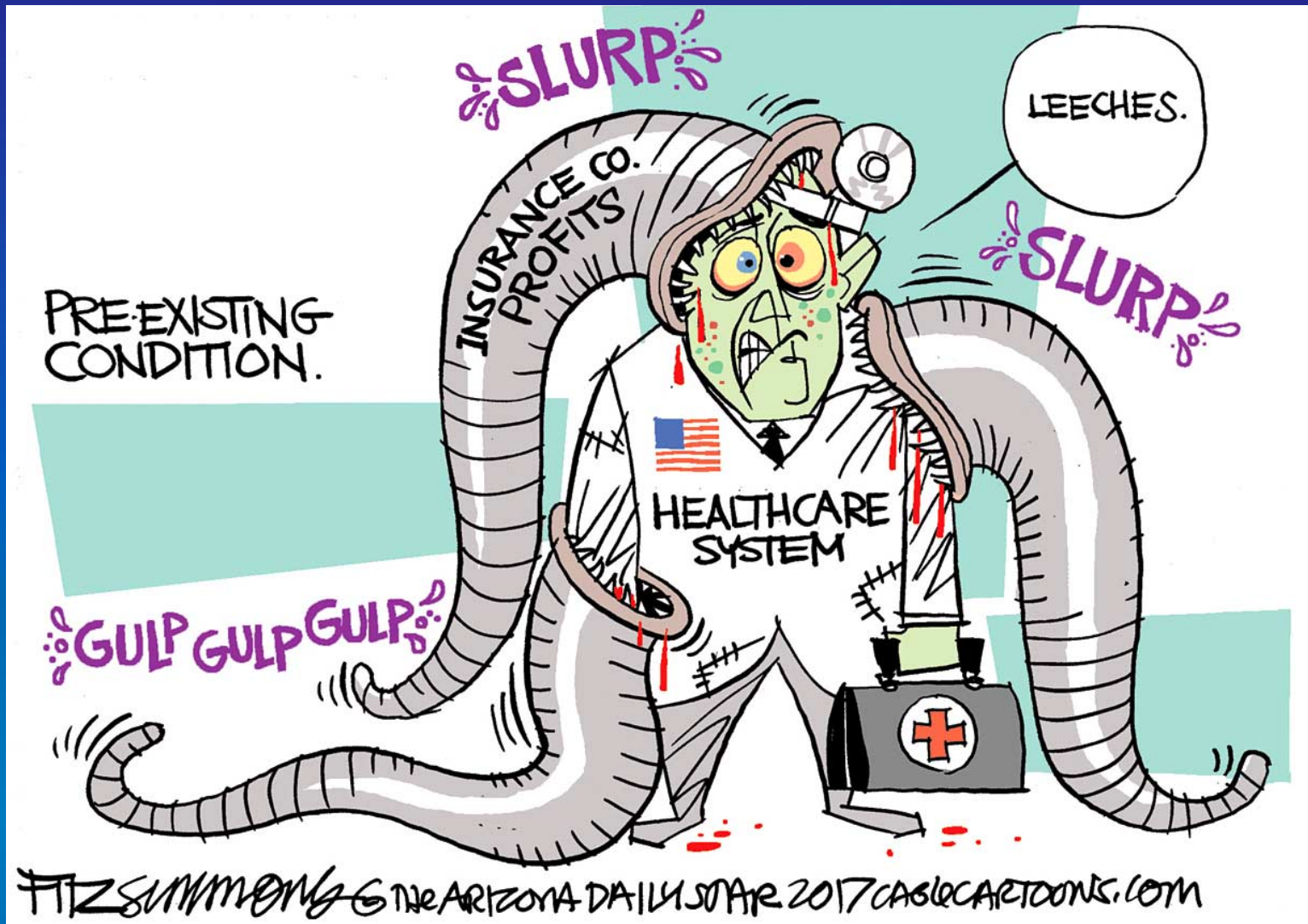
©2012

Simplicity & Bargaining Power Of Single-Payer Saves Money (~\$600 B/yr)



Sources: "Mapping the Terrain of the Single Payer Discourse," Matt Bruenig, Sept 6, 2017 (PeoplesPolicyProject.org)
and "Funding HR 676," Gerald Friedman, PhD, Dept of Economics, Univ of Massachusetts, July 13, 2013 (pnhp.org)

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Cagle Cartoon: © 2017 Copyright Dave Fitzsimmons. All rights reserved. Used here with permission.

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HR 676

The Expanded & Improved
Medicare for All Act



also called:

NIMA



National Improved Medicare for All

Sources: "HR 676: The Expanded and Improved Medicare for All Act" (congress.gov) and
"What You Need to Know About the Bill for Improved Medicare for All," Margaret Flowers, June 15, 2017 (HealthOverProfit.org)

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♥ Medicare = ♥ Govt-Paid Healthcare

If Medicare passes "...you and I are going to spend our sunset years telling our children and our children's children what it once was like in America when men were free."

– Ronald Reagan for AMA's 1961 "Operation Coffee Cup" recordings to kill Medicare bill.

Oops,
My Bad!

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4222)

NAME OF BENEFICIARY
JANE DOE

MEDICARE CLAIM NUMBER
000-00-0000-A

SEX
FEMALE

IS ENTITLED TO
HOSPITAL MEDICAL (PART A)

EFFECTIVE DATE
07-01-11

SIGN HERE

- **Signed by President Johnson in 1965** after fierce opposition from insurance co's, AMA & Repubs.
- **Covers seniors 65+ and the disabled.** Original Medicare is a single-payer system.
- **Very cost efficient program:** Operates at < 2% overhead.

Payroll tax funds **only** Part A (inpatient).
Part B (doctor/outpatient) \$109–\$134/mo.*
premium covers just ~25% of costs.
Balance paid through general revenues.

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Sources: "2018 Annual Report of Medicare Board of Trustees," June 5, 2018, pg 11 ([cms.gov](https://www.cms.gov))

*2017 Part B premiums higher for household incomes over \$85,000 single & \$170,000 married ([medicare.gov](https://www.medicare.gov))

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Medicare Advantage (MA): **Big Gimme To Big Insurance**

- In 1997, private insurance companies promised to insure for 5% LESS than Original/Traditional Medicare. **Instead MA plans cost taxpayers MORE on avg (= extra ~\$16 Billion/yr). ACA tried to rein this in.**
- 33% of beneficiaries (19 mil) enroll in MA plans. You still pay Part B premium. Network is much narrower than in Original Medicare.
- Insurance co. gets paid avg \$850 – \$900/mo per enrollee from Federal govt — even more for sicker enrollees. **\$210 B/yr boondoggle!**



Medicare Part D: Drug Program

Big Gimme To Big Pharma

“...any Republican who voted for the Medicare drug benefit has no right to criticize anything the Democrats have done in terms of adding to the national debt.”

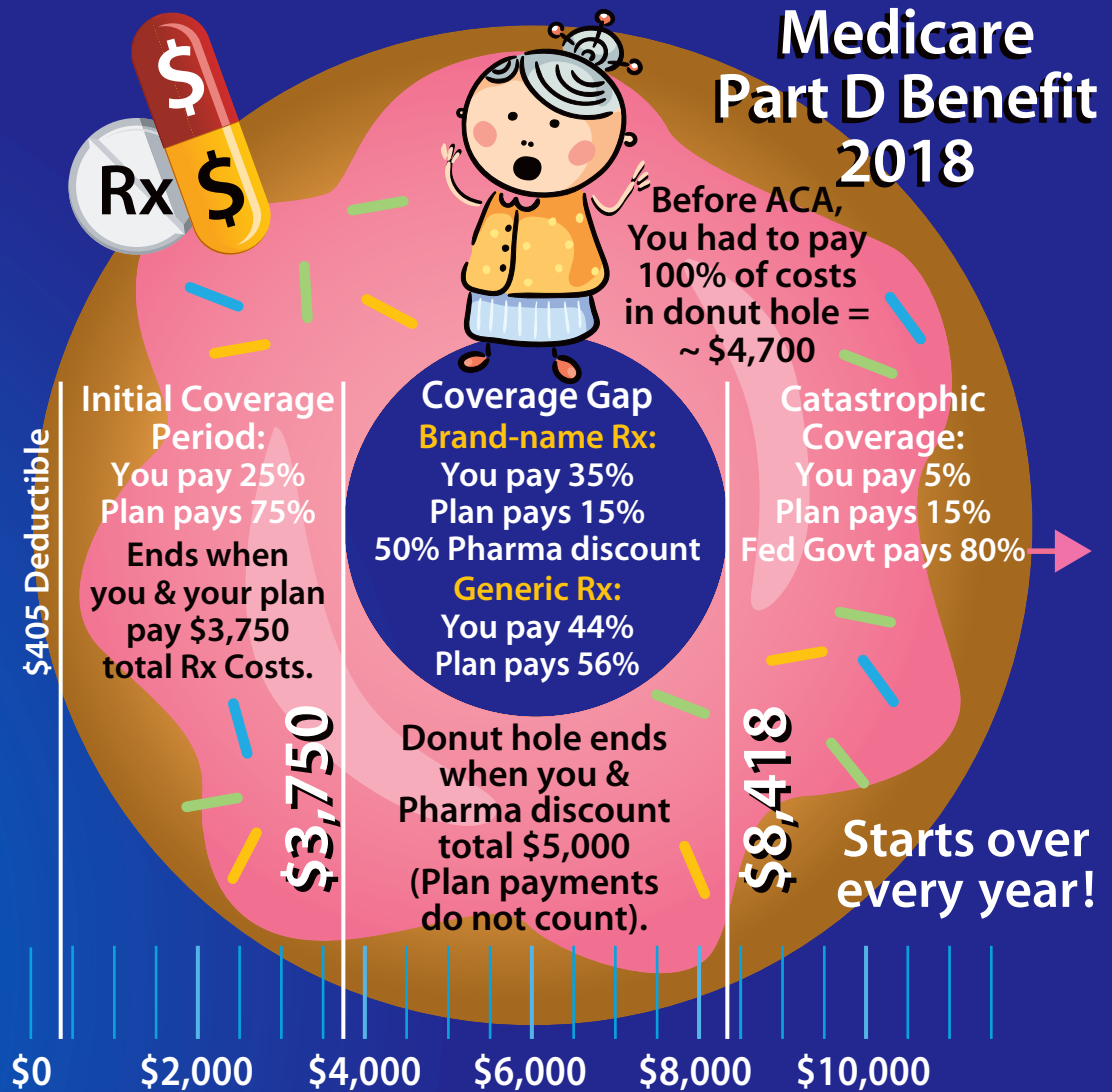
— Bruce Bartlett
Conservative Economist

- Passed by Bush II, Repubs (and some Corporate Dems!) in Dec 2003 as a **Big Gimme to Big Pharma & Big Insurance** and an election campaign ploy. Benefits started Jan 2006.
- Private insurance policies subsidized (~75%) by Federal govt, which is prohibited from negotiating down the prices. **The taxpayer must pay top dollar = \$73 Billion in 2017.**
- Fiscally irresponsible: No additional taxes collected. **Added \$649 Billion to debt in 12 yrs.**

Sources: David Sirota, *Hostile Takeover*, 2007, pgs 154-204; Part D Costs: Medicare Trustees Report 2018 ([cms.gov](https://www.cms.gov))
Bruce Bartlett, “Republican Deficit Hypocrisy,” Nov 20, 2009 ([Forbes.com](https://www.forbes.com)); Avg Part D premium 2017 = \$36/mo

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**Who Designed
Such a
Complicated,
Skimpy
Benefit Plan
with a \$4,700
Hole in it?
Republicans
in Congress –
That's Who!**

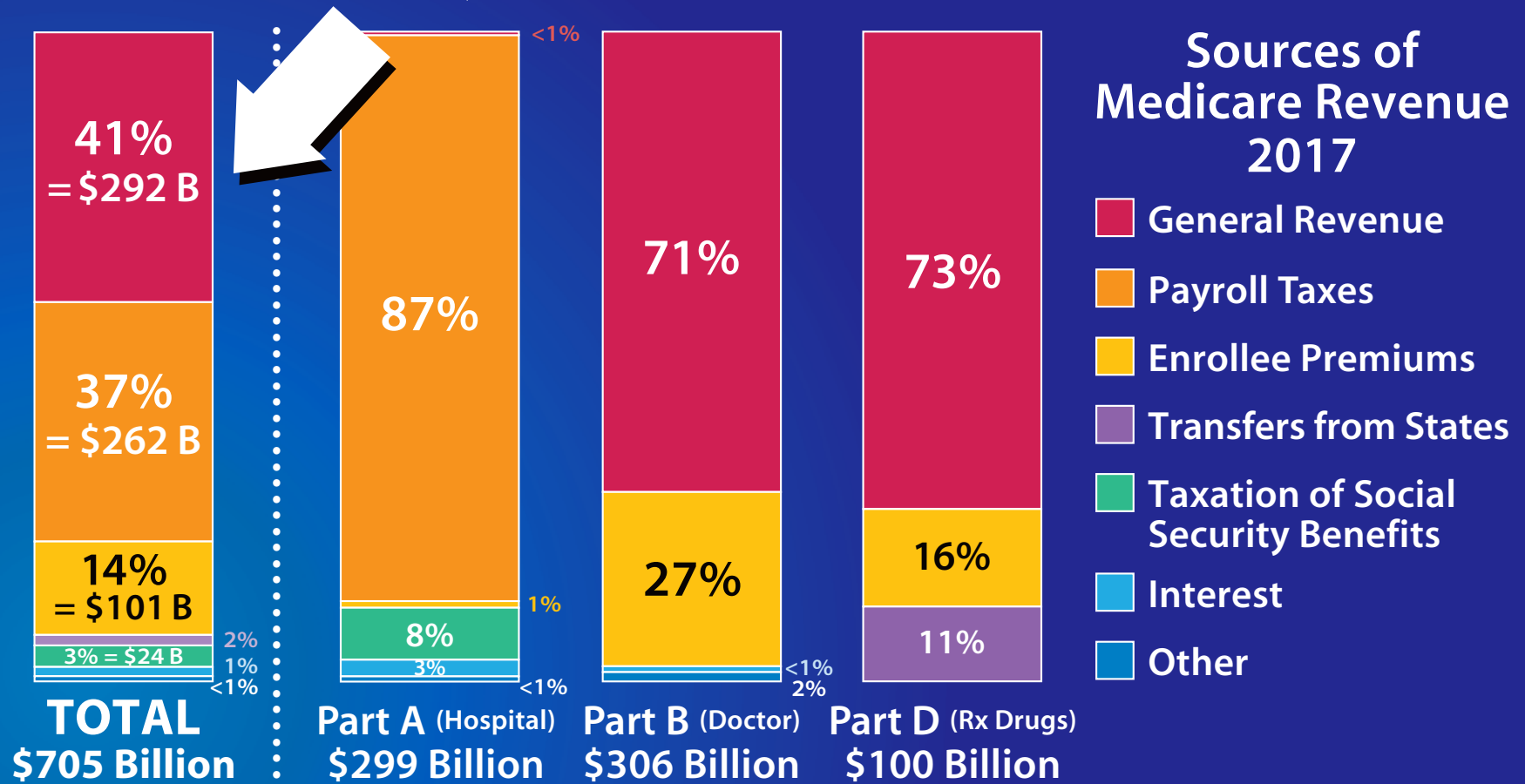


Source: "The Medicare Part D Prescription Drug Benefit" Kaiser Family Foundation, Oct 2017, Figure 5, pg 2 (kff.org)

Note: By 2020, ACA closes donut hole so you pay 25% on Brand-name Rx in the coverage gap.

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Only Half Medicare Funded By Payroll Tax & Premiums; Half From General Revenue



Sources: "2018 Annual Report of Medicare Board of Trustees," June 5, 2018, pg 11 (2017 data) ([cms.gov](https://www.cms.gov)) and "An Overview of Medicare," Kaiser Family Foundation, Nov 2017, Figure 7, pg 5 (2016 data) ([kff.org](https://www.kff.org))

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Medicare Part B & D Hidden General Revenue = \$291 Billion/yr (2017)

Income (MAGI) for Single Person (x 2 for Married)	: Share of Cost Paid by Enrollee	: Part B (Doc/Outpatient) Monthly Premium 2018 (Projected Avg Cost ~\$536/mo)	: Part D (Rx) Avg* Monthly Premium 2018 (Projected Avg Cost* ~\$140/mo)
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STANDARD PREMIUMS (paid by 94% of beneficiaries)

Up to \$85,000	: 25%	: Enrollee pays \$109-\$134 Govt pays \$427-\$402	: Enrollee pays \$36 Govt pays \$104
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INCOME-RELATED PREMIUMS (paid by top 6% of beneficiaries)

\$85,001 to \$107,000	: 35%	: Enrollee pays \$188 Govt pays \$348	: Enrollee pays \$49 Govt pays \$91
\$107,001 to \$133,500	: 50%	: Enrollee pays \$268 Govt pays \$268	: Enrollee pays \$70 Govt pays \$70
\$133,501 to \$160,000	: 65%	: Enrollee pays \$348 Govt pays \$188	: Enrollee pays \$90 Govt pays \$50
over \$160,000	: 80%	: Enrollee pays \$429 Govt pays \$107	: Enrollee pays \$111 Govt pays \$29

Dedicated payroll tax funds only Part A (Hospital Insurance).

Source: "Medicare's Income-Related Premiums Under Current Law and Proposed Changes," Kaiser Family Foundation, Nov 2017 (kff.org); *National avg monthly premium across all Part D plans plus surcharges of \$13-\$75 for higher incomes.

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Medicare: A Look At The Books

2017 (in \$ Billions)



HI

Hospital Insurance

Part A

SMI

Supplementary Medical Insurance

Part B (Doctor)

Part D (Rx Drug)

EXPENSES

Payments to Providers or Private Rx Plans	(\$ 199)	(\$ 194)	(\$ 100)
Payments to Private Advantage Plans (Part C)	(95)	(115)	None
Administrative Expenses	(3)	(5)	(<1)
TOTAL EXPENSES 2017 = \$710	(\$ 297)	(\$ 314)	(\$ 100)

INCOME

Payroll Taxes (Funds ONLY Part A)	\$ 262	None	None
Interest on Trust Fund	7	\$ 2	<1
Taxation of Benefits	24	None	None
Enrollee Premiums	4	82	\$ 16
General Tax Revenues	1	217	73
Other or Transfer from States	2	5	11
TOTAL INCOME 2017 = \$705	\$ 300	\$ 306	\$ 100

**EARNED
50%
BENEFIT**



Trust Fund Assets (end of 2016)	\$ 199	\$ 88	\$ 8
Net increase/decrease in assets (2017)	+ 3	- 8	+ <1
Trust Fund Assets (end 2017) = \$290	\$ 202	\$ 80	\$ 8
Avg Benefit /Enrollee 2017 = \$13,087	(\$421/mo) \$ 5,055	(\$482/mo) \$ 5,780	(\$188/mo) \$ 2,252

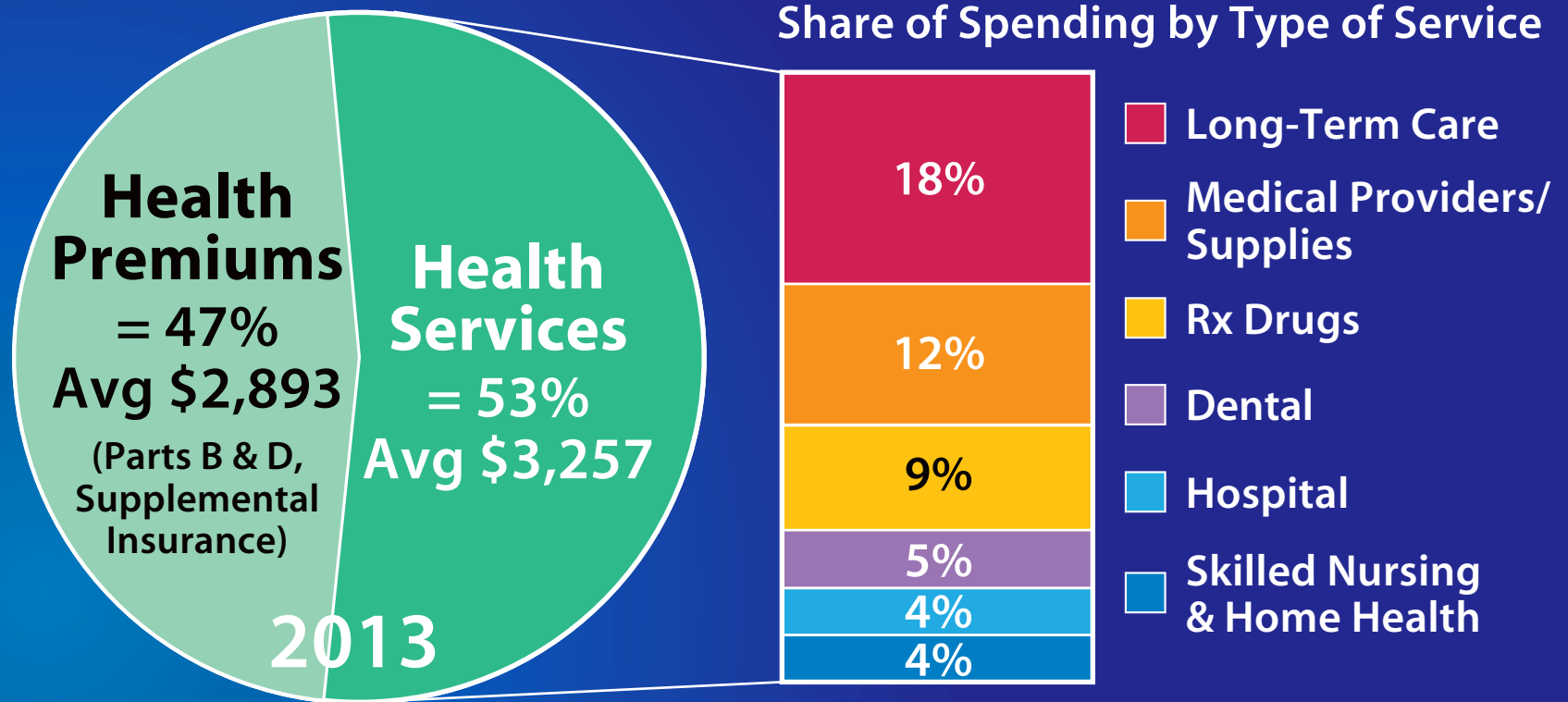
Source: "2018 Annual Report of Medicare Board of Trustees," June 5, 2018, pg 11 (cms.gov)

Note: Totals may not add up due to rounding to nearest billion

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Out-Of-Pocket & Premium Spending Still Too High In Existing Medicare.

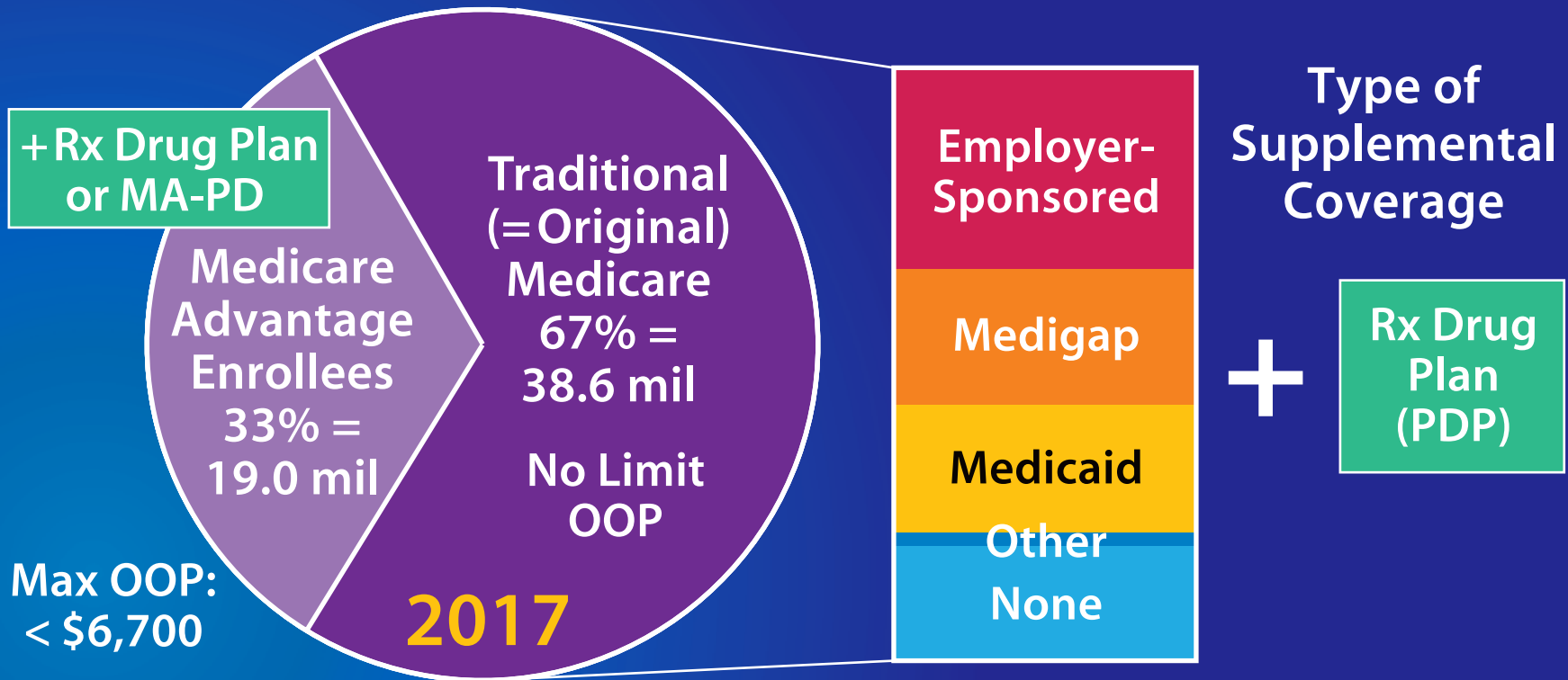
Medicare-For-All (HR 676) Fixes This.



Source: "An Overview of Medicare," Kaiser Family Foundation, Nov 2017, Figure 5, pg 4 (kff.org)
Based on analysis of "Medicare Current Beneficiary Survey 2013 Cost & Use" (includes traditional Medicare enrollees only)

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Medicare Enrollees Buy Private Plans To Limit Out-Of-Pocket (OOP). No Need With Medicare-For-All (HR 676)



Medicare-For-All (HR 676) Is **COMPREHENSIVE**



- 1** Eliminates gaps and cost-sharing in existing Medicare: No need for supplemental, Advantage, dental, LTC plans. So current Medicare enrollees are big winners, too!
- 2** Covers inpatient, outpatient, ER care, Rx drugs, mental, dental, vision, hearing, chiropractic, rehab, podiatry, medical devices, prenatal and longterm care.
- 3** No co-pays, deductibles or co-insurance: Eliminates financial barriers to care and ends scourge of medical debt/ bankruptcy.



Sources: Analysis of "HR 676: The Expanded and Improved Medicare for All Act," by
HealthOverProfit.org and Physicians for a National Health Program (**pnhp.org**)

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Medicare-For-All (HR 676) Is **UNIVERSAL** *Simple & Cost-Effective*

- 1** Extends *improved* Medicare to every person living in U.S. Gets young and healthy into same risk pool as older and sicker. That's insurance 101!
- 2** Single-payer system has bargaining power to negotiate lowest prices.
- 3** Significantly reduces bureaucracy and paperwork for providers and patients. Current Medicare operates at only < 2% overhead.



Sources: Analysis of "HR 676: The Expanded and Improved Medicare for All Act," by
HealthOverProfit.org and Physicians for a National Health Program (pnhp.org)

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Medicare-For-All (HR 676) Enhances **FREEDOM**

- 1** Real Choice: Go to nearly any doctor or hospital in the entire country. No more worries about provider networks.
- 2** Portable: Coverage follows you when you move, change jobs, retire, etc. Frees entrepreneurs from job lock.
- 3** Eliminates stress of worrying about deductibles, co-pays, and surprise balance bills from out-of-network providers.



Sources: Analysis of "HR 676: The Expanded and Improved Medicare for All Act," by
HealthOverProfit.org and Physicians for a National Health Program (**pnhp.org**)

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Medicare-For-All (HR 676) Is **GOOD FOR BUSINESS** & Economy



1 Gets insurance burden and cost off backs of businesses. They can expand without worry and uncertainty of skyrocketing healthcare costs.

2 Businesses can compete on a level playing field locally, nationally and internationally.

3 Workers and consumers have more discretionary funds to spend in the economy.

4 Single-payer negotiating power can control runaway healthcare costs and medical inflation.





**70% of Americans
support
Medicare-For-All**

June & July 2018 Reuters/Ipsos Poll

HR 676

The Expanded & Improved Medicare for All Act



Universal: Extends *improved* Medicare to every person in the U.S.

Comprehensive: Inpatient, outpatient, ER, Rx, mental, dental, vision, hearing, rehab, chiropractic, podiatry, devices, prenatal & longterm care.

Simple & Cost-Effective: Say goodbye to maze of predatory, for-profit health insurance, and all premiums, deductibles, co-pays & medical bills.

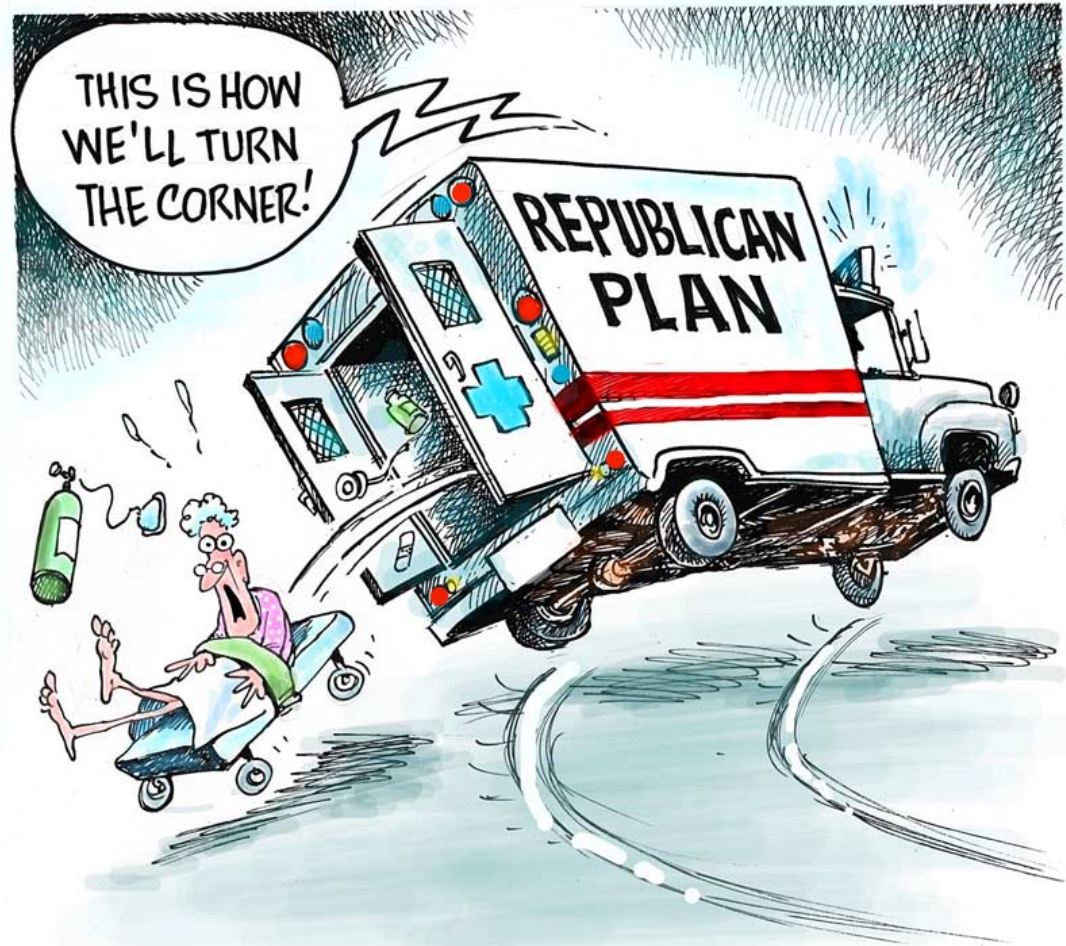
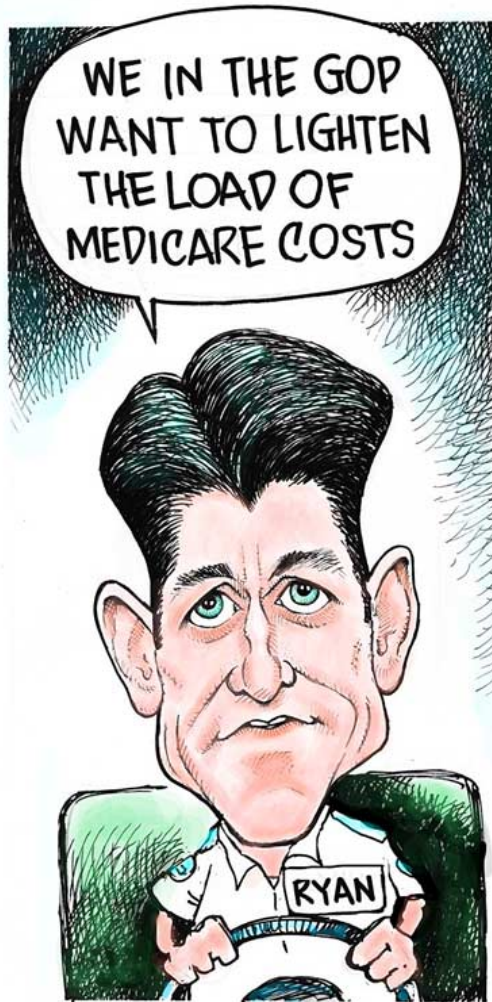
Freedom & Choice: Go to nearly any doctor or hospital in the U.S. Coverage follows you when you move, change jobs, retire, etc.

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

Big Savings for 95% of Americans: 3% to 6% payroll tax (on employer side) **replaces** all premiums and out-of-pocket costs.

Sources: "HR 676: The Expanded and Improved Medicare for All Act" (congress.gov) and "What You Need to Know About the Bill for Improved Medicare for All," Margaret Flowers, June 15, 2017 (HealthOverProfit.org)

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DAVE GRANLUND © www.davegranlund.com

GOP-CARE

It's Coupon-Care!

"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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Medicare-For-All (HR 676): Financing

COSTS & SAVINGS

(in Billions/Year, 2014)

Cost of Existing U.S. Health System \$ 3,162

Savings with Medicare-For-All = \$592:

Administrative Efficiencies - (476)

Negotiate Lower Rx Drug Prices - (116)

Added Spending for Better Care = \$343:

Enhance & Expand Coverage to All +110

Increased Utilization of Healthcare +144

Increase Medicaid Payment Rate + 89

Transition Costs = \$51:

Support & Retrain Displaced Workers + 31

Capital Buy-Out of For-Profit,

Investor-Owned Facilities + 20

TOTAL COST OF H.R. 676 **\$ 2,964**

Net Savings: \$198 B/yr
Compared to Current System

REVENUE SOURCES

(in Billions/Year, 2014)

Apply Current Fed Health Spending \$ 1,391

Medicare, Medicaid, CHIP, ACA, VA, DoD,
Public Employees, Public Health, NIH

Limited Household Out-of-Pocket + 63

Over-the-counter drugs & some elective/cosmetic
procedures continue not covered (~2% of total)

Tax Expenditure Savings + 260

Replacement Revenues = \$1,404:

3% Payroll Tax (< \$53,000 income) + 27

6% Payroll Tax (> \$53,000 income) + 346

6% Surtax on Income >\$225,000 + 279

6% Tax on Capital Gains, Divs, Rents + 310

Financial Transaction Tax (.01%- 0.5%) + 442

TOTAL REVENUES FOR H.R. 676 **\$ 3,118**

Net Surplus: \$154 B/yr
Revenues Minus Cost of H.R. 676

Source: "Funding HR 676: The Expanded and Improved Medicare for All Act," Gerald Friedman, PhD,
Dept of Economics, Univ of Massachusetts, July 13, 2013 (pnhp.org); Medicare-For-All calculator (hcfat.org)

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Medicare-For-All (HR 676) REPLACES Regressive Expenses With Progressive Taxes

Obsolete Funding Sources

(in Billions/Year, 2014, H.R. 676)

Private Business = \$450:

Employer Contrib. Private Premiums	\$ 414
Workers Comp & Worksite Health	36

Households = \$633:

Private Insurance Premiums	312
Medicare Supplement Premiums	67
80% of Out-of-Pocket Spending	254

Other Private Spending = \$167

167

Federal Gov't = \$35:

Employer Contrib. Private Premiums	35
------------------------------------	----

State & Local Gov't = \$438:

Employer Contrib. Private Premiums	158
Health Programs (incl. Medicaid)	125
Other	155

TOTAL THAT GETS REPLACED \$ 1,723

Replacement Funding

(in Billions/Year, 2014, H.R. 676)

Employer-Side Payroll Tax = \$373:

3% Payroll Tax (< \$53,000 income)	\$ 27
6% Payroll Tax (> \$53,000 income)	346

Upper Income Households = \$589:

6% Surtax on Income >\$225,000	279
6% Tax on Capital Gains, Divs, Rents	310
Does not apply to retirement accts.	

Wall Street = \$442:

Financial Transaction Tax (.01%- 0.5%)	442
--	-----

TOTAL REPLACEMENT FUNDING \$ 1,404

20% of Current Out-of-Pocket

63

Over-the-counter meds/vitamins & some elective procedures continue not covered.

Tax Expenditure Savings

260

Source: "Funding HR 676: The Expanded and Improved Medicare for All Act," Gerald Friedman, PhD, Dept of Economics, Univ of Massachusetts, July 13, 2013 (pnhp.org); Medicare-For-All calculator (hcfat.org)

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95% Of Americans Get **BIG Savings** With Medicare-For-All (HR 676)

Income Group	Avg Household Income	% Change in After-Tax Income	Approx SAVINGS	Approx Higher Cost
BOTTOM 95%	\$25,720	+18%	\$4,600	N/A
	\$57,350	+12%	\$6,900	N/A
	\$87,730	+9%	\$7,900	N/A
	\$128,440	+7%	\$9,000	N/A
	\$216,920	+3%	\$6,500	N/A
TOP 5%	\$462,950	- 8%	N/A	\$37,000
	\$2,994,820	- 14%	N/A	\$419,000

% change reflects difference between share of income spent on healthcare now and share under the progressive taxes proposed under H.R. 676, which replace the current regressive funding system.

Source: "Funding HR 676: The Expanded and Improved Medicare for All Act," Gerald Friedman, PhD, Dept of Economics, Univ of Massachusetts, July 13, 2013 (pnhp.org); Medicare-For-All calculator (hcfat.org)

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The Best Plan
Is So Simple!



Single Individual With Annual Income of **\$26,500** in 2026

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



*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.

Sources: Congressional Budget Office, Cost Estimate of AHCA, Mar 13, 2017, Table 4 (pg 34);
 Cost Estimate of BCRA, June 26, 2017, Table 5 (pg 48) ([cbo.gov](http://.cbo.gov)); Medicare-For-All calculator (hcfat.org)

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Medicare-For-All Comparison: Why HR 676 Is Better

HR 676

120 Co-sponsors in House

Everyone covered January 1st
of first full year after passage

Includes Long-Term Care
under improved Medicare

Eliminates/converts for-profit,
investor-owned health facilities

No co-pays

Keeps VA independent for 10 yrs
and IHS for 5 yrs; then reevaluate
whether to integrate into MFA

Bernie's S-1804

16 Co-sponsors in Senate

Prolonged 4-year rollout:
Gradually lowers eligibility age

Leaves Long-Term Care under
state-administered Medicaid

Still allows for-profit,
investor-owned health facilities

Small co-pays on some brand Rx

Maintains independent
Veterans' Affairs (VA) and
Indian Health Services (IHS)

Sources: "HR 676: The Expanded and Improved Medicare for All Act" (congress.gov and pnhp.org)
and "Medicare For All Act of 2017," introduced by Senator Bernie Sanders, Sept 13, 2017 (sandersonsenate.gov)

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Medicare-For-All: Bernie's Plan 2017

\$16T Options For Replacement Financing* in Billions over 10 Years

7.5% Employer-Side Payroll Tax (Avg Employer SAVES \$9,000/yr*)	\$3,900
4.0% of Taxable Household Income (Avg Family SAVES \$4,400/yr*)	\$3,500
Savings from Health-Related Tax Expenditures	\$4,200
More Progressive Income Taxes on High Incomes (> \$250,000) <small>Add 40-52% Marginal Rates; Tax Cap Gains & Divs Same as Work; Limit Deductions to 28% Rate</small>	\$1,800
More Progressive Estate Tax (45%-65% on >\$3.5 M exemption)	\$ 249
Annual 1% Wealth Tax on Top 0.1% (on amount >\$21 M net worth)	\$1,300
Close Wealthy S-Corp Payroll & Medicare Tax Loophole	\$ 247
Tax Corporate Offshore Profits (currently \$2.6T held offshore)	\$ 767
Fee on Large Financial Institutions (>\$50 B in assets)	\$ 117
Repeal Corporate Accounting Gimmicks (LIFO on inventory)	\$ 112

Source: "Medicare For All Act of 2017," introduced by Senator Bernie Sanders, Sept 13, 2017 ([sanders.senate.gov](https://www.sanders.senate.gov))

*Replaces spending on private insurance premiums, deductibles, co-pays, etc. by households, businesses & state/local govts

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2018 UMass Study: Medicare-For-All Saves 9.5% Compared To Current System

COSTS & SAVINGS (in Billions/Year, 2017)	REVENUE SOURCES (in Billions/Year, 2017)
<p>Existing Health Consumption Costs \$3,240 <i>Excludes Public Health Activities (\$85) and Investments – Research/Structures (\$164)</i></p> <p>Increased Health Demand (+12%) + 389 <i>Enhanced & Expanded Coverage to All</i></p> <p>Savings under M4A (19.2% of 3,629) – (697) <i>Administrative Efficiencies (9% = \$327) Negotiate Lower Drug Prices (5.9% = \$214) Apply Uniform Medicare Rates (2.8% = \$102) Improve Delivery, Reduce Fraud (1.5% = \$54)</i></p> <hr/> <p>Total Cost of Medicare-For-All \$ 2,932</p> <p>Transition Costs (\$62/yr for 2 yrs) + 62 <i>Support & Retrain Displaced Workers</i></p>	<p>Apply Current Govt Health Spending \$1,552 <i>Medicare, Medicaid, CHIP, ACA, VA, DoD, Fed Employees; includes “maintenance of effort” revenue transfers from state & local govts to fed govt (~\$230)</i></p> <p>Tax Expenditure Savings + 332</p> <p>Replacement Revenue (\$1,081)</p> <ul style="list-style-type: none"> Existing Biz Health Spending with 8% Cut + 623 <i>Later replace with 8.2% payroll tax</i> Sales Tax of 3.75% on Non-necessities + 196 <i>Excludes food, housing, utilities, education Credited back to low-income families</i> Net Worth Tax of 0.38% after first \$1 Million + 193 Tax Capital Gains as Ordinary Income + 69 <hr/> <p>Total Revenues for M4A \$ 2,965</p>

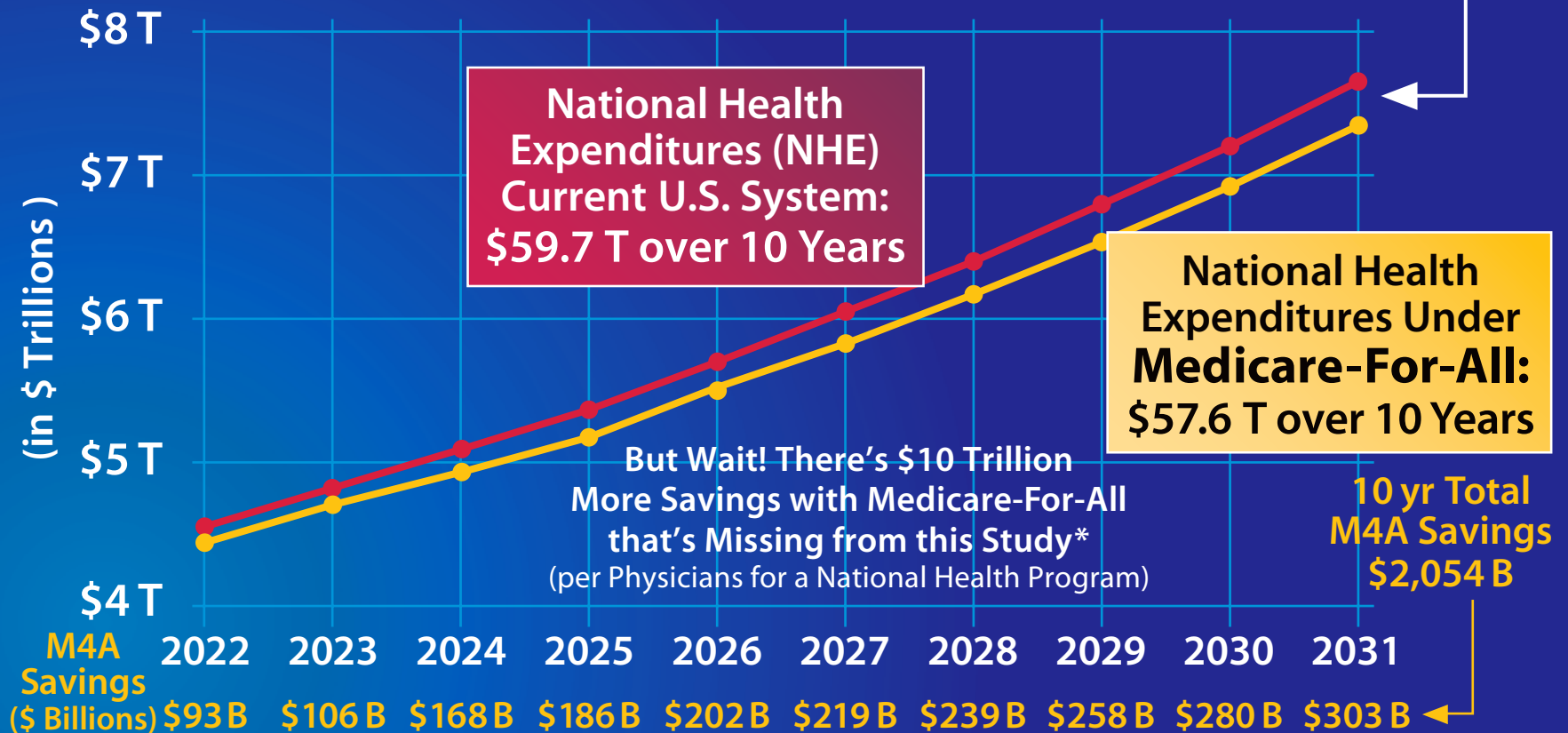
Over 10 yrs, M4A Saves \$5 Trillion!: \$38 T vs \$43 T for Existing System (2017-2026)

Source: “Economic Analysis of Medicare for All” (analysis of Bernie Sanders’ S1804) by Political Economy Research Institute at Univ of Massachusetts, Nov 2018, see pgs 7, 9, 10, 15, 71, 118, 126 (peri.umass.edu)

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Libertarian, Koch-Funded Study Admits Medicare-For-All **SAVES** \$2 Trillion/10 yrs

Covers Everybody, Better Benefits, No Cost-Sharing



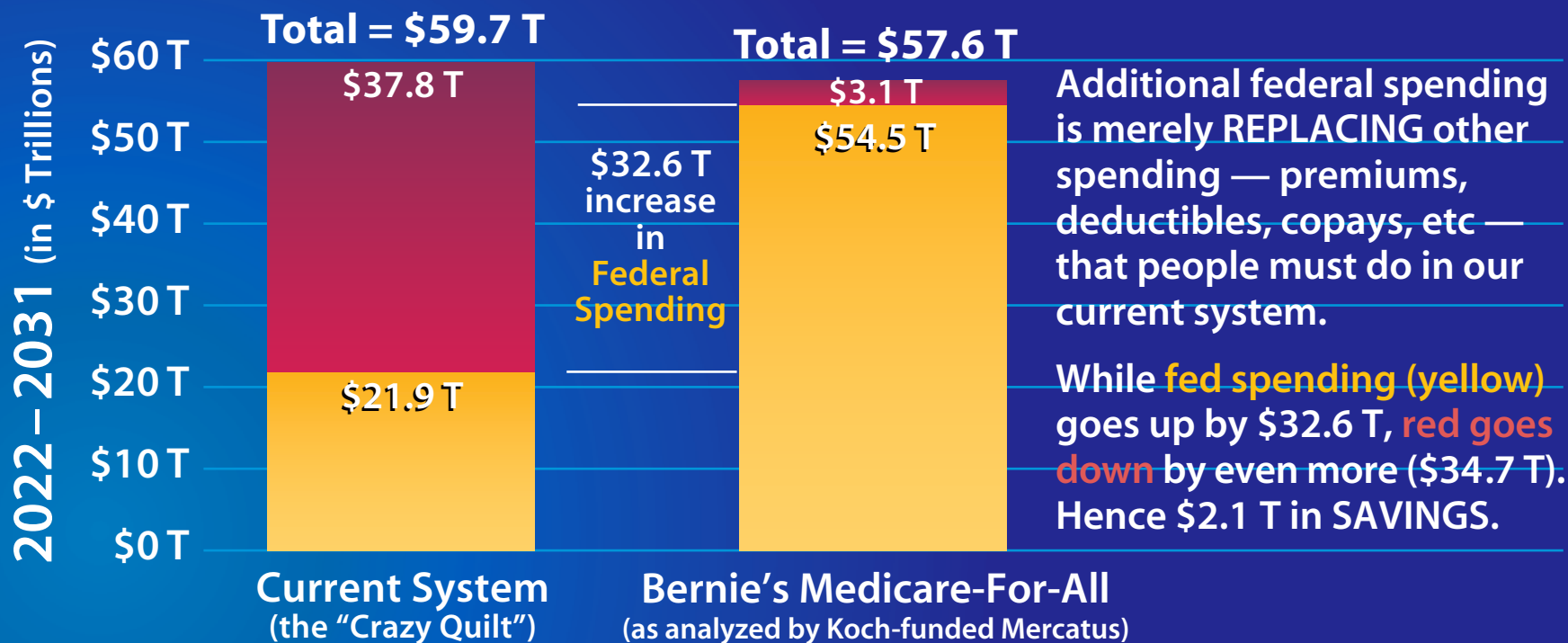
Sources: "Costs of a National Single-Payer Healthcare System," Blahous, Mercatus Center, GMU, July 2018, Table 2, pg 7 (mercatus.org)

*\$10 T More Savings: Himmelstein & Woolhandler, Physicians for a National Health Program, Aug 2, 2018 (pnhp.org)

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Of Course **Federal Health Spending** Goes Up Under Single-Payer (Duh!) But Total Health Spending Goes Down

■ Federal Health Spending ■ Other Health Spending (by Households, Businesses, State & Local Govts)

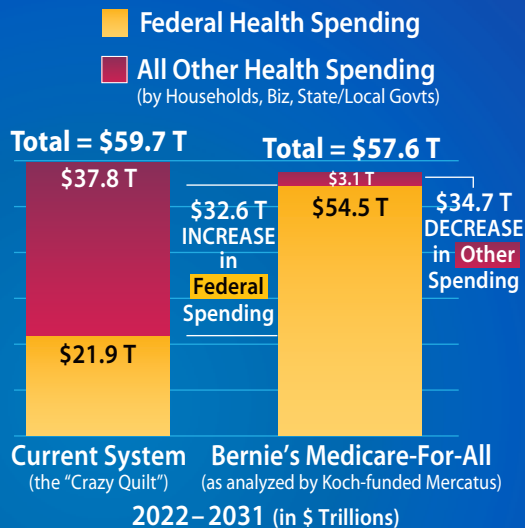
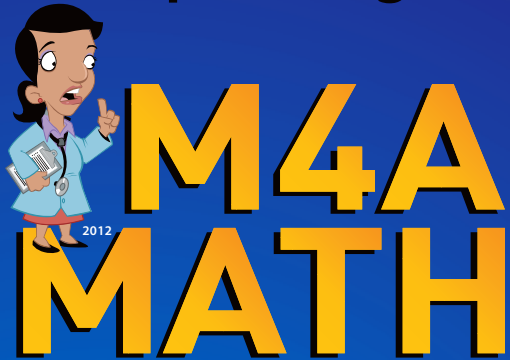


Sources: "The Mercatus Medicare-for-All Report in One Graph," Matt Bruenig, Aug 13, 2018 (PeoplesPolicyProject.org)
Based on Table 2, pg 7 of Mercatus report, July 2018 (mercatus.org)

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“But How Are You Going To Pay For It?”

Responding To Medicare-For-All “Deficit Concern Trolls”



1 Challenge the Bias in the Question

“Why is it you never ask the pay-for question when it comes to trillions for endless wars, bank bailouts or tax cuts for the wealthy? But somehow ‘our pockets are always empty’ for everyday Americans.”

2 Cost of Status Quo & Savings Under M4A

“We can’t afford our current system! Even a Koch-funded study had to admit M4A net saves \$2.1 T over 10 yrs (\$59.7 T versus \$57.6 T under M4A). Others estimate \$12 T savings. We can afford to spend LESS!”

3 \$32.6 T Increase Is Offset by \$34.7 T Decrease

“You’re only telling half the story. \$32.6 T additional federal spending is merely REPLACING \$34.7 T in other health spending — premiums, deductibles, copays — that people must do in our current system.”

4 Huge Savings for 95% of Americans

“Modest 3% to 7.5% employer-side payroll tax REPLACES all premiums and out-of-pocket costs, which currently add up to a whopping \$28,000 for a typical family of four — that’s a 46% corporate gouging on employers and workers (based on median income of \$61,000).”

Medicare-For-All Is **POPULAR**

*A Political
Winner!*



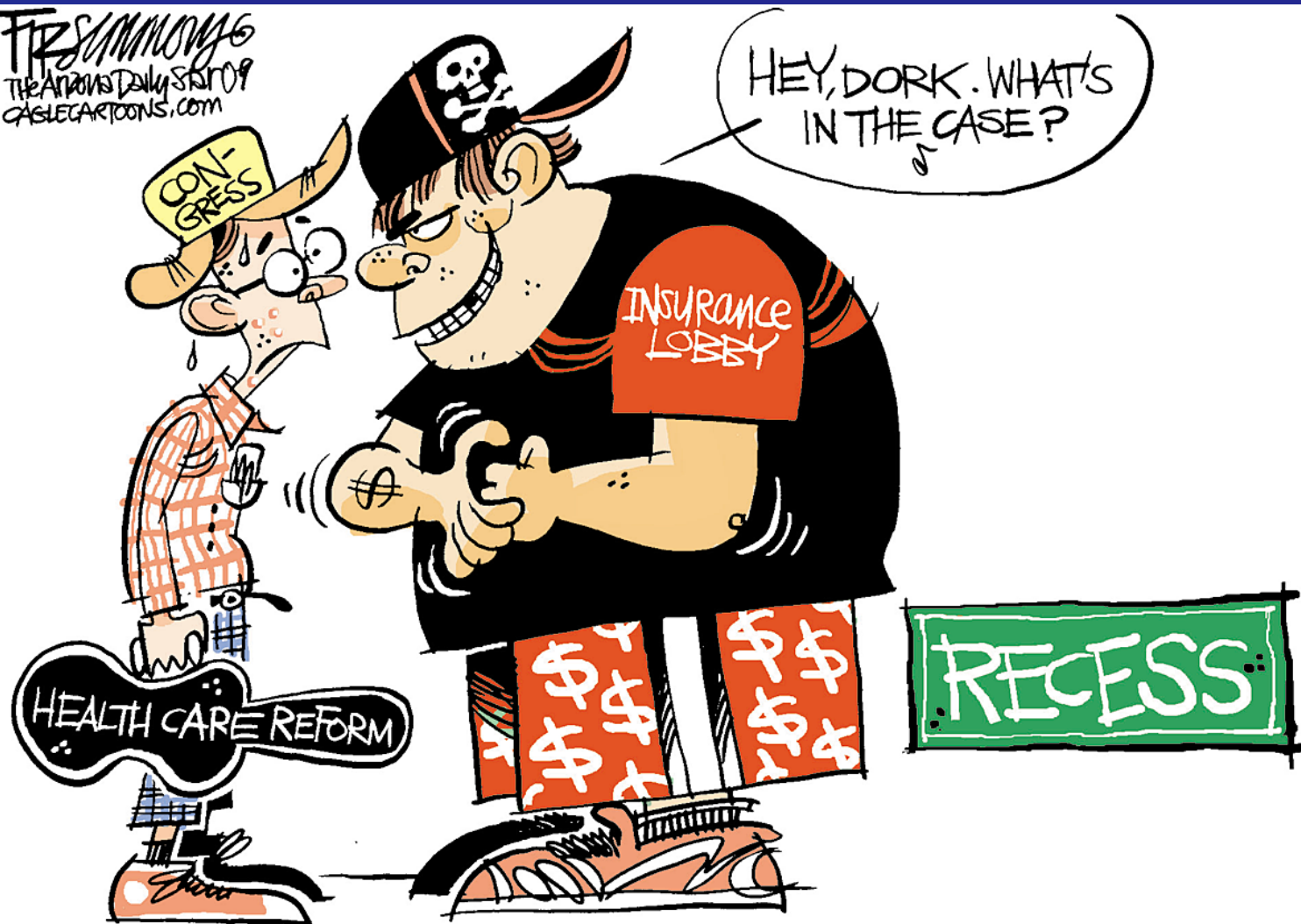
Supported by:
70% of All Americans
including
85% of Democrats
and even
52% of Republicans!



Sources: Reuters/Ipsos poll, June & July 2018 ([reuters.com](https://www.reuters.com)); also, Politico/Morning Consult poll, June 7-10, 2018 showed support from 64% of Independents and even 43% of Trump voters ([politico.com](https://www.politico.com))

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Medicare-For-All: Political Challenges



- 1 The American Oligarchy:
Legalized Bribery & Corruption
- 2 Disruption: Shifts 8% To 10% Of U.S. Economy
From Private & State/Local To Federal Spending
- 3 Transition Losers: Insurance Company Workers/
Brokers / Investors; Big Pharma
- 4 Fear Of Change / Status Quo Bias:
“Stick-With-The-Devil-You-Know” Crowd
- 5 aMErica: Lack Of Empathy & Social Responsibility

Further Reading: “Can We Pay for Single Payer?” by Economist Dean Baker,
Sept 14, 2017, reprinted at Center for Economic and Policy Research (cepr.net)

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Medicare-For-All: Beware Fake Friends

- 1 Incrementalists: Public Option, Medicaid-For-All
- 2 Nuance Trolls: “We Need More Details!”
- 3 Deficit Trolls: “How Are You Going To Pay For It?”
- 4 Feasibility Trolls: “What About The GOP?”



Instead, Let's Fight For
What We *Really* Want
**Time For A (Peaceful)
REVOLUTION!**



Source: “These Are 3 of the Most Dangerous Opponents of Universal Healthcare” (Concern Trolls)
by Adam Johnson, Sept 22, 2017, *Los Angeles Times*, reprinted at Alternet (alternet.org)


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MEDICARE-FOR-ALL



Healthcare is a human right.

Everyone's life and freedom depends on having access to quality healthcare, regardless of a person's ability to pay. The most efficient and effective way to guarantee this right is to expand and enhance our existing Medicare program to all Americans.



Medicare-For-All: Action Plan!

1 Learn More: Resources

HealthOverProfit.org and hcfat.org (HR 676 Calculator)

Physicians for a National Health Program: pnhp.org

Kaiser Family Foundation: kff.org (general health data)

FixItHealthcare.com

ConnectTheDotsUSA.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

T.R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*, 2010

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PEOPLE

Over Profits



“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**

Former Rep. Alan Grayson quote from email of Jan 4, 2012

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**JOBS
WAGES
ECONOMY**



HEALTHCARE



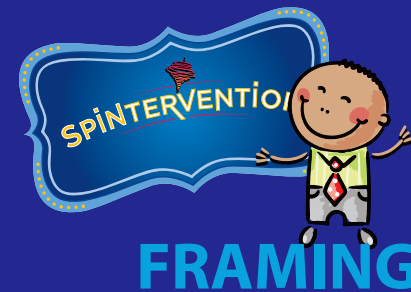
**BUDGET
TAXES**



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**CIVICS AND POLICY BASICS
FOR THE BUSY MAJORITY™**



"Busy Majority" said by Jon Stewart, Sept 2010

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