

# ACA vs NIMA

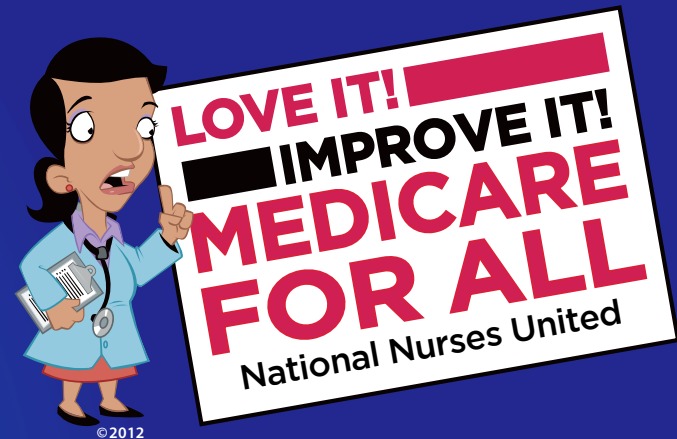
**Patient Protection &  
Affordable Care Act**



**Band-Aids  
on the Healthcare  
Crazy Quilt**

[www.ConnectTheDotsUSA.com](http://www.ConnectTheDotsUSA.com)

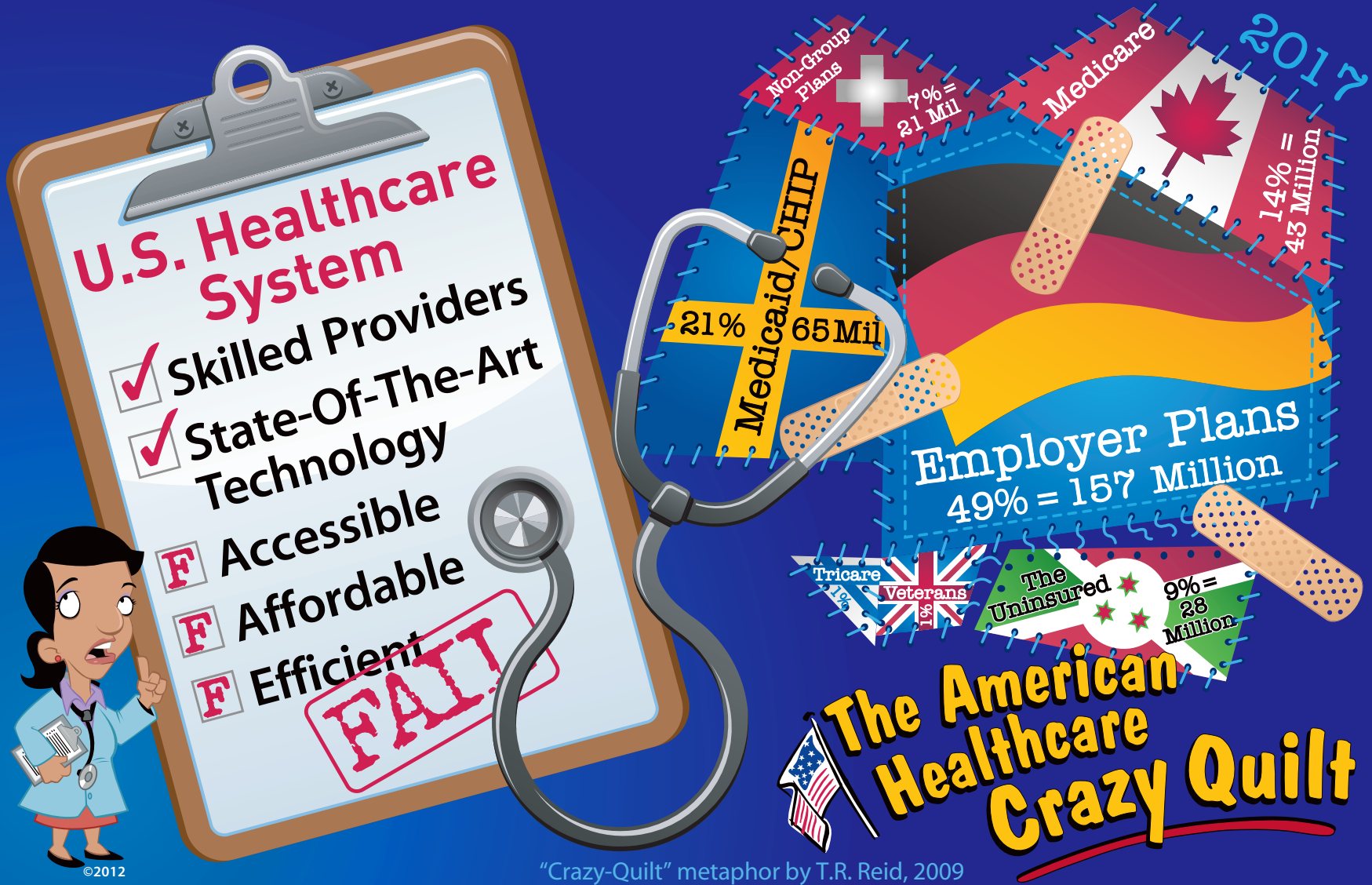
**National Improved  
Medicare for All**



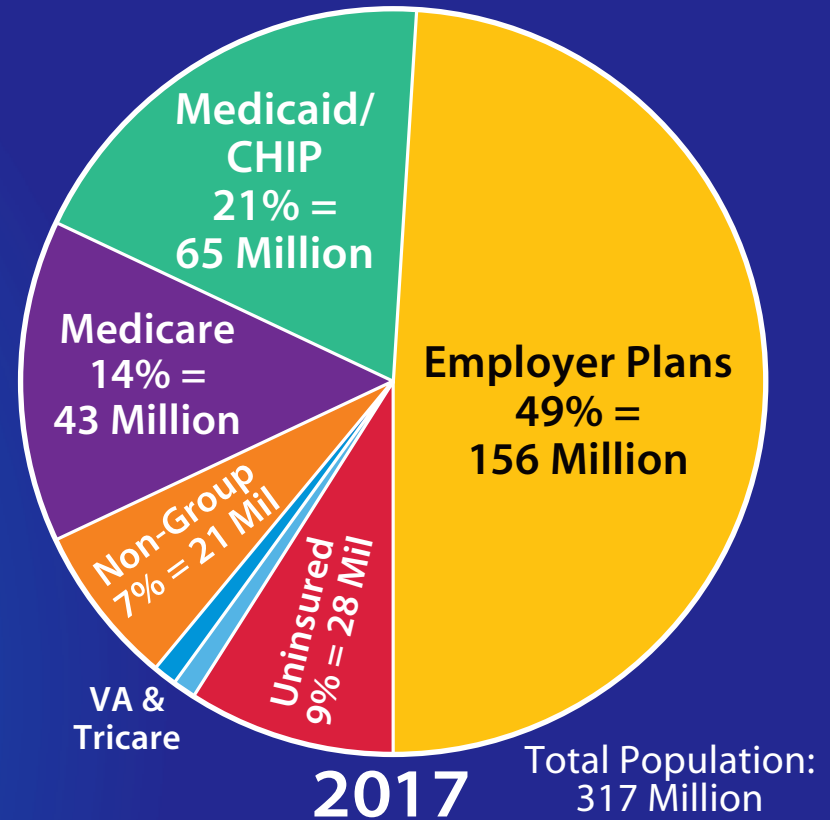
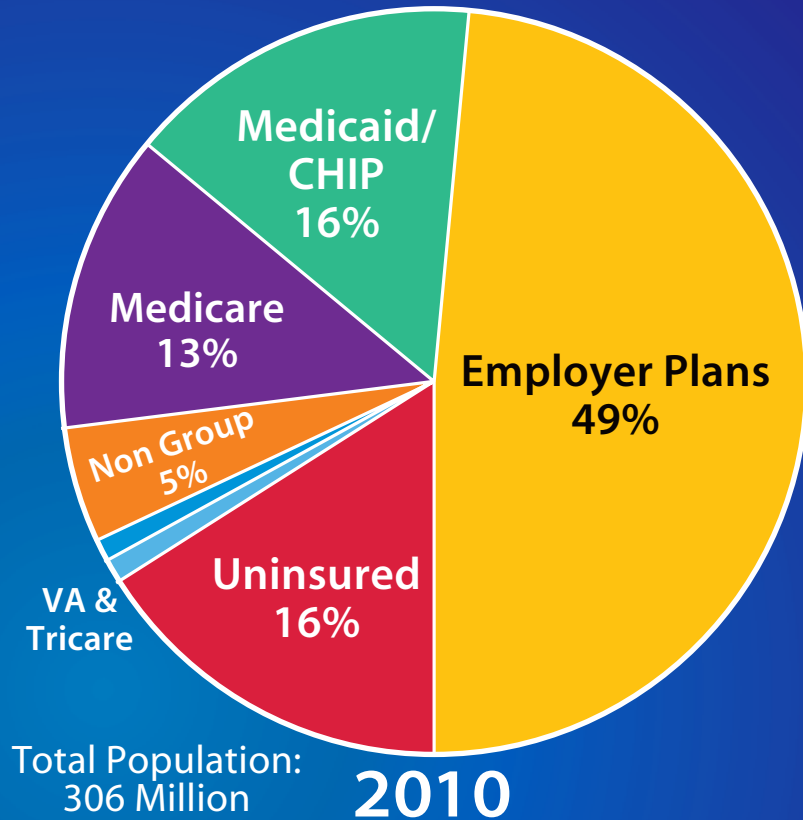
**Saves Lives • Saves Money  
So Simple**

**CONNECT THE DOTS™**  
*for democracy* **USA**

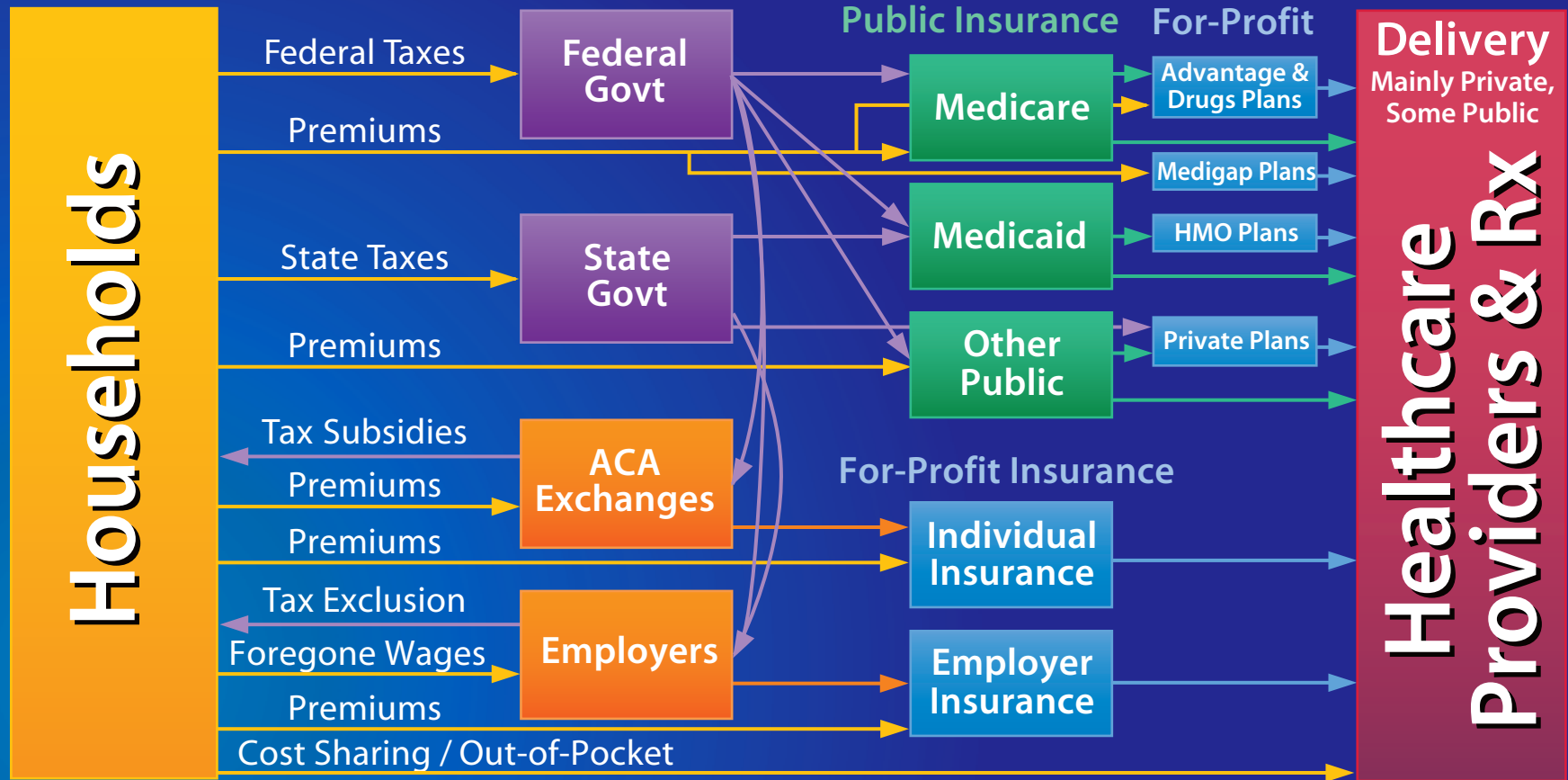
Presentation Designed & Developed by Witte Design, LLC ©2012-2019 • Tucson, Arizona



# Despite Improvements, ACA Still Leaves **28 Million Uninsured** And 86 Million Underinsured



# ACA Was Yet Another Patch On Our Complex, Inefficient Financing System



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

©2012-2018 Design by Witte Design, LLC • Tucson, Arizona • ConnectTheDotsUSA.com • Updated 1/16/18

# ACA Is A Band-Aid Solution: Cannot Achieve Universal Coverage

ACA's Two Coverage Paths Are Inadequate & Stalled Out

**Medicaid Expansion**  
**(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)**

Supreme Court ruled states could  
opt out of Medicaid expansion.  
GOP still rejecting expansion  
in 17 states and undermining the  
expansion in many more states.

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

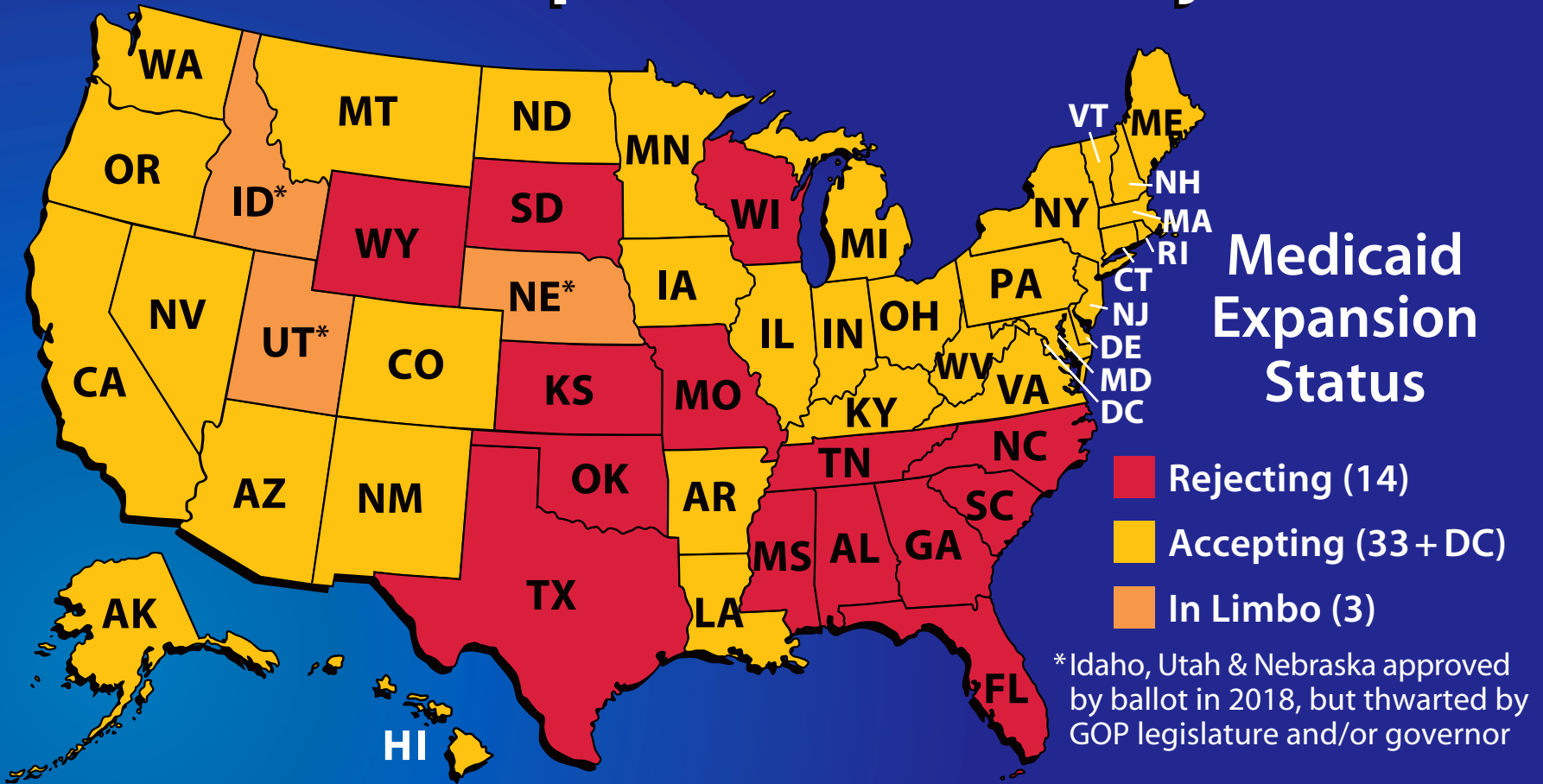
**Individuals with incomes**  
**\$12,140 to \$48,560 (for 2019)**  
**Families (of four) with incomes**  
**\$25,100 to \$100,400 (for 2019)**

These households spend 2% -10% of  
income on premiums for a Silver plan,  
with avg annual deductibles of  
\$3,900/individual & \$8,000/family.  
No help for households >400% FPL.

Source: Kaiser Family Foundation, "Summary of the Affordable Care Act," April 23, 2013  
and Medicaid Expansion map as of Feb 13, 2019 ([kff.org](http://kff.org))

©2012-2019 Design by Witte Design, LLC • Tucson, Arizona • [ConnectTheDotsUSA.com](http://ConnectTheDotsUSA.com) • Updated 4/7/19

# **GOP Still Blocking & Undermining Medicaid Expansion In Many States**



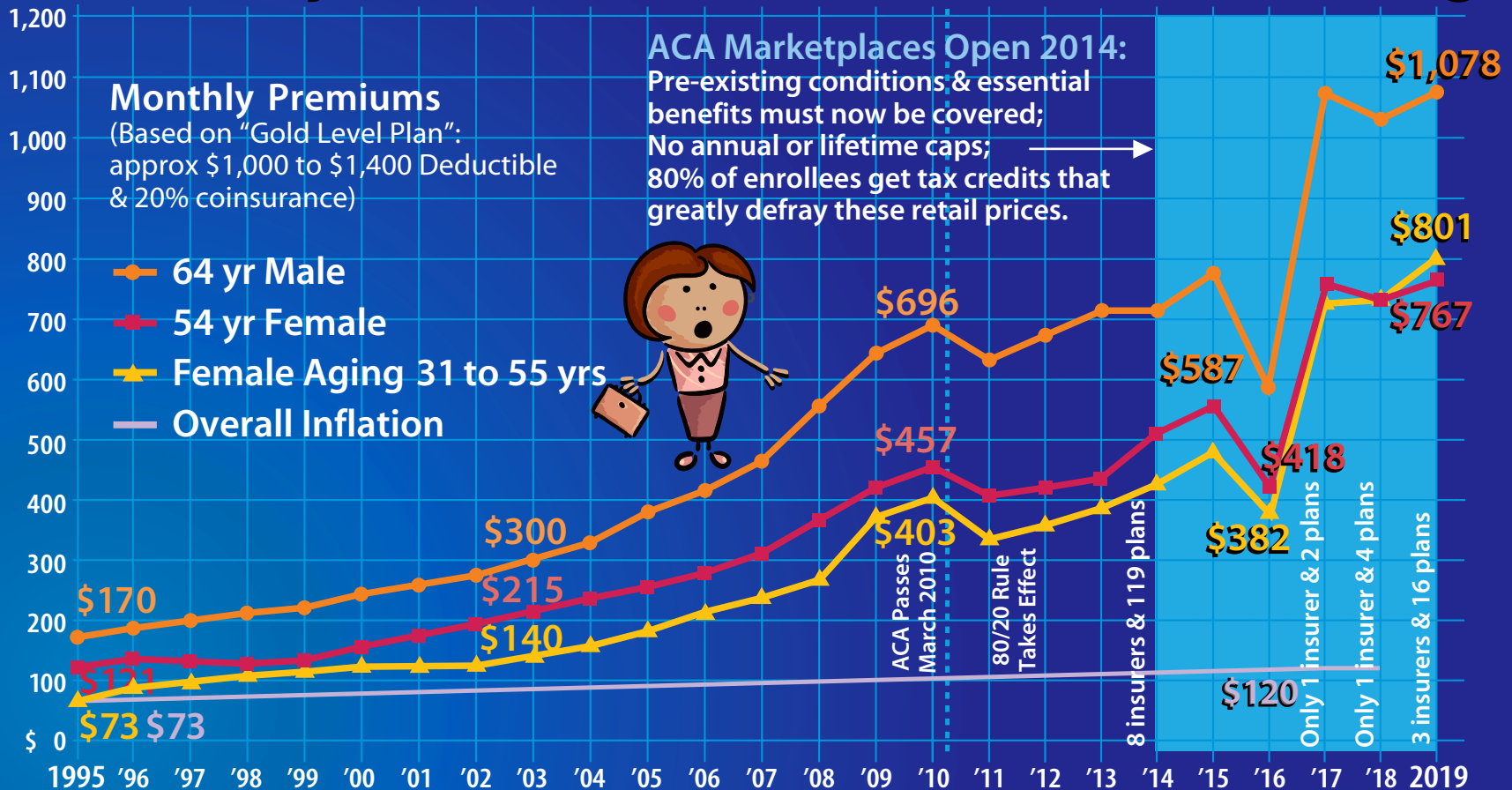
Source: Kaiser Family Foundation, as of Feb 13, 2019 ([kff.org](http://kff.org))

Per Supreme Court June 2012 decision, states can opt out of Medicaid expansion. In 2014, 25 states opted out.

©2012-2019 Design by Witte Design, LLC • Tucson, Arizona • [ConnectTheDotsUSA.com](http://ConnectTheDotsUSA.com) • Updated 4/7/19



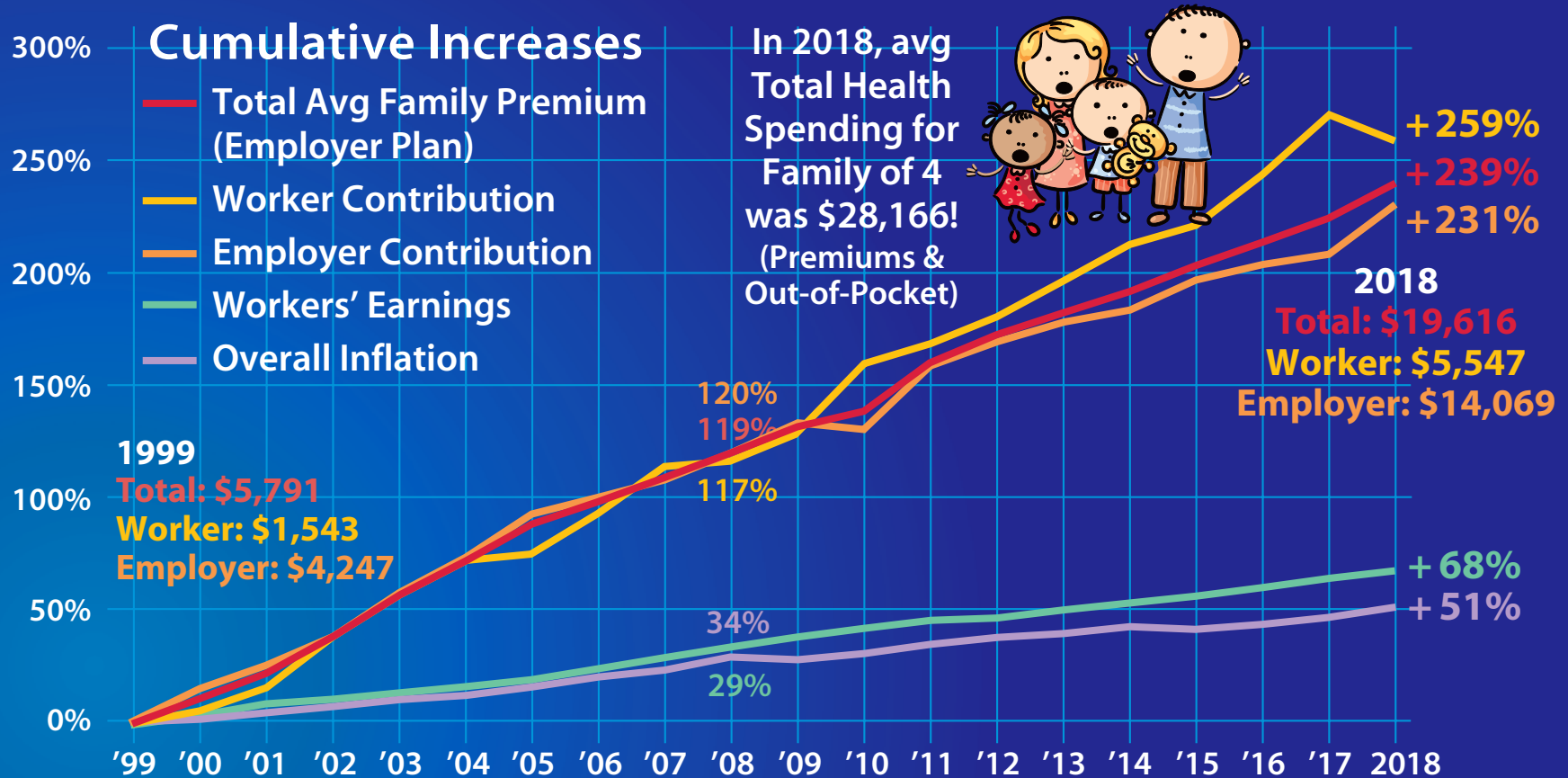
# ACA Marketplaces Did Little To Control Runaway Costs & Vulnerable To Sabotage



Source for 1995-2013: Blue Cross Rate Sheets for Preferred PPO, Pima County AZ, \$1,000 Deductible & 20% Coinsurance  
Source for 2014-2019: **Healthcare.gov** for Pima County AZ, Gold Plan: \$1,000 to \$1,400 Deductible

©2012-2019 Design by Witte Design, LLC • Tucson, Arizona • ConnectTheDotsUSA.com • Updated 4/7/19

# ACA Did Little To Control Skyrocketing Premiums On Employer Plans



Source: Kaiser/HRET Employer Health Benefits Survey, Oct 3, 2018, Figures 5 & 2 ([kff.org](http://kff.org))  
 Family of 4 avg total health spending: 2018 Milliman Medical Index, May 2018 ([milliman.com](http://milliman.com))

©2012-2019 Design by Witte Design, LLC • Tucson, Arizona • [ConnectTheDotsUSA.com](http://ConnectTheDotsUSA.com) • Updated 4/7/19



# ACA Did Not Reduce Sky-High Prices



## 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 (ifhp.com)  
"The U.S. Pays a Lot More for Top Drugs than Other Countries," Bloomberg News, Dec 18, 2015 (bloomberg.com)

©2012-2019 Design by Witte Design, LLC • Tucson, Arizona • ConnectTheDotsUSA.com • Updated 4/7/19

# 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.”**

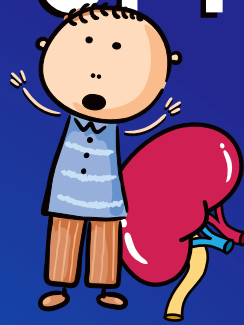


“Unless you are protected by Medicare, the health care market is not a market at all. It’s a crapshoot. People fare differently according to circumstances they can neither control nor predict... (T)hey have little visibility into pricing, let alone control of it... They have no idea what their bills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

**— Steven Brill, “The Bitter Pill”**

# The Tale Of Two Kidney Stones

ACA Did Not End  
Out-of-Network  
Or Uninsured  
Price-Gouging



Medicare  
Negotiates Fair  
Prices, While  
Protecting Patients



	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
	<b>TOTAL</b>	<b>\$14,167</b>	<b>\$1,174</b>	<b>\$936</b>	<b>\$188</b>	<b>\$50</b>

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

©2012-2018 Design by Witte Design, LLC • Tucson, Arizona • ConnectTheDotsUSA.com • Updated 4/7/19

# Despite ACA Improvements, U.S. Healthcare Is Complex, Costly & Cruel

**\$3.6**  
**TRILLION**  
**SPENT IN 2018**  
= 18% of economy;  
2/3 is tax-financed

**\$11**  
**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 86 million more  
underinsured (2018)

**28**  
**THOUSAND**  
**UNINSURED DIE**  
per year due to  
lack of insurance

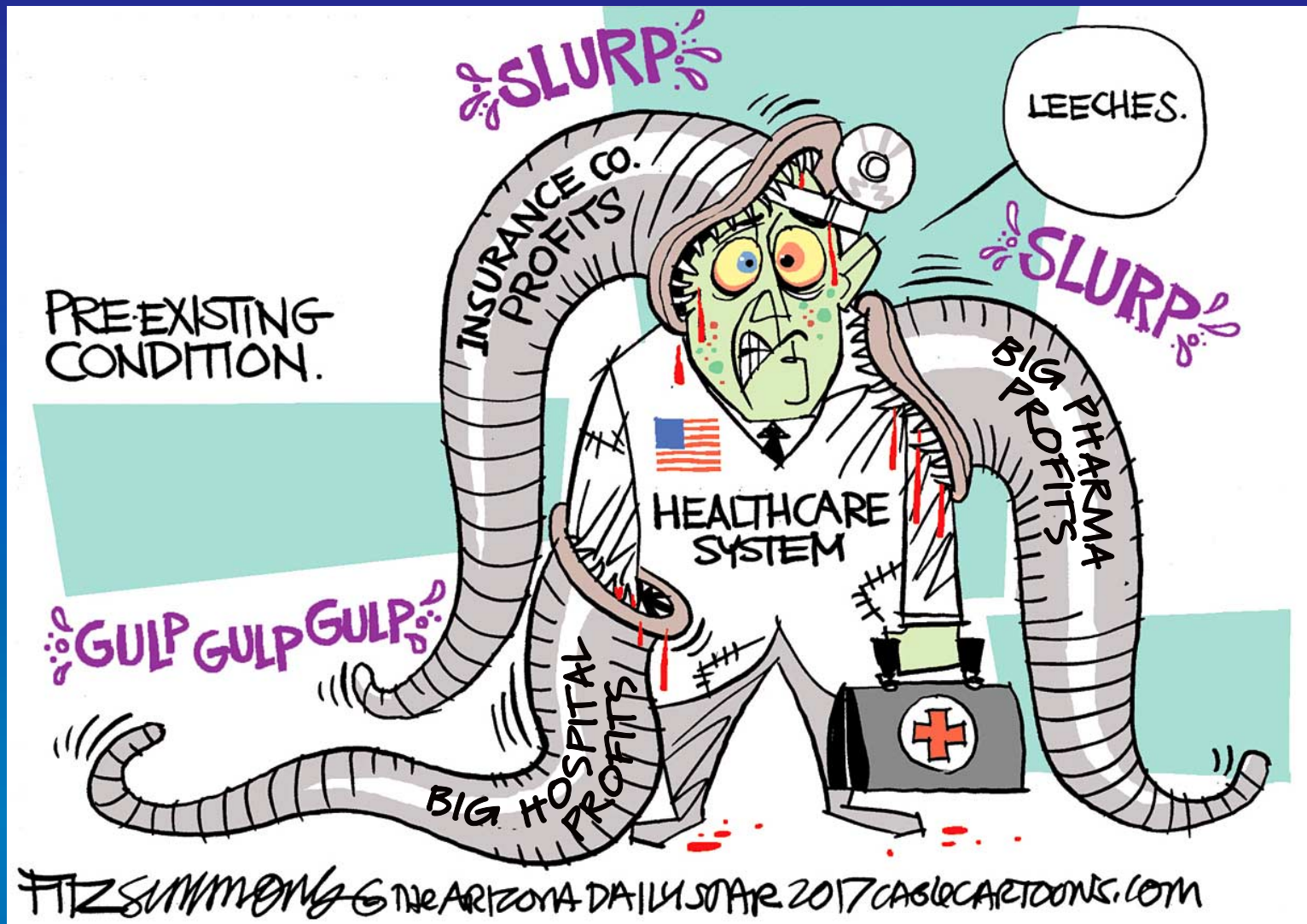
**530**  
**THOUSAND**  
**GO BANKRUPT**  
per year due to  
medical bills & illness



©2012

Sources: Health Financing – [stats.oecd.org](https://stats.oecd.org) & [cms.gov](https://cms.gov); Uninsured Rate and Employer Plan Premium – [kff.org](https://kff.org)  
*Amer. Journal of Public Health* ([ajph.alphapublications.org](https://ajph.alphapublications.org)): Deaths – Extrapolated from Dec 2009; Bankruptcies, Feb 2019

©2012-2019 Design by Witte Design, LLC • Tucson, Arizona • [ConnectTheDotsUSA.com](https://ConnectTheDotsUSA.com) • Updated 6/1/19



Cagle Cartoon: © 2017 Copyright Dave Fitzsimmons. All rights reserved. Used here with permission.  
(Modified: Labels added for Big Hospital Profits and Big Pharma Profits)

©2012-2019 Design by Witte Design, LLC • Tucson, Arizona • ConnectTheDotsUSA.com • Updated 6/2/19



# National Improved Medicare for All Is The Real Solution

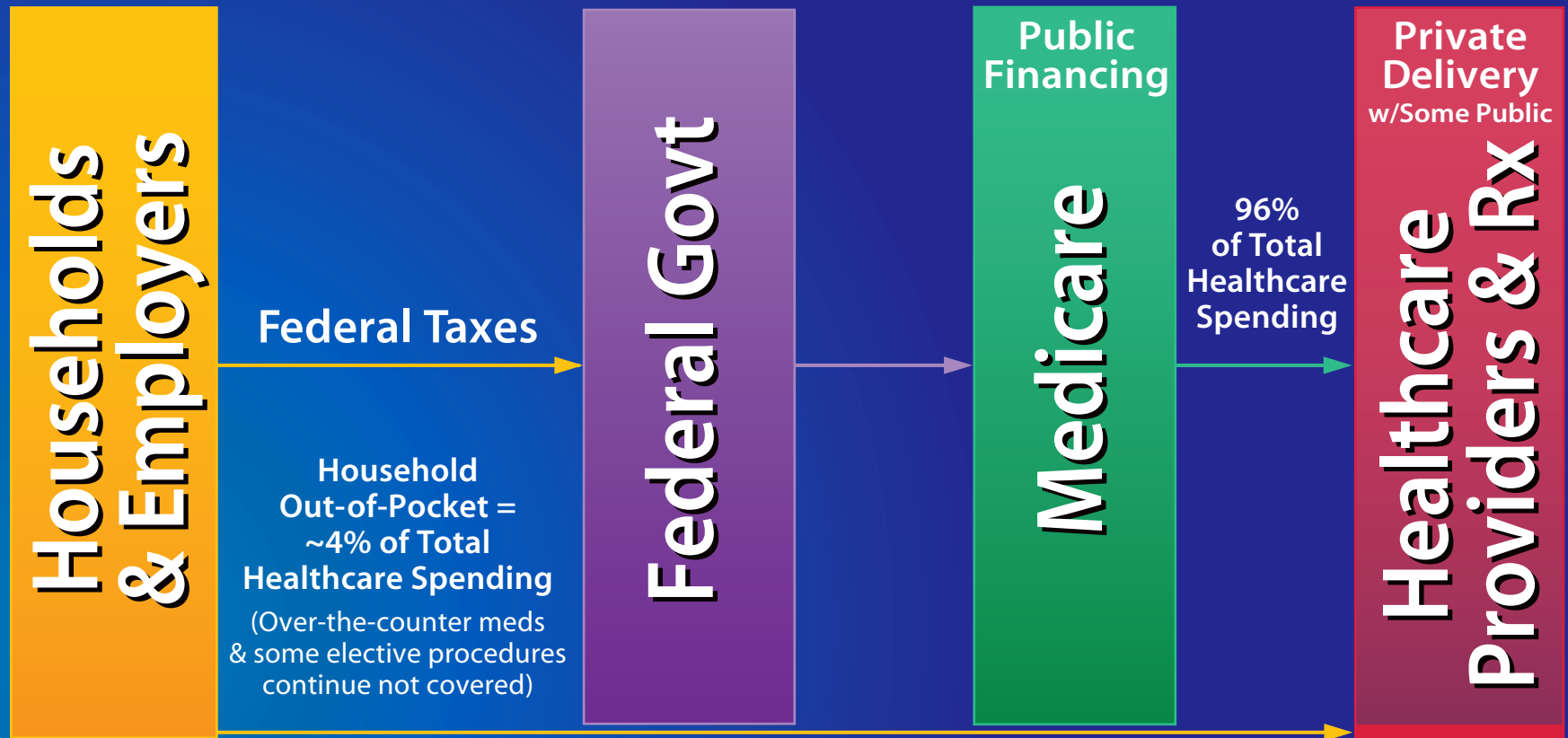
- 1 Universal & Comprehensive:** Enhances and extends Medicare to all.
- 2 Simple & Cost-Effective:** Ends maze of for-profit insurance costs, medical bills/debt; Negotiates lower drug prices.
- 3 Freedom & Choice:** Go to any doctor or hospital in the entire U.S.
- 4 Good for Business:** Gets insurance burden off backs of businesses; Frees entrepreneurs from job lock.
- 5 Big Savings for 95% of Americans**





# Single-Payer Saves Money Through Admin Simplicity & Bargaining Power

~700B in Savings/Year Offsets ~400B for Universal Coverage & Expanded Benefits



Sources: "Mapping the Terrain of the Single Payer Discourse," Matt Bruenig, Sept 6, 2017 ([PeoplesPolicyProject.org](http://PeoplesPolicyProject.org)) and "Yes, We Can Have Improved Medicare for All," Gerald Friedman, PhD, UMass, Dec 11, 2018 ([BusinessInitiative.org](http://BusinessInitiative.org))

©2012-2019 Design by Witte Design, LLC • Tucson, Arizona • [ConnectTheDotsUSA.com](http://ConnectTheDotsUSA.com) • Updated 4/7/19

# Improved-Medicare-For-All Net Saves \$6.1 T Over 10 Yrs (Friedman 2018)

Based on scenario with no cost-sharing, partial savings, CMS growth rates

## COSTS & SAVINGS

(in Trillions over 10 yrs, 2019-2028)

### Current Health Consumption Costs \$46.8 T

Excludes \$3.5 T for Public Health Activities and Investments (Research & Structures).  
Must add back in for full NHE comparisons.

### Added Cost for Universal, Better Care + 4.9

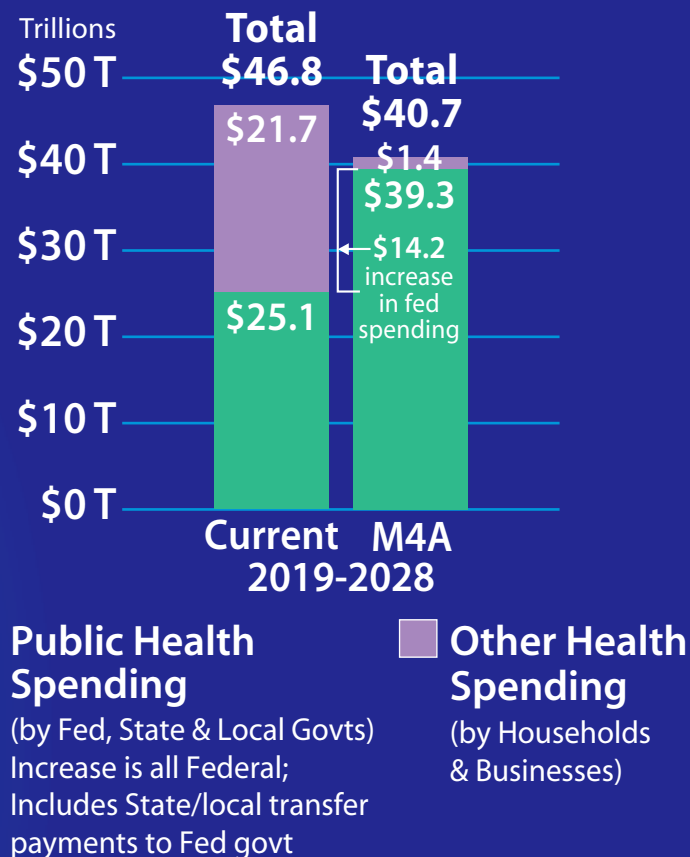
Enhance Medicare & Expand Coverage to All  
Higher Demand; Increase Medicaid Rates

### Savings under Medicare-For-All – (11.0)

Provider-side Admin Efficiencies  
Single-Payer Admin Efficiencies (@ 2% Rate)  
Negotiate Lower Prices on Rx Drugs & Devices  
Uniform Medicare Rates (+10 % for Hospitals)

### Total Cost of Medicare-For-All \$40.7 T

**Net Savings: \$6.1 T (2019-2028)**



Source: "Yes, We Can Have Improved Medicare for All," Gerald Friedman, PhD, Dept of Econ, UMass, Dec 11, 2018  
Based on scenario with no cost-sharing, partial savings, CMS growth rates; see pgs 15-18 & 27-31 ([BusinessInitiative.org](http://BusinessInitiative.org))

©2012-2019 Design by Witte Design, LLC • Tucson, Arizona • [ConnectTheDotsUSA.com](http://ConnectTheDotsUSA.com) • Updated 4/7/19

# Most Americans Get **BIG Savings** With Improved-Medicare-For-All

Income Group	Avg Household Income	% Change in After-Tax Income	Approx SAVINGS	Approx Higher Cost
<b>BOTTOM &amp; MIDDLE</b>	\$30,000*	+1%	\$300	—
	\$40,000	+18%	\$7,200	—
	\$65,000	+15%	\$9,750	—
	\$85,000	+14%	\$11,900	—
	\$150,000	+8%	\$12,000	—
<b>TOP</b>	\$400,000	– 2%	—	\$8,000
	\$1,500,000	– 5%	—	\$75,000

% change reflects difference between share of income spent on healthcare now and share under Improved Medicare-For-All.

\*Households with \$30,000 income now likely qualify for Medicaid and already have very little cost-sharing or premiums.

Source: "Yes, We Can Have Improved Medicare for All," Gerald Friedman, PhD, Dept of Econ, UMass, Dec 11, 2018  
Based on scenario with no cost-sharing, full savings, slower growth rate; see pgs 18, 19, 36 ([BusinessInitiative.org](http://BusinessInitiative.org))

©2012-2019 Design by Witte Design, LLC • Tucson, Arizona • [ConnectTheDotsUSA.com](http://ConnectTheDotsUSA.com) • Created 2/18/19

# IMPROVED-Medicare-For-All Eliminates Gaps & Cost Sharing in Current Medicare

Private Advantage, Supplement, Dental & LTC Plans Become Obsolete

Current Traditional (Original) Medicare		Improved
Deductibles: Part A (Hospital)/Part B (Outpatient/Doctor)	\$1,364/\$185	\$0
Part B: Monthly Premium (typical amount for most enrollees)	\$136/mo	\$0
Part B: 20% Coinsurance	No Limit	\$0
Hospital Stay Coinsurance (after 60 day benefit period) <small>\$341/day for 61-90; \$682/day after 90, using max 60 "lifetime reserve" days; then you pay all costs</small>	\$341-\$682/day <small>(up to all costs)</small>	\$0
Skilled Nursing Stay Coinsurance (after 20 day benefit period) <small>\$171/day for days 21-100; no coverage after day 100 (you pays all costs)</small>	\$171/day <small>(up to all costs)</small>	\$0
Dental, Eyeglasses, Hearing Aids, Longterm Care, First 3 Pints of Blood	Not Covered	Covered 100%
Traditional Medicare lacks a direct drug benefit (subsidizes private Rx plans instead)		Rx Included
Part D (Rx Drugs) Monthly Premium (varies per private plan)	\$33/mo avg	\$0
Part D Cost Sharing (varies but typically \$415 deductible & 25% cost-sharing on brand drugs until \$8,140 is spent by you, your plan & Big Pharma discount; then 5% cost-sharing)	~\$2,300	\$0

Sources: "2019 Medicare Costs" and "What's Medicare Supplement Insurance (Medigap)?" ([medicare.gov](https://www.medicare.gov))

"An Overview of the Medicare Part D Prescription Drug Benefit," Kaiser Family Foundation, Oct 2018, Figure 3, pg 3 ([kff.org](https://www.kff.org))

©2012-2019 Design by Witte Design, LLC • Tucson, Arizona • [ConnectTheDotsUSA.com](https://www.ConnectTheDotsUSA.com) • Updated 4/7/19

# Comprehensive Benefits & Wide Choice Of Providers



LOVE IT!   
IMPROVE IT!  
**MEDICARE  
FOR ALL**  
National Nurses United



## Families Save Big \$\$\$\$

- No premiums
- No deductibles, co-pays or co-insurance
- No medical bills



Average family  
net SAVES \$9,750/yr\*

\*Compared to how much the average family with income of \$65,000 is currently spending on healthcare

Sources: HR 1384, "Medicare for All Act of 2019," especially see Title I and Title II ([congress.gov](https://www.congress.gov)) and "Yes, We Can Have Improved Medicare for All," Friedman, UMass, Dec 11, 2018, pgs 18, 19, 36 ([BusinessInitiative.org](https://www.businessinitiative.org))

©2012-2019 Design by Witte Design, LLC • Tucson, Arizona • [ConnectTheDotsUSA.com](https://www.ConnectTheDotsUSA.com) • Created 4/13/19

# How Do They Stack Up?

**NIMA Covers Popular Benefits Of ACA, Plus Much More!**

<b>Affordable Care Act</b>		<b>National Improved Medicare for All</b>
<b>Medicaid expansion, tax credits to buy private insurance, stay on parents' insurance until 26. Still leaves &gt;30 million uninsured and 84 million underinsured.</b>	<b>COVERAGE</b>	<b>Guaranteed healthcare for all. Everyone automatically covered at birth. Coverage follows you when you move, change jobs, retire. Saves lives, saves money.</b>
<b>Cost-sharing still way too high. Some get no help with premiums. No protection from price gouging by out-of-network providers.</b>	<b>COST</b>	<b>NO premiums, deductibles, co-pays. One standard of comprehensive benefits no matter your wallet size. 95% of Americans save BIG.</b>
<b>Healthcare providers and care limited by for-profit insurer's networks, rules and authorizations.</b>	<b>CHOICE</b>	<b>Patients choose from nearly any doctor or hospital in the country. Providers assured fair reimbursement.</b>

Sources: "How They Stack Up: ACA vs. Medicare for All" flyer by National Nurses United ([Medicare4All.org](http://Medicare4All.org))  
Underinsured: "Economic Analysis of Medicare for All" by Univ of Mass PERI, Nov 2018, pgs 27-28 ([peri.umass.edu](http://peri.umass.edu))

©2012-2019 Design by Witte Design, LLC • Tucson, Arizona • [ConnectTheDotsUSA.com](http://ConnectTheDotsUSA.com) • Created 4/7/19



# JUSTICE

## For All?



**“(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.”**



Quote by T.R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*, 2010, pg 251

©2012-2019 Design by Witte Design, LLC • Tucson, Arizona • [ConnectTheDotsUSA.com](http://ConnectTheDotsUSA.com) • Created 2012

# 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 Is **POPULAR**

*A Political  
Winner!*



©2012

**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))

©2012-2018 Design by Witte Design, LLC • Tucson, Arizona • [ConnectTheDotsUSA.com](https://www.ConnectTheDotsUSA.com) • Updated 9/4/18

# PEOPLE

## Over Profits



The illustration features two cartoon characters. On the left, a doctor in a blue coat and stethoscope is attending to a patient lying in a hospital bed. The patient is a young girl with dark skin and curly hair, looking up at the doctor. A man with a head bandage and a cast on his arm is standing next to the bed, leaning on a cane. On the right, a large, balding man with a wide, greedy grin is holding a briefcase and a fistful of money. He is wearing a light blue shirt, a dark tie, and suspenders. The background is a solid blue color.

“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**

**JOBS  
WAGES  
ECONOMY**



**HEALTHCARE**



**BUDGET  
TAXES**



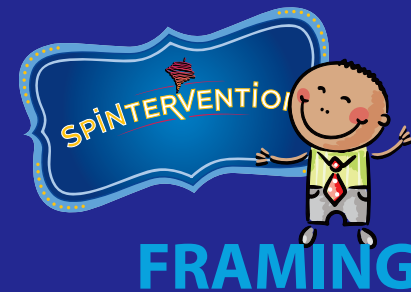
**VOTING**

# CONNECT THE DOTS™ *for democracy* usa

**ConnectTheDotsUSA.com**

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

**The  
Connect  
The Dots  
Lady™**



**FRAMING**

"Busy Majority" said by Jon Stewart, Sept 2010

©2010-2018 Design by Witte Design, LLC • Tucson, Arizona • ConnectTheDotsUSA.com

Presentation updated 6/2/19



**PRESENTATION TITLE: "ACA vs NIMA"**

**UPDATED FOR VIDEO: 6/3/19    RUN TIME: Approx 35 minutes (3,654 words)**

**SLIDE 1: "ACA vs NIMA" Title Slide**

Despite some noteworthy improvements for millions of Americans, the truth is the ACA never had a mechanism to get to universal insurance *coverage*, much less universal *healthcare*. Even without the GOP sabotage, the ACA was always going to leave tens of millions of Americans uninsured and many more underinsured. Because it was just another patch on a dysfunctional "crazy quilt," the ACA could not control skyrocketing costs or the rapacious greed in the system and was doomed to stall out. In this video, I'll show how trying to build on the ACA is a failed strategy — it's bad policy, and it's bad politics.

**SLIDE 2: Healthcare System Checklist & Crazy Quilt**

The U.S. has kludged together versions of many different foreign healthcare systems into a costly, confusing, and often cruel "crazy quilt." Unlike other civilized countries, however, America allows profiteering and price-gouging by Big Insurance, Big Pharma and Big Hospital, rendering healthcare unaffordable and inaccessible to tens of millions of Americans. For those who fail their "wallet biopsy," their options are pay out-of-pocket and possibly go bankrupt, pray, stay sick, or die.

**SLIDE 3: Despite Improvements, ACA Still Leaves 28 Million Uninsured And 86 Million Underinsured**

Over the last decade, the Affordable Care Act did get 21 million more Americans insured — mainly by expanding Medicaid (shown in green), as well as providing subsidies and patient protections to people in the non-group insurance market (shown in orange). Despite these very important gains, however, in 2017 the ACA still left more than 28 million completely uninsured (shown in red). Recent studies by The Commonwealth Fund and University of Massachusetts PERI also found that over a quarter of *insured* Americans — about 86 million — are actually *underinsured*, with deductibles and co-pays that are way too high so they forego needed care. The ACA was a complicated patch on an already complicated kludge. It did little to control actual prices and has been vulnerable to constant sabotage from Republicans and disgruntled insurance CEOs. According to a recent Gallup poll, the number of adults without health insurance rose by nearly 3% (that's 7 million more people!) since 2016. Almost half of them cannot access health insurance either because they live in a state that did not expand Medicaid, they are excluded immigrants, or they earn too much to receive a subsidy but too little to afford the premiums. In fact, the cost of health insurance is the biggest reason why people do not purchase it.





#### **SLIDE 4: ACA Was Yet Another Patch On Our Complex, Inefficient Financing System**

This chart, based on one by Matt Bruenig at People's Policy Project, maps the complicated, inefficient terrain of our current healthcare financing system. It's a Rube Goldberg nightmare designed to guarantee the profits of the few, not healthcare for all. First, starting from the top, households pay taxes (and sometimes premiums) to federal and state govts, which then fund public insurance programs that negotiate prices and pay healthcare providers directly. To complicate matters, sometimes those tax dollars are funneled through useless for-profit insurance middlemen, as in the case of Medicare Advantage plans and Part D drug plans, some Medicaid HMO plans, and the purchase of private insurance for public employees.

Moving down, some families pay premiums to buy individual insurance through the ACA exchanges, but they get back some of that money in the form of federal tax subsidies. Households with employer-based insurance get sizable help from their employer's premium contribution and receive a tax exclusion on that income, but they forego higher wages. Even after all those premiums and taxes, households still pay a whopping \$350 Billion, or 10% of all healthcare spending, directly to providers in the form of cost-sharing and out-of-pocket expenses. As you can see here, the ACA was just another patch adding to the complexity. A single-payer system like National-Improved-Medicare-for-All, eliminates this inefficient maze with direct public financing and then uses those administrative savings and bargaining power to provide comprehensive healthcare for everyone — at a lower cost overall.

#### **SLIDE 5: ACA Is A Band-Aid Solution: Cannot Achieve Universal Coverage**

There are only two ways to try to cover more people under the Affordable Care Act:

1) Expand Medicaid in states that have refused to do that, but the Supreme Court ruled the federal government cannot force them to do so; or 2) Funnel more federal money to private insurers through various mechanisms so people can afford their over-priced products.

Currently, households are expected to contribute between 2% and 10% of their income on the premium for a mid-level Silver plan before the federal tax subsidies kick-in. These Silver plans have average deductibles of \$3,900 for an individual and \$8,000 for a family — hardly affordable when two-thirds of Americans cannot cover a \$1,000 emergency. And the income cutoff for subsidies is a hard cliff, meaning if you make even a dollar over about \$48,500 for an individual or \$100,000 for a family, you get absolutely no help with outrageous premiums. Defenders of the ACA can fight the GOP to cover a few more people, but it is an expensive path for marginal gains. Sadly, further subsidies will never result in universal coverage or end our complicated and expensive healthcare system. But National-Improved-Medicare-for-All will. Tinkering with the current system does not solve the problems people continue to have getting care. Building on the ACA is just more tinkering.



#### **SLIDE 6: GOP Still Blocking & Undermining Medicaid Expansion In Many States**

Because the Supreme Court ruled that states could opt out of the Medicaid expansion, the GOP continues — six years later — to block millions from getting healthcare in their states. Voters in red-state Idaho, Utah and Nebraska approved the expansion by ballot measure last year, but the Republican-controlled legislature and/or governor are thwarting its implementation, just as the governor of Maine did for two years before he was finally replaced by a Democrat. Not to mention, many red states that approved the expansion, as in my home state of Arizona, are undermining it with work requirements and more paperwork for enrollees. We are now going backwards, with folks losing their Medicaid coverage. This was always a weakness of the ACA, which was too vulnerable to sabotage by red-state politicians. So when Speaker Pelosi says she wants to work with Republicans to expand on the ACA by getting more states to accept the Medicaid expansion, she is the one living in Fantasyland.

#### **SLIDE 7: ACA Marketplaces Did Little To Control Runaway Costs & Vulnerable To Sabotage**

In the non-group insurance market, the Affordable Care Act *shifted* some of the cost of private insurance to the federal government, which helped millions of people, but did little to control overall prices that had been skyrocketing for years. As a self-employed graphic designer who had been buying my own individual plans for two decades (that yellow line is me), I had high hopes for the ACA when the Marketplace first opened in Pima County, Arizona with 119 plans offered by eight insurers. By 2017, however, we were down to just one insurer and two plans. Retail premiums soared. While a couple of insurers re-entered the marketplace in 2019, the competition did not reduce premiums. As I mentioned earlier, while folks below 400% of federal poverty level are protected against these rate hikes, there's no such protection for middle-class families that make too much to qualify for tax credits. And the deductibles and cost-sharing are still way too high for most families. Even worse, the Republicans' recent gutting of the individual mandate and resulting court challenges threaten to undermine the ACA's protection for pre-existing conditions. Face it, a decade after passage, and we're going backwards, folks!

#### **SLIDE 8: ACA Did Little To Control Skyrocketing Premiums On Employer Plans**

Nor did the ACA do much to control skyrocketing premiums on employer-sponsored plans. The average premium for family coverage was over \$19,600 last year, more than triple the premium in 1999. The worker's share jumped from \$1500 to \$5,500 — almost four times higher. According to the 2018 Milliman Medical Index, average total health spending, including premiums and out-of-pocket costs for a family of four was a whopping \$28,000, with the employee spending \$12,000 and the employer spending \$16,000. Think about it, that amounts to a 46% "private tax" — or more like corporate gouging — on the median income of \$61,000. Of course, employers ultimately pass all the premium costs onto employees by keeping wages flat. A modest Medicare-For-All payroll tax would get this burden off the backs of employers and cost them far less. So when corporate Democrats like Speaker Pelosi argue that Americans like their employer-based health insurance, what exactly do they like — the skyrocketing premiums, the exorbitant cost-sharing, the lost wages, the surprise balance bills from out-of-network providers, or the constant fear of losing their health insurance if they lose or change jobs?



#### **SLIDE 9: ACA Did Not Reduce Sky-High Prices**

Fragmentation with so many private payers means they lack the negotiating clout to get the lowest prices. A one-day hospital stay *averages* \$5,200 in the U.S., but it's about \$2,100 in New Zealand and only \$765 in Australia. Need a coronary bypass? It averages more than \$78,000 in the U.S. compared to just \$24,000 in the U.K. Or how about the Hepatitis C drug Sovaldi that retails in the U.S. for \$1,000 per daily pill — that totals \$84,000 for the 12-week course of treatment — while there is a high quality generic version available in India for just \$4 per pill? And let's not forget Mylan's Epipen that commands \$600 in the U.S. but only \$100 in Canada. How much Americans actually pay out-of-pocket on these inflated prices depends on whether you have insurance or your particular plan's details. The ACA did nothing to address this rapacious behavior, which is driving up healthcare costs, bankrupting families, and creating barriers to needed care.

#### **SLIDE 10: U.S. Healthcare Is No Marketplace**

That's because the ACA is based on the misguided notion that healthcare is a marketplace. In his famous 2013 article, "The Bitter Pill: Why Medical Bills Are Killing Us," investigative reporter Steven Brill exposes the widespread medical price gouging that goes on regularly in the U.S. It's a complete seller's market with no pricing transparency and no leverage for buyers who are often facing life and death decisions in crisis. We are no match for the evil "chargemaster" — a completely irrational document of insanely high prices that each hospital maintains but denies having as if it were "an eccentric uncle living in the attic." Even if you have the time to try to get advance pricing on a procedure, I have found that many health providers, especially hospitals, push back and sometimes get downright hostile about giving you that information. They protect those billing codes as if they were the nuclear launch codes or Coca-Cola's secret formula!

#### **SLIDE 11: The Tale Of Two Kidney Stones**

If you lack insurance or accidentally go out-of-network, you'll get smacked with the insane "chargemaster" prices. And beware of RAPLES, which is an acronym for out-of-network Radiologists, Anesthesiologists, Pathologists, Labs, Emergency Docs and Specialists that often spring up at in-network facilities. Look at this example of my husband's three-hour ER visit for treatment of a kidney stone. Even with the ACA, an uninsured or out-of-network patient would have little leverage against that \$14,000 "chargemaster" price, while Traditional Medicare negotiated that price down to less than \$1,200. In this case, Medicare paid \$936, my husband's supplement paid another \$188, and he paid a \$50 ER co-pay. With National-Improved-Medicare-for-All, cost-sharing is eliminated entirely, so the private supplement and co-pay would become obsolete.



**SLIDE 12: Despite ACA Improvements, U.S. Healthcare Is Complex, Costly & Cruel**

So despite some worthwhile improvements under the ACA, our current healthcare “crazy quilt” is still hopelessly complex, costly and cruel. Here’s a snapshot of the staggering numbers to share with those defenders of American “exceptionalism”: We spend 18% of our economy on healthcare, which was \$3.6 Trillion in 2018. That averages to over \$11,000 per person — more than twice the average of other developed countries. The estimated cost over the next decade is a whopping \$50 Trillion. The average employer plan costs \$19,600 per year, with the worker directly paying 28% of the premium. There’s over \$500 Billion of bureaucratic waste shouldered by providers and patients due to the complex labyrinth of so many insurance plans. Yet even after all this spending, we still leave 31 million uninsured and 86 million more underinsured. That results in about 28,000 deaths per year due to delayed care from lack of insurance (roughly 1 in 1,000 uninsured). 530,000 bankruptcies per year are due at least in part to medical bills and illness, which accounts for two-thirds of all bankruptcies. Sadly, that statistic has remained constant even after passage of the ACA. In short, *this* is the unsustainable system we cannot afford to continue. Any cost of a new system like NIMA must be evaluated *in comparison to* these economically and morally indefensible numbers.

**SLIDE 13: Insurance Leeches Cartoon (Fitzsimmons)**

So yes, we can afford to spend *less* on healthcare and cover everyone with much more comprehensive care. We just need to kick out the rapacious, useless, for-profit middleman known as Big Insurance, as well as rein in price gouging by Big Pharma and Big Hospital. The ACA’s market-based approach, which was originally the 1993 brainchild of a right-wing think tank, was never designed to do that. Rather, it was designed to maintain the status quo and funnel even more taxpayer money to the private profiteers.

**SLIDE 14: National Improved Medicare-For-All Is The Real Solution**

By contrast, National-Improved-Medicare-for-All gets everyone covered with better benefits and no cost-sharing. Rather than allowing the for-profit insurance middleman to cherry pick the young & healthy and lemon-drop the old & sick onto public programs, everyone gets covered in the same risk pool. And instead of having the pseudo-choice among rapacious insurance companies, Americans would have more choice of what they truly care about — choice of doctors and hospitals.

**SLIDE 15: Single-Payer Saves Money Through Admin Simplicity & Bargaining Power**

In stark contrast to the Rube Goldberg nightmare perpetuated by the ACA, here’s how a Medicare-For-All single-payer financing system maps out. Ahh... so simple and elegant. Because such a system would provide much more than protection against large risk, it is best described as a public *financing* system rather than a public *insurance* system — similar to how we finance our public roads. New federal taxes would *replace* the huge amount of money already being inefficiently spent by families, businesses and state and local governments on private insurance premiums and out-of-pocket costs. Presumably, there would still be a small amount of elective or cosmetic procedures and over-the-counter meds and vitamins — about 2 to 4% of total healthcare spending — that will continue to be paid directly by households.



All that efficiency and bargaining power from a single-payer system would save at least \$700 Billion per year. We'll use a big chunk of that — about \$400 Billion – to improve existing Medicare and expand it to everyone. By contrast, any incremental efforts to expand coverage through the ACA with more tax credits, will actually cost MORE overall than doing single-payer because there would be no savings from administrative efficiencies and bargaining power to offset the additional cost. So ironically, it is the incrementalists like Speaker Pelosi who must answer the question, “But how are you going to pay for it?”

**SLIDE 16: Improved-Medicare-For-All Net Saves \$6.1 T Over 10 Yrs (Friedman 2018)**

Here's one recent cost analysis from economist Gerald Friedman, which shows that NIMA would have a net savings of \$6.1 Trillion over the next decade compared to our current patch-work system. You can see on the left side that the \$4.9 Trillion added cost for universal, better care is more than paid for by the \$11 Trillion in administrative efficiencies, negotiating lower drug/device prices and applying uniform Medicare rates. So while *federal government* spending increases under single-payer (that's the duh! number shown in green), total health spending in the country decreases compared to the status quo (that's shown as green plus lavender together). By the way, Friedman includes other scenarios that show even more robust savings — I picked the less optimistic scenario. If you like this kind of math stuff, you can find additional graphics summarizing the cost analyses by Friedman, UMass PERI and Mercatus at my website.

**SLIDE 17: Most Americans Get BIG Savings With Improved-Medicare-For-All**

More important than bringing down the total cost, the burden of healthcare costs will be more fairly distributed. Most families will see *big* savings under NIMA. A middle-class household will net save between \$7,000 and \$12,000 compared to what they are currently spending on healthcare. The top 5% will pay more in our progressive financing system, but we're still only clawing back a fraction of what they used to pay before the great trickle-down tax con began four decades ago.

**SLIDE 18: IMPROVED-Medicare-For-All Eliminates Gaps & Cost Sharing in Current Medicare**

Another trick the corporate Democrats like Speaker Pelosi have been playing is pointing to the gaps and cost-sharing in existing Medicare and saying how the ACA's coverage is better — especially because people are protected with a max out-of-pocket ceiling. While that is a defect in *existing* Medicare, Speaker Pelosi knows full well that *improving* existing Medicare to get rid of its many gaps and cost-sharing has always been an integral part of the Medicare-for-All movement and every bill proposed. Heck the word “improved” is right there in the title of the bills, including HR676 which was reintroduced every Congress from 2003 to 2018. Speaker Pelosi is either not the “master legislator” she claims to be, or more likely, she is gaslighting us.





**SLIDE 19: Comprehensive Benefits & Families Save Big \$\$\$\$**

Rep. Jayapal's HR1384, which replaced HR676 in February 2019, is currently the best representation of NIMA being put forward in the U.S. Congress. According to HR1384, the comprehensive list of benefits shown here will be covered with no deductibles, co-pays or co-insurance. In other words, healthcare will be free at point of use. Those benefits include hospital and doctor services (inpatient & outpatient), emergency services and transportation, prescription drugs and medical devices, labwork, preventive screenings, longterm care, mental health and substance abuse treatment, physical therapy, dental, vision, hearing and reproductive care. So don't let anyone tell you that *any* current plan has better coverage.

**SLIDE 20: How Do They Stack Up? NIMA Covers Popular Benefits Of ACA, Plus More!**

Likewise, the incrementalists are gaslighting us when they say people will lose their benefits under the ACA. No, all those ACA benefits that people like, including pre-existing condition protection, guaranteed benefits, no lifetime/annual caps, free preventive services — get rolled into NIMA and vastly improved. You even get dental, vision and longterm care coverage, which is not included in ACA plans, except some dental for children. And NIMA does away with the parts people hate, including premiums, deductibles, co-pays, limited networks, surprise medical bills, and fighting with greedy insurance companies.

**SLIDE 21: JUSTICE for All?**

Back in 2010, author and journalist T.R. Reid summed up the promise and peril of the ACA "(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."

**SLIDE 22: Medicare-For-All Framing: Healthcare Is A Human Right**

It's high time America joins the rest of the civilized world by guaranteeing healthcare as a basic human right, not a commodity to be rationed based on wallet size. The most efficient and effective way to guarantee this right is to expand and enhance our existing Medicare program to all Americans. For those incrementalists who have co-opted our "healthcare is a right" framing, ask them how long their plan will continue to violate the human rights of tens of millions of Americans. Folks were rightly horrified when the GOP tried to rip healthcare away from 32 million Americans, but sticking with the ACA over NIMA also means 30 million fewer people are covered. And be sure to ask them how they plan to pay to cover more people if they get none of the administrative savings and bargaining power of single-payer. In fact, it would actually cost way more to try to cover everyone adequately under ACA than it would be to just do NIMA.





**SLIDE 23: Medicare-For-All (HR 676) Is POPULAR**

The good news is the public is already on our side, unlike with the passage of the ACA. In a Reuters poll, Medicare-For-All is supported by 70% of Americans, including 85% of Democrats and even a majority of Republicans! Heck, Trump himself has supported Medicare-For-All in the past and in 2017 asked why we can't just give Medicare to everyone — before he was quickly schooled by Republicans. As a political strategy, corporate Democrats need to appeal to the people and their base, *not* their corporate donor-owners.

**SLIDE 24: PEOPLE Over Profits (Grayson Quote)**

Let me end with my favorite healthcare quote by former U.S. Representative and bold progressive Alan Grayson who aptly points out the problem with the incrementalist approach: “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.”

**SLIDE 25: ConnectTheDotsUSA End Slide**