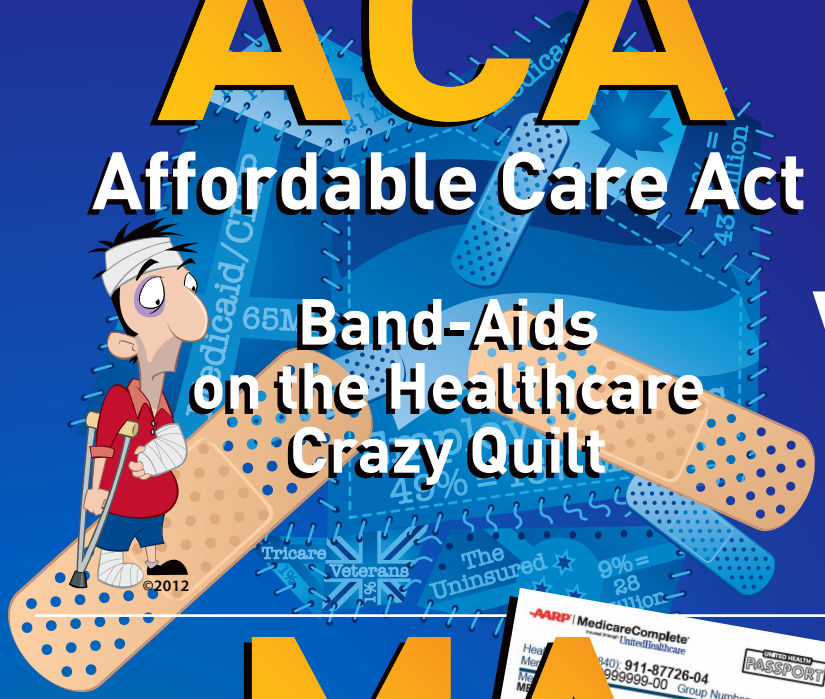
ACA

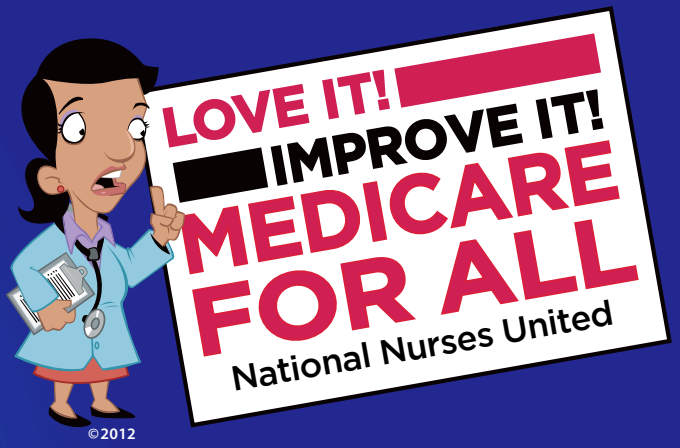
Affordable Care Act



VS

NIMA

National Improved Medicare for All



MA

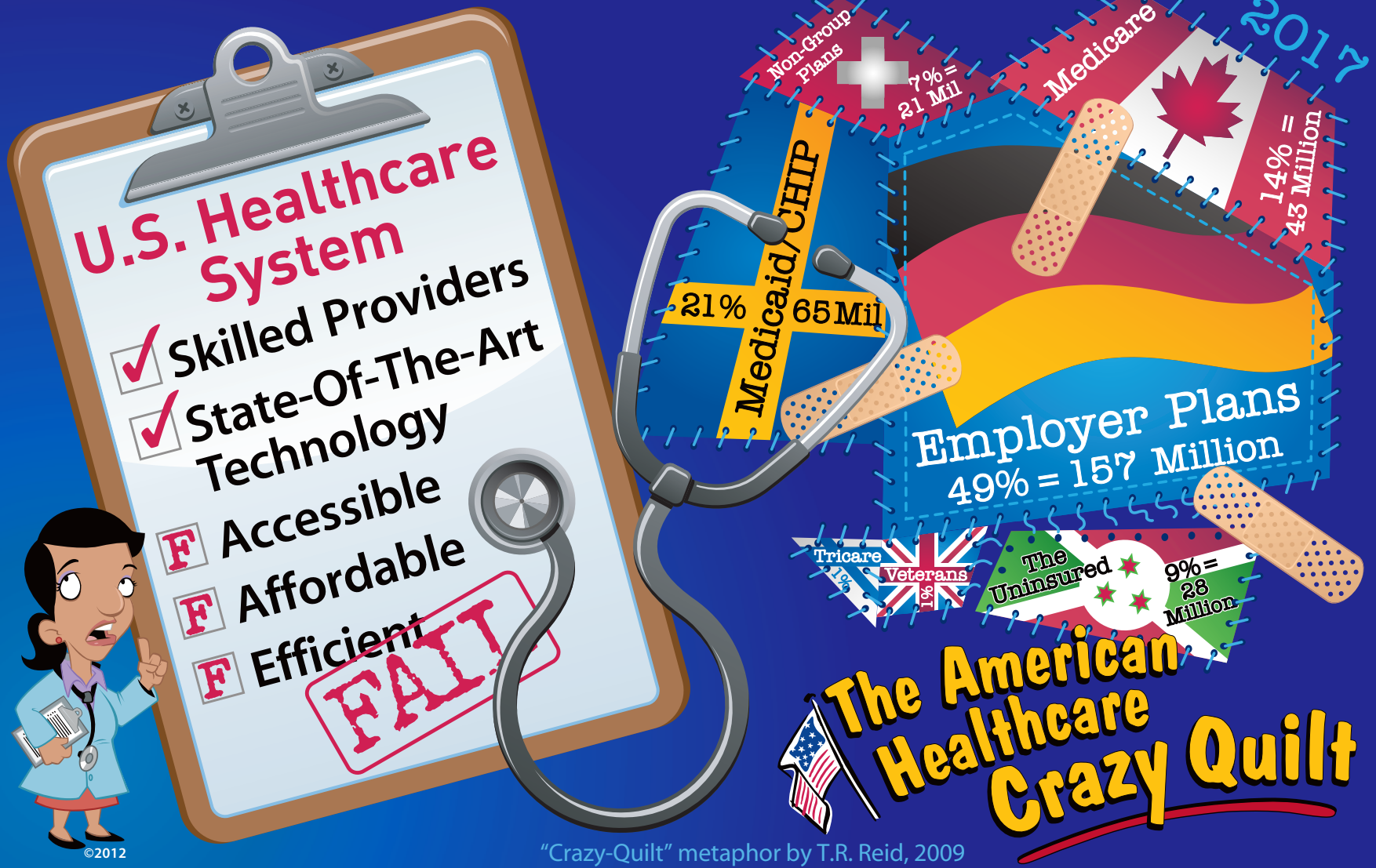
Medicare (dis)Advantage

For-Profit Middleman

Saves Lives • Saves Money
So Simple

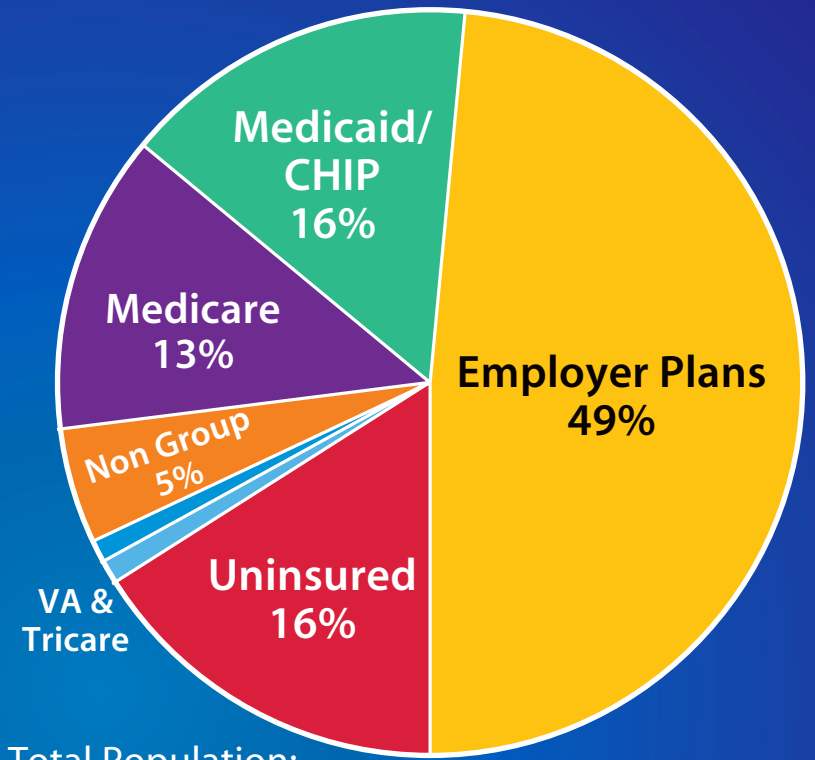
www.ConnectTheDotsUSA.com

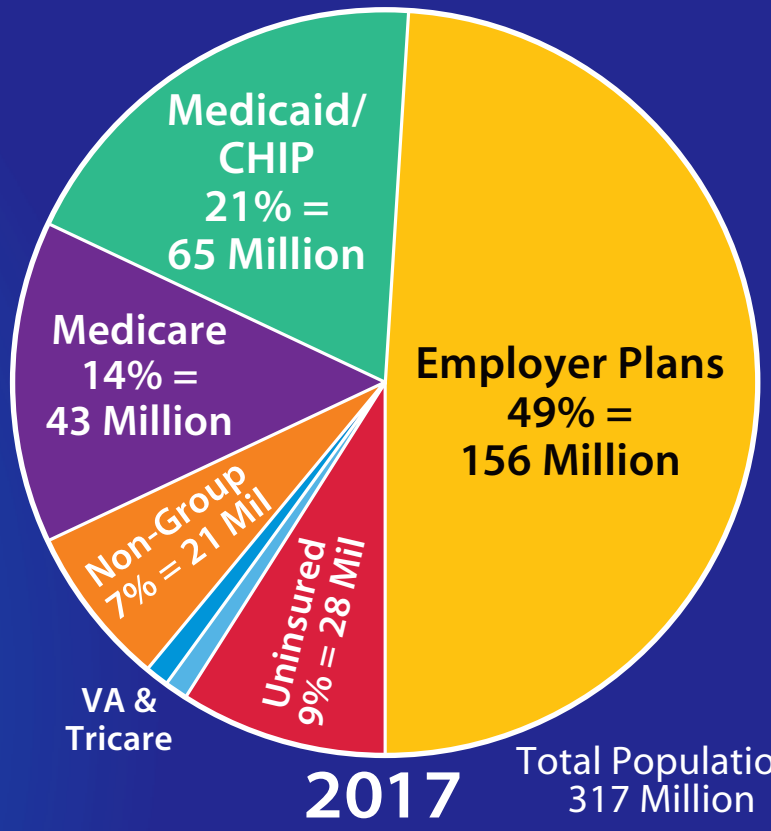
CONNECT THE DOTS™ *for democracy* *usa*



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

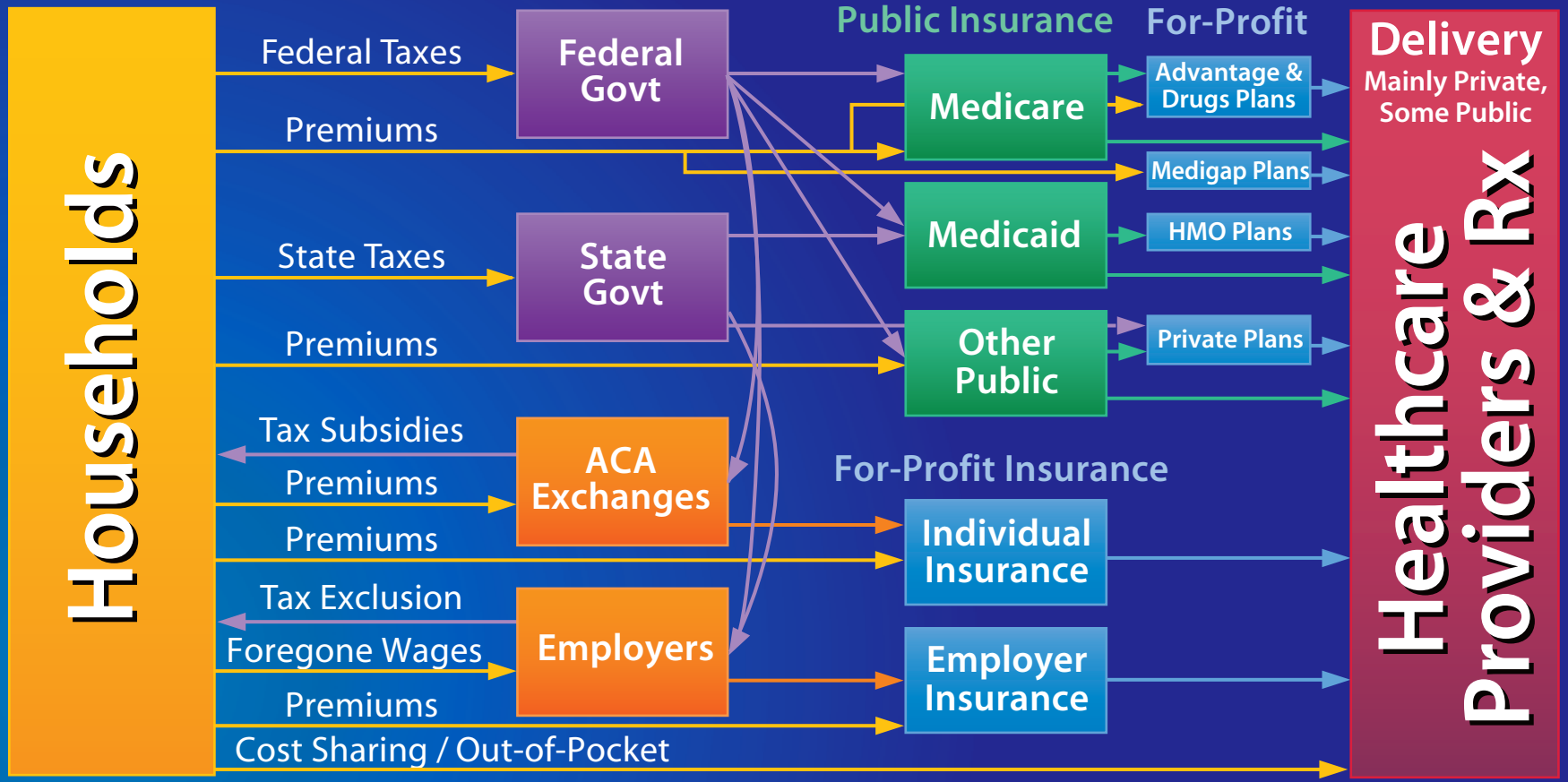
Despite Improvements, ACA Still Leaves 28 Million Uninsured And 86 Million Underinsured





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

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**)

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

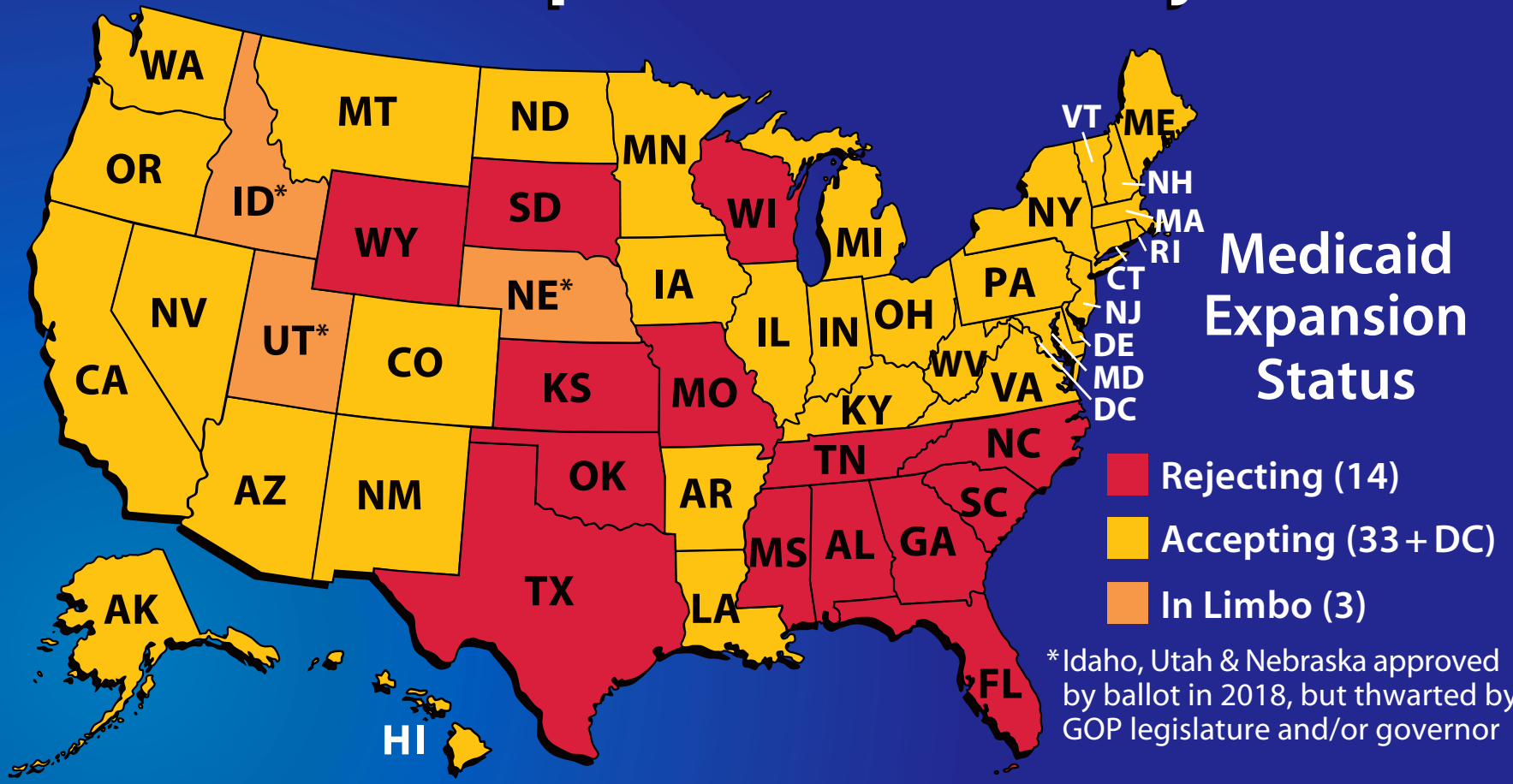
Individuals with incomes $12,140 to $48,560 (for 2019)

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**)

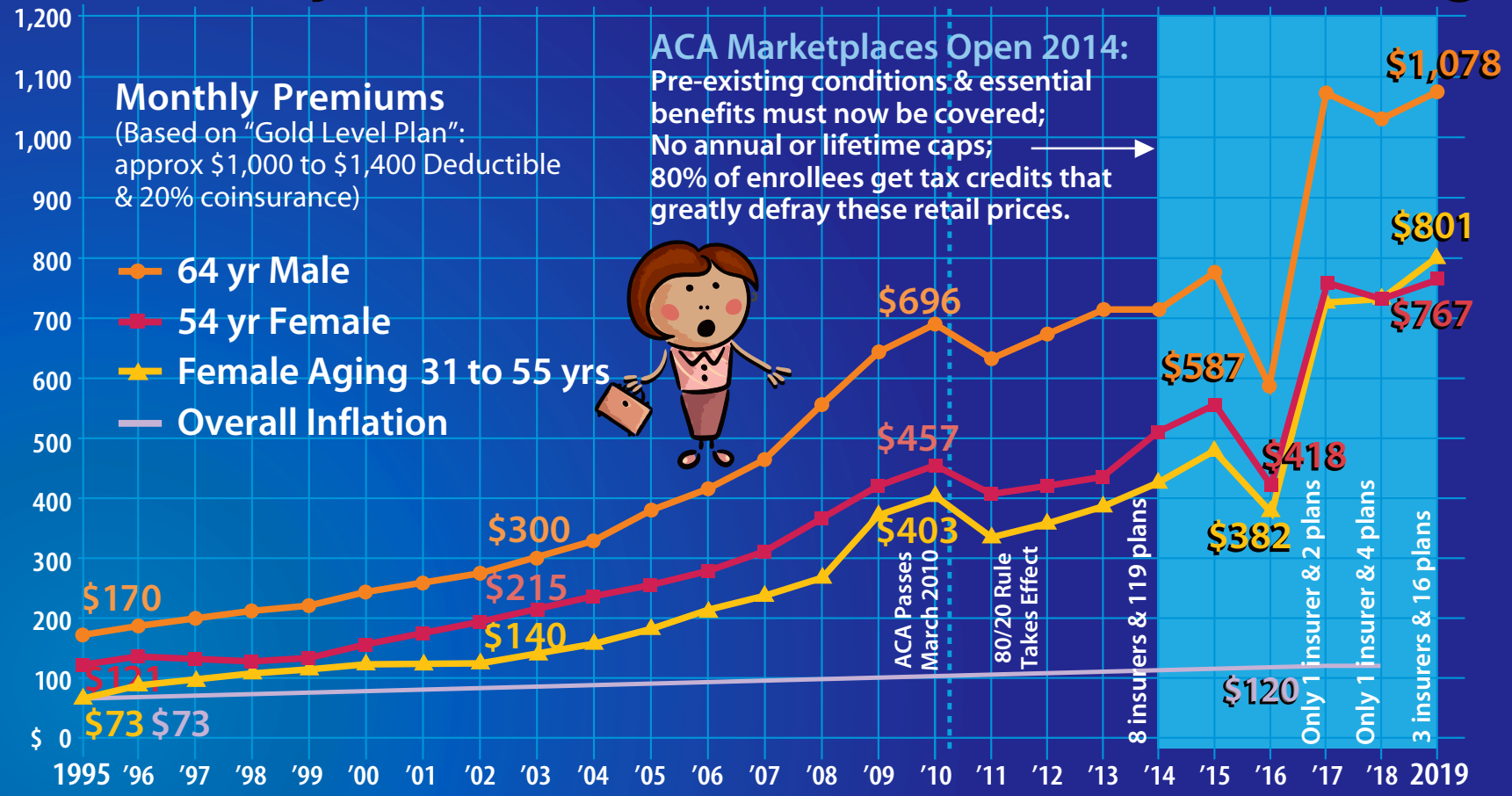
GOP Still Blocking & Undermining Medicaid Expansion In Many States



Source: Kaiser Family Foundation, as of Feb 13, 2019 (**kff.org**)

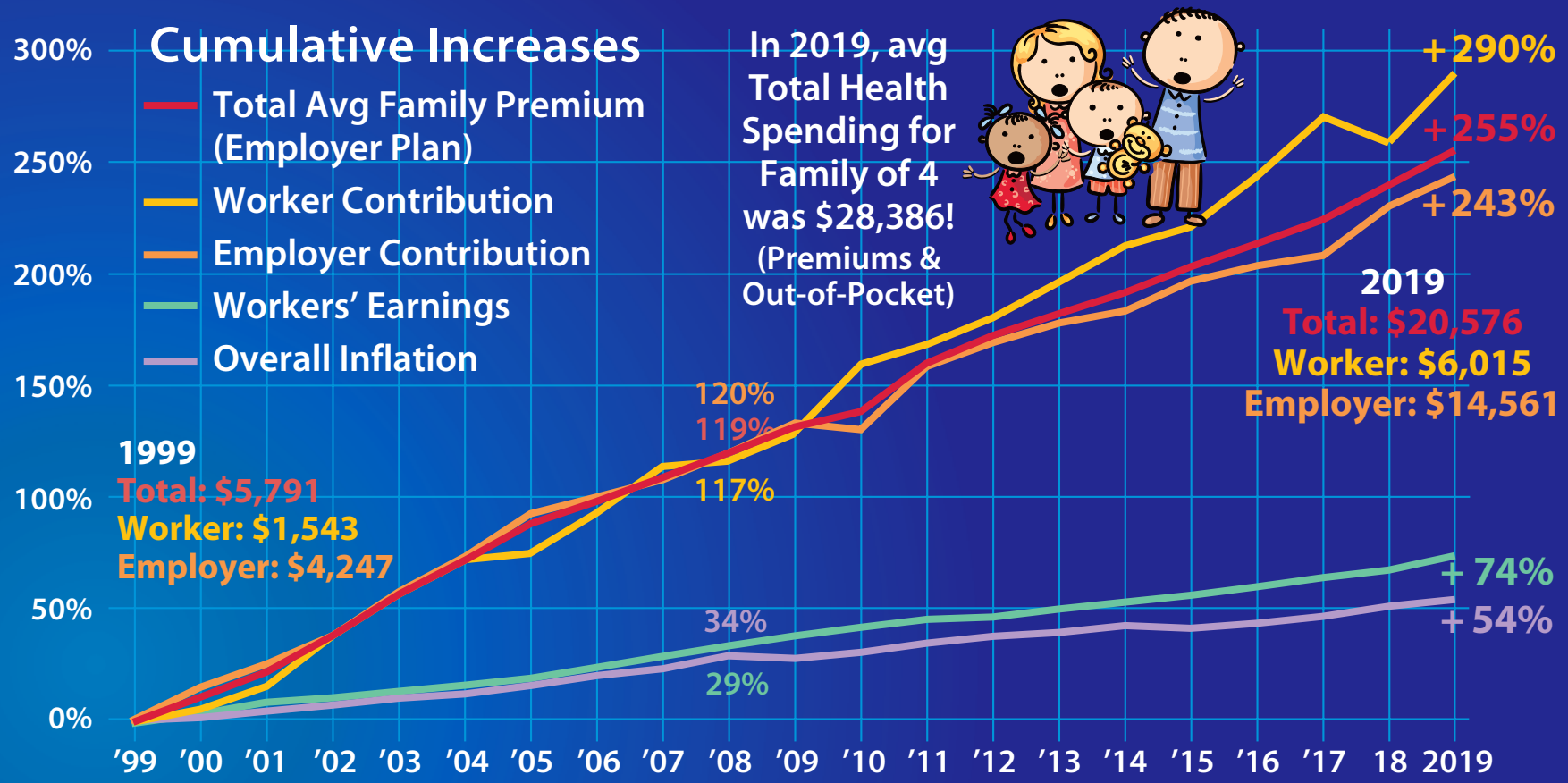
Per Supreme Court June 2012 decision, states can opt out of Medicaid expansion. In 2014, 25 states opted out.

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

ACA Did Little To Control Skyrocketing Premiums On Employer Plans



Sources: Kaiser/HRET Employer Health Benefits Survey Charts, Oct 2018, Figs. 5 & 2 and Sept 2019, Figs. 5 & 4 (**kff.org**)
Family of 4 avg total health spending: 2019 Milliman Medical Index, July 2019 (**milliman.com**)

ACA Did Not Reduce Sky-High Prices

HOSPITAL STAY (1-DAY)

$5,220 USA avg

$765 AUSTRALIA

$2,142 NEW ZEALAND

ADVAIR (30-DAY SUPPLY)

$155 USA

$74 CANADA

$38 GERMANY

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

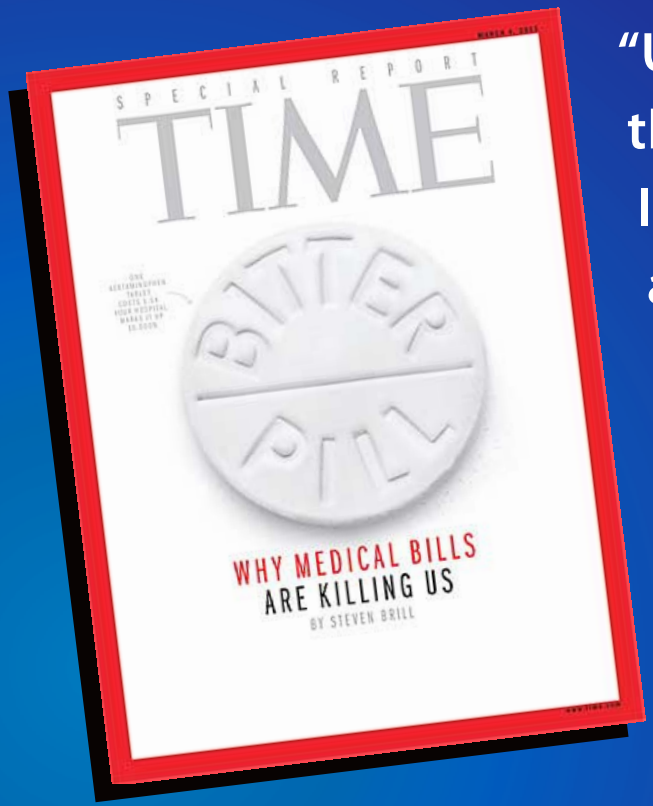
$5,312 AUSTRALIA

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**)

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."

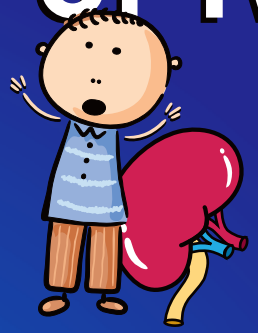


"Unless you are protected by Medicare, the health care market is not a market at all. It's a crapshoot. People fare differently according to circumstances they can neither control nor predict... (T)hey have little visibility into pricing, let alone control of it... They have no idea what their bills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

— Steven Brill, "The Bitter Pill"

Quotes: Steven Brill, "The Bitter Pill: Why Medical Bills Are Killing Us," *Time Special Report,* March 4, 2013

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 Paid
HOSPITAL	CT Scan	$ 7,350	$ 235	$ 187		
HOSPITAL	IV Hydration	1,946	331	264	$ 135	$50
HOSPITAL	ER Visit	2,258	345	275		ER Copay
HOSPITAL	Hospital Misc	904	0	0		
DOCS	Radiologist	180	89	71	18	0
DOCS	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

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

$20.6 THOUSAND
2019 PREMIUM
employer family plan (employee paid 29%)

$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

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

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**

Sources: **HealthOverProfit.org;** *Fix It: Healthcare at the Tipping Point* (documentary), 2016 **(FixitHealthcare.com)**
HR 1384, "Medicare for All Act of 2019," especially see Title I and Title II **(congress.gov)**

Widest Choice Of Providers

Medicare-For-All
"network" = entire USA

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IMPROVE IT!
MEDICARE FOR ALL
National Nurses United

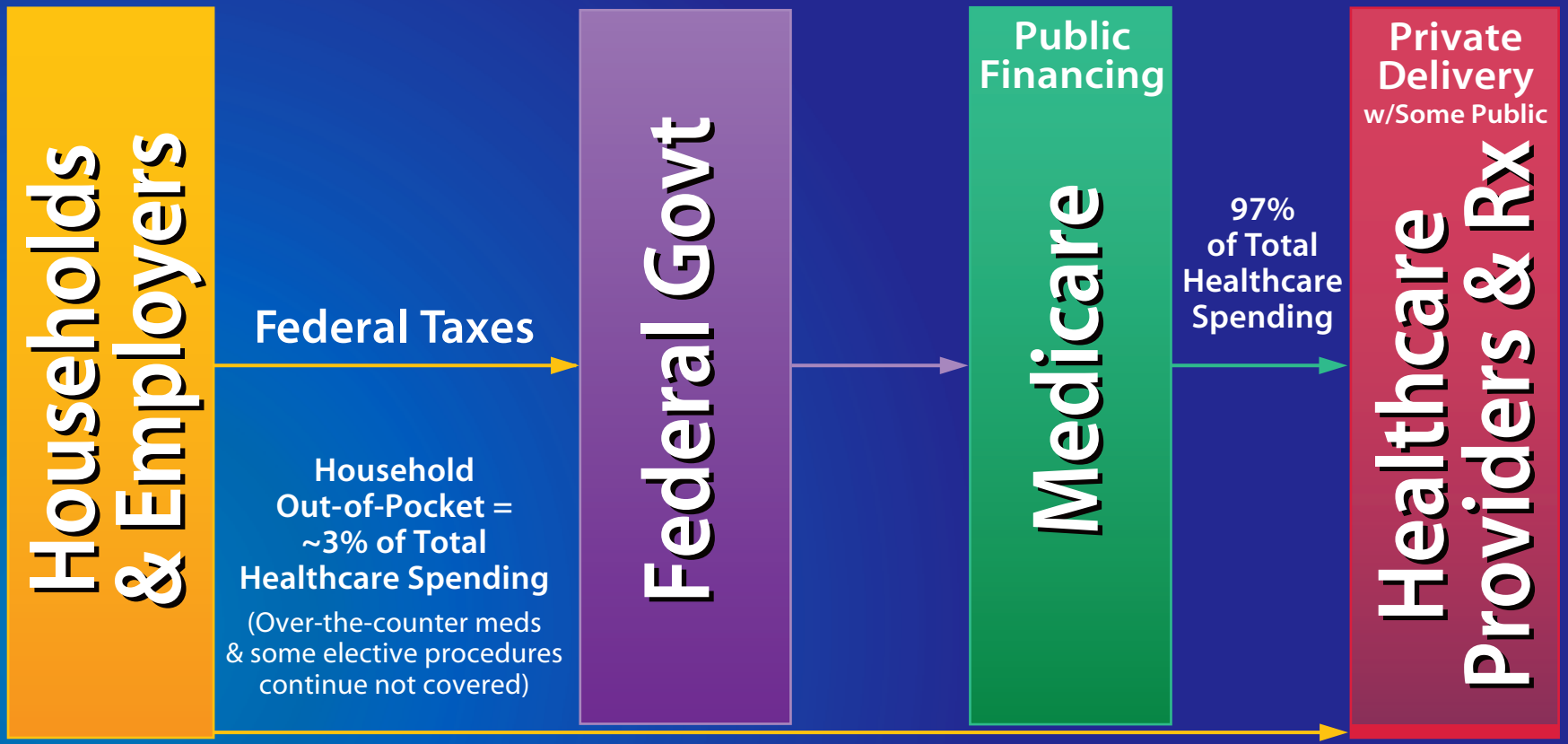
Comprehensive Benefits

No premiums • No deductibles/co-pays • No medical bills

Sources: "Few Doctors Opt Out of Medicare," Diane Archer, June 12, 2018 (**JustCareUSA.org**), **data.cms.gov** and **kff.org**
96% of doctors & nearly all hospitals are participating providers in traditional Medicare, less than 1% of doctors opt-out

Single-Payer Saves Money Through Admin Simplicity & Bargaining Power

~800B 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**)
"Yes, We Can Have Improved Medicare for All," Gerald Friedman, PhD, UMass, Dec 11, 2018 (**Hopbrook-Institute.org**)

Improved-Medicare-For-All: (1 yr)

We spend LESS and cover everyone with better benefits

Here's how we pay for it:
(Sample year 2019)

Total Cost (NHE): Status Quo
$3.8 TRILLION

$0.4 Trillion stays in our pockets

65% already govt-financed
(including tax subsidies & public employee health benefits)
Federal Govt + State & Local Govt

Households +
Businesses +
Other Private

Shift ~$2.3 Trillion into M4A

Shift ~$1.1 Trillion into M4A

Total Cost (NHE): Under Medicare-For-All
$3.4 TRILLION
OTC drugs & cosmetic

Saves $400 billion!

NHE = National Health Expenditures
(Total health spending in the country)

M4A = Improved-Medicare-For-All

Sources: "Yes, We Can Have Improved Medicare for All," Friedman, UMass, Dec 11, 2018, pgs 15-17 & 27-33 (**Hopbrook-Institute.org**)
"...Taxpayer Shares of US Health Costs," Himmelstein & Woolhandler, March 2016, pgs 449-452 (**ajph.aphapublications.org**)

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
BOTTOM & MIDDLE	$30,000*	+1%	$300	—
	$40,000	+18%	$7,200	—
	$65,000	+15%	$9,750	—
	$85,000	+14%	$11,900	—
	$150,000	+8%	$12,000	—
TOP	$400,000	– 2%	—	$8,000
	$1,500,000	– 5%	—	$75,000

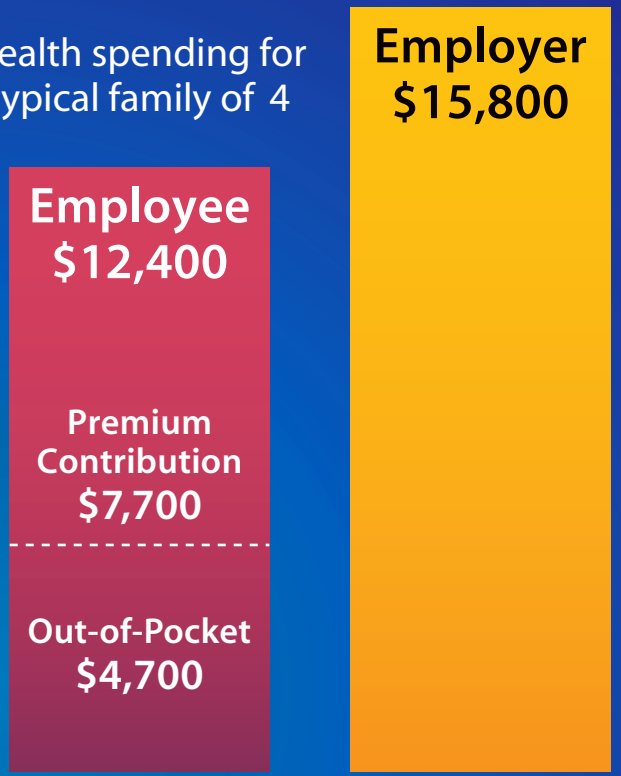
% change reflects difference between share of income spent on healthcare now and share under Improved Medicare-For-All.
*Households with $30,000 income now likely qualify for Medicaid and already have very little cost-sharing or premiums.

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 (**Hopbrook-Institute.org**)

Families And Businesses Save Big Under Medicare-For-All

Status Quo = $28,200

Health spending for typical family of 4

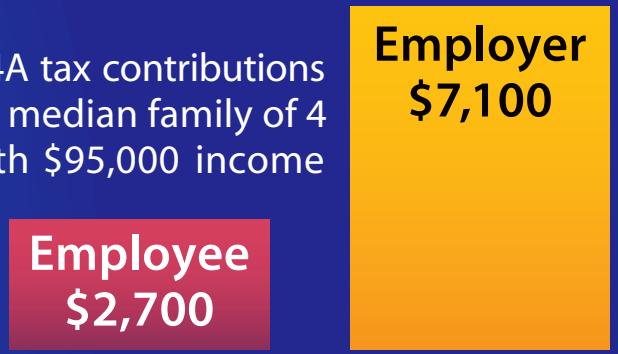


2018 Milliman Medical Index

Medicare-for-All = $9,800

Comprehensive benefits, no cost-sharing

M4A tax contributions for median family of 4 with $95,000 income



Based on Bernie's 2019 M4A plan*

Sources: Milliman Medical Index, May 2018 (**milliman.com**); "Medicare For All Act of 2019," April 10, 2019 (**sanders.senate.gov**)
*4% income-based tax paid by worker (after $29,000 for family of 4) & 7.5% income-based tax paid by medium/large employer

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) $341/day for 61-90; $682/day after 90, using max 60 "lifetime reserve" days; then you pay all costs	**$341-$682/day** (up to all costs)	**$0**
Skilled Nursing Stay Coinsurance (after 20 day benefit period) $171/day for days 21-100; no coverage after day 100 (you pays all costs)	**$171/day** (up to all costs)	**$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**)
"An Overview of the Medicare Part D Prescription Drug Benefit," Kaiser Family Foundation, Oct 2018, Figure 3, pg 3 (**kff.org**)

Comprehensive Benefits & Wide Choice Of Providers


hospital/inpatient


doctor/outpatient


emergency


Rx drugs & devices


labwork


long-term care


mental health


vision & hearing


dental

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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**) and "Yes, We Can Have Improved Medicare for All," Friedman, UMass, Dec 11, 2018, pgs 18, 19, 36 (**Hopbrook-Institute.org**)

How Do They Stack Up?

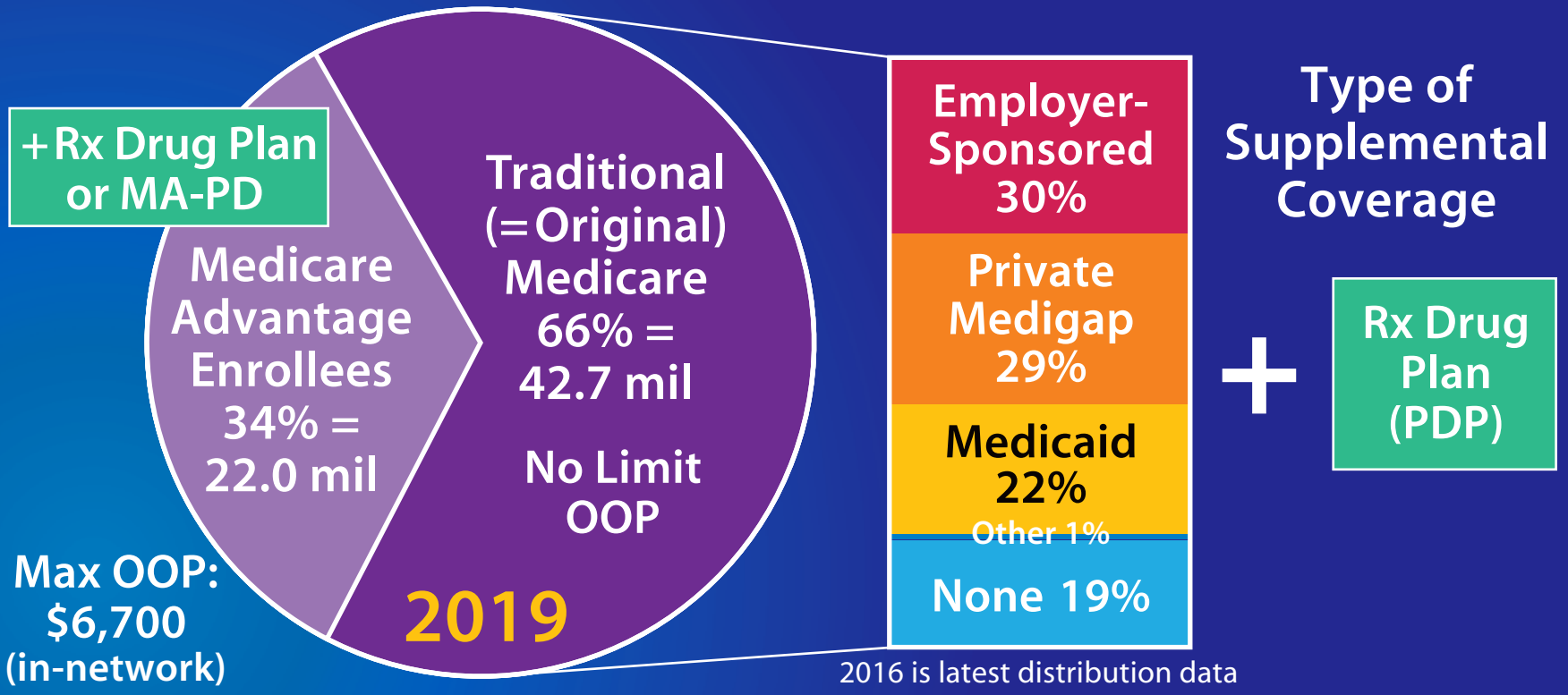
NIMA Covers Popular Benefits Of ACA, Plus Much More!

	Affordable Care Act	National Improved Medicare for All
COVERAGE	Medicaid expansion, tax credits to buy private insurance, stay on parents' insurance until 26. Still leaves >30 million uninsured and 86 million underinsured.	Guaranteed healthcare for all. Everyone automatically covered at birth. Coverage follows you when you move, change jobs, retire. Saves lives, saves money.
COST	Cost-sharing still way too high. Some get no help with premiums. No protection from price gouging by out-of-network providers.	NO premiums, deductibles, co-pays. One standard of comprehensive benefits no matter your wallet size. 95% of Americans save BIG.
CHOICE	Healthcare providers and care limited by for-profit insurer's networks, rules and authorizations.	Patients choose from nearly any doctor or hospital in the country. Providers assured fair reimbursement.

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

Medicare Enrollees Buy Private Plans To Limit Out-Of-Pocket (OOP).

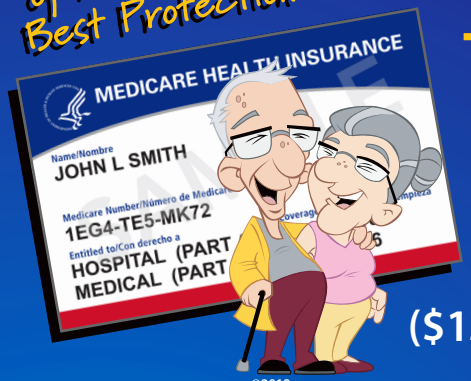
No Need With Improved-Medicare-For-All



Sources: "An Overview of Medicare," Feb 2019, Figure 4 and "Medicare Advantage Fact Sheet," June 2019, Figure 1
Kaiser Family Foundation **(kff.org)**

Currently Two Paths To Get Medicare & Fill Gaps

Widest Choice of Providers & Best Protection

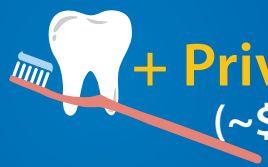


Traditional Medicare

Federal govt is primary insurer for Parts A & B ($136/mo Part B prem)

+ Private Medigap Plan
functions as secondary insurance for Parts A & B (~$150/mo premium)

+ Private Part D Rx Plan
(~$35/mo premium)



+ Private Dental Plan
(~$45/mo premium)

Medicare Advantage

For-Profit Middleman (Part C)

Federal govt pays for-profit, private company a capitated amount (avg $950/mo) to be your insurer.

Enrollee pays $136/mo Part B prem and $0 or low ($29/mo avg) prem for MA plan.

Often Part D Rx plan included. May also include extra perks like vision, limited dental, gym membership.

High cost-sharing — up to $6,700/yr for Parts A & B in-network services alone.

Narrower provider networks, more restrictions & hassles to get care.

Note: Some on Traditional Medicare have employer plan or Medicaid to fill gaps. Neither path includes longterm care.

Sources: "Medicare Advantage Fact Sheet," Kaiser Family Foundation, June 2019 (**kff.org**)
"'Don't be seduced by Medicare Advantage bells and whistles," Diane Archer, Oct 9, 2019 (**JustCareUSA.org**)

Beware Disadvantages Of Medicare Advantage (MA):

1. Ever-changing provider network much narrower than with Original Medicare. Must switch docs or plan if your docs leave plan.
2. High cost-sharing — up to $6,700/yr for in-network services alone — and greater danger of surprise out-of-network bills.
3. MA insurers cherry-pick healthy; then lemon-drop sick via preauthorizations, high co-pays, denials, restricted networks & drug formularies.
4. If you want to return to Original Medicare, may be denied Medigap plan due to illness.

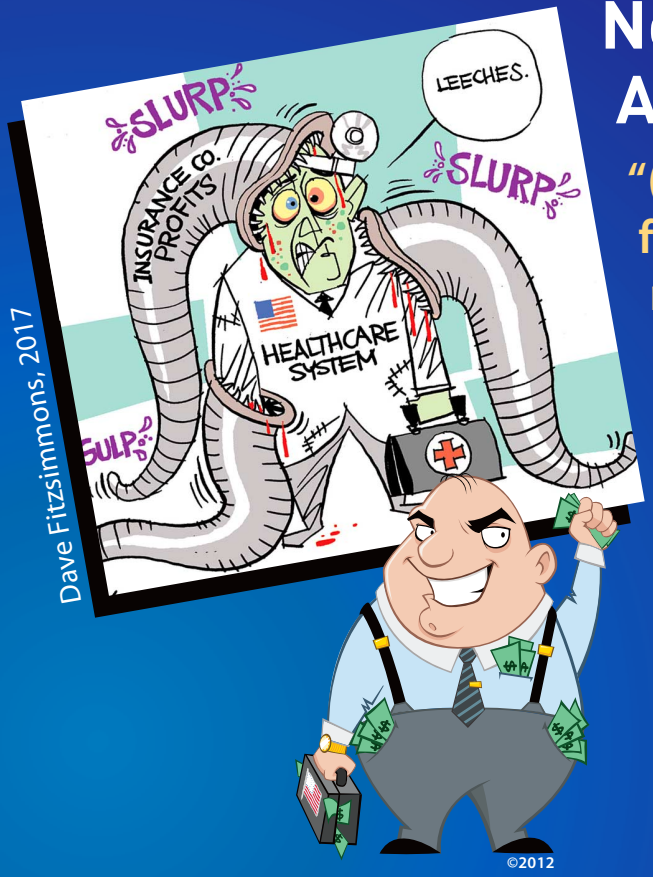
Sources: "Medicare Advantage Fact Sheet," Kaiser Family Foundation, June 2019 (**kff.org**)
"'Don't be seduced by Medicare Advantage bells and whistles" Diane Archer, Oct 9, 2019 (**JustCareUSA.org**)

Beware Fake Friends:
Why Public Option Is A Poison Pill

- Public Option will become a de facto high-risk pool as private insurers game the system by cherry-picking the healthy and lemon-dropping the sick, most expensive onto the public plan. Not a path to single-payer.
- As just another patch on our healthcare "crazy quilt," Public Option forgoes most of the ~$800 Billion/yr in savings from simplified admin and lower prices under single-payer.
- Premiums and cost-sharing will still be too high for many Americans.

Sources: "The 'Public Option' on Health Care Is a Poison Pill," Himmelstein & Woolhandler, Oct 7, 2019 (**TheNation.com**)
"The Public Option vs Medicare for All" (**HealthOverProfit.org**)

Medicare-For-All: Keep Your Doctors, Ditch Your Insurance Parasite



No role for private health insurance: And that's a good thing!

"(T)he only way to make room for a significant role for private insurance in the American context is to make the public system paltrier or skimpier, to impose onerous co-pays and deductibles, or to let the rich preferentially displace working-class people from hospital beds and doctors' offices. But it doesn't seem to make sense to punch holes in your own floor just to create work for a carpenter. That is particularly true if your floor is your health care — and your carpenter is an extractive insurance giant."

— Dr. Adam Gaffney
Physicians for a National Health Program

Quote: Dr. Adam Gaffney, "We Don't Need Private Health Insurance," *The Nation,* Feb. 18, 2019 (**TheNation.com**)
Leech Cartoon: Cagle Cartoon © 2017 Copyright Dave Fitzsimmons. Used here with permission.

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

JOBS
WAGES
ECONOMY

HEALTHCARE

BUDGET
TAXES

VOTING

CONNECT THE DOTS™ *for democracy* *usa*

ConnectTheDotsUSA.com

CIVICS AND POLICY BASICS FOR THE BUSY MAJORITY™

FRAMING

"Busy Majority" said by Jon Stewart, Sept 2010

Presentation updated 10/16/19

PRESENTATION TITLE: "ACA & MA vs NIMA"
UPDATED: 10/16/19 RUN TIME: Approx 35 minutes (3,828 words)

SLIDE 1: "ACA & MA 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. Tonight I'll show how trying to build on the ACA is a failed strategy — it's bad policy, and it's bad politics. Then we'll look at why we must also eliminate — not expand — the for-profit middleman known as Medicare Advantage, as well as avoid "Public Option" poison pills.

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 28M Uninsured And 86M 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). Last year's University of Massachusetts PERI study 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 forgo 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 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. While two-thirds of spending is already government financed, many of those taxpayer dollars are funneled through rapacious for-profit insurance middlemen. As you can see here, the ACA was just another patch adding to the complexity.

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.
This is basically Joe Biden's plan. 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. Such tinkering with the current system does not solve the problems people continue to have getting care.

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 were 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 is $20,600 this year, more than triple the premium in 1999. The worker's share jumped from $1,500 to $6,000 — almost four times higher. Average ***total*** health spending, including out-of-pockets, was over $28,000. Of course, employers ultimately pass their portion 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 family plan has an annual premium of $20,600, with the worker directly paying a 29% share. 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: 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. NIMA also gets the insurance burden off the back of businesses so they can compete on an even playing field nationally and internationally. And it frees workers and budding entrepreneurs from job lock for health insurance benefits.

SLIDE 14: Widest Choice of Providers
Instead of having the pseudo-choice among rapacious insurance companies, Americans will have more choice of what they truly care about — choice of doctors and hospitals throughout the entire country. Currently 96% of doctors and nearly every hospital are "in network" for Traditional Medicare. That number will only increase once Medicare is the only insurance payer. Whatever providers might sacrifice in lower reimbursement rates overall will be more than offset by reduction in overhead, increase in billable hours, and less burnout. Not surprisingly, two-thirds of doctors now support single-payer.

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. 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 3% of total healthcare spending — that will continue to be paid directly by households.

SLIDE 16: Improved-Medicare-For-All Net Saves 11% ($400B) Over 10 Years
All that efficiency and bargaining power from a single-payer system would save at least $800 Billion per year. We'll use a big chunk of that — about $400 Billion – to improve existing Medicare and expand it to everyone, leaving a net savings of about $400 Billion or 10% compared to our current system. Because half measures and tinkering are just another patch on our current healthcare "crazy quilt," they forego the administrative savings and negotiating clout that make it easy to fund universal healthcare with comprehensive benefits and no cost-sharing. So ironically, incrementalism ends up being ***more*** expensive than Medicare-For-All. And way less bang for the buck. By the way, if you like delving into the arithmetic, I have an entire presentation and video entitled "M4A Math" where I walk through the cost studies and dispel the apples/oranges comparisons that have run amok.

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: Families And Businesses Save Big Under Medicare-For-All
As I mentioned, according to the 2018 Milliman Medical Index, for the typical family of four with employer-sponsored health insurance, the total cost is over $28,000 per year, with the employer contributing nearly $16,000 and the employee spending over $12,000 — $7,700 in premium contribution and $4,700 in additional out-of-pocket spending. We should refer to that as a ***"private tax."*** Bernie's Medicare-for-All financing proposal would cut that by two-thirds for the median family of four with $95,000 in income — saving about $18,000. The nearly $9,000 saved on the employer side should be returned to the worker in the form of higher wages or other benefits. In short, ***public*** taxes go up by far less than ***private*** taxes go down.

SLIDE 19: 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 indeed 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. Speaker Pelosi is either not the "master legislator" she claims to be, or more likely, she is gaslighting us.

SLIDE 20: Comprehensive Benefits & Families Save Big $$$$
According to Rep. Jayapal's HR1384 Medicare-For-All Act, the comprehensive list of benefits shown here will be covered with no deductibles, co-pays or co-insurance. In other words, healthcare with 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 21: 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 22: Medicare Enrollees Buy Private Plans to Limit Out-Of-Pocket (OOP).
No Need With Improved-Medicare-For-All.
We must also do away with the useless, for-profit middleman known as Medicare Advantage, not expand it as Senator Kamala Harris wants to do in her plan. I call Advantage plans "the charter schools of Medicare" because taxpayer dollars — $233 Billion in 2018 — are funneled through these profiteers who are adept at cherry-picking the healthy, lemon-dropping the sick, and defrauding the government out of tens of billions every year with little accountability. Currently, one-third of Medicare enrollees get seduced by the zero or low monthly premium and some extra bells and whistles to join an Advantage plan. If they get sick, many come to regret that fateful decision.

SLIDE 23: Currently Two Paths To Get Medicare & Fill Gaps
Most folks are confused about the difference between Traditional Medicare and Medicare Advantage, so lets break it down. Since 2003 when the privatization of Medicare really ramped up, there have been two basic pathways for seniors to get Medicare benefits. With Traditional Medicare, also known as Fee-For-Service, the federal government is the primary insurance and pays the hospitals and doctors directly. To protect against huge out-of-pocket costs, however, seniors must either get supplemental insurance through a former employer or purchase a Medigap plan, a Part D prescription drug plan, and a dental plan.

To avoid those extra monthly premiums, 22 million instead opt for a Medicare Advantage plan in which the federal government pays a for-profit, private company a capitated amount — on average $950 per month — to be the insurer. Even more if they upscore the enrollee as sicker. The enrollee still pays the $136 per month Part B premium to the federal government, but only a zero to low premium for the Advantage plan. Often prescription drugs are included, as well as some extra perks like vision, limited dental, and a gym membership.

SLIDE 24: Beware Disadvantages Of Medicare Advantage (MA):
Now here comes the downside. First, instead of being able to choose from nearly any doctor or hospital in the entire country, you are restricted to a much narrower, ever-changing provider network. If your doctor leaves the plan, you must switch doctors or wait to switch Advantage plans during annual open enrollment. That happened to 6,000 Blue Cross Advantage customers in Pima County, Arizona last year when the plan lost their contract with 100 primary care providers.

Second, what you save in monthly premiums may be more than eaten up in out-of-pocket spending, especially if you get really sick. Advantage plans have high cost-sharing — up to $6,700 per year for in-network hospital and doctor services alone — as well as a much greater danger of surprise out-of-network bills.

And because Advantage insurers lose money on the chronically ill, they have devised all kinds of sneaky schemes to force you out via prior authorizations, high co-pays, denials, restricted specialist networks and restricted drug formularies.

And perhaps worst of all, while you can return to Traditional Medicare, you may be forever locked out of getting a Medigap plan because they can deny for health status after the initial enrollment opportunity.

SLIDE 25: Beware Fake Friends: Why Public Option Is A Poison Pill
As we have learned from the Medicare Advantage experience, the Public Option would become a de facto high-risk pool as private insurers game the system by cherry-picking the healthy and lemon-dropping the sick, most expensive onto the public plan. It is not a path to single-payer. Rather, as just another patch on our healthcare "crazy quilt," Public Option proposals forgo most of the $800 Billion in annual savings from simplified administration and lower prices under single-payer. For these reasons, premiums and cost-sharing will still be too high for many Americans, undermining the public plan.

SLIDE 26: Medicare-For-All: Keep Your Doctors, Ditch Your Insurance Parasite
Dr. Adam Gaffney of Physicians for a National Health Program explains why we don't need or want private health insurance in the mix: "(T)he only way to make room for a significant role for private insurance in the American context is to make the public system paltrier or skimpier, to impose onerous co-pays and deductibles, or to let the rich preferentially displace working-class people from hospital beds and doctors' offices. But it doesn't seem to make sense to punch holes in your own floor just to create work for a carpenter. That is particularly true if your floor is your health care — and your carpenter is an extractive insurance giant."

SLIDE 27: PEOPLE Over Profits (Grayson Quote)
Finally, 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 28: ConnectTheDotsUSA End Slide