insurance, millions more go without needed care, and most are in danger of financial disaster should they become seriously ill.

In a single-payer system, medical decisions are made by doctors and patients together, without insurance company interference - the way they should be.

**Won't a Public System Stifle Medical Research and Innovation?**

Most breakthrough research is already publicly financed through the National Institutes of Health (NIH). In fact, according to the NIH website of the last 30 Americans to win the Nobel Prize in Medicine, 28 were funded directly by the NIH. (The other two were funded by a nonprofit research center in England - a single-payer country).

Many of the most important advances in medicine have come from single-payer nations. Often, private firms enter the picture only after the public has paid for the development and clinical trials of new treatments. The HIV drug AZT is one example.

On average, drug companies spend more than half of their revenue on marketing, administration and profits, compared with 13 percent on research and development. Negotiating lower prices will allow Americans to afford drugs without hurting research.

**Won't Our Aging Population Bankrupt the System?**

European nations and Japan have higher percentages of elderly citizens than the U.S. does, yet their health systems remain stable with much lower health spending. The lesson is that national health insurance is a critical component of long-term cost control. In addition to freeing up resources by eliminating private insurance waste, single-payer encourages prevention through universal access and supporting less costly home-based long-term care rather than institutionalization.

**Lots of People Have Good Coverage, So Shouldn't We Build On the Existing System?**

Our existing system is structurally flawed; patching it up is not a real solution. The insurance industry sells defective products. So like a car with faulty brakes, lots of people who think they have good insurance find that their “coverage” fails when they get sick: three-quarters of the one million American families experiencing medical bankruptcy in 2001 had coverage when they got sick. And all insured Americans continually face premium hikes, rising out-of-pocket costs, and cutbacks in covered services as costs rise. Even those who used to have very good coverage - like auto workers - are being forced to give up benefits because of costs. Until we fix the system, things are only going to get worse.

*Drug Companies Spend Little on Research*

<table>
<thead>
<tr>
<th>Percentage of Revenue</th>
<th>Marketing and Admin.</th>
<th>R &amp; D</th>
<th>Manufacturing</th>
</tr>
</thead>
<tbody>
<tr>
<td>31%</td>
<td>30%</td>
<td>13%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Our solution does, yet their health systems remain stable with much lower health spending. The lesson is that national health insurance is a critical component of long-term cost control. Replacing private insurance companies with a single-payer public program - “Medicare for All” - would save about $350 billion a year, enough money to provide guaranteed comprehensive health benefits for all. (New England Journal of Medicine, 2003)

**Prescription for our Sick Health System**

**Single-Payer National Health Insurance**

*"The U.S. National Health Insurance Act" (HR 676)*

**The Problem:**

**A Failed Private Insurance System that Puts Profits Ahead of Patients**

The United States has the highest health spending in the world, yet 45 million Americans have no health insurance and millions more are under-insured and unable to access care. Illness and medical bills contribute to half of all U.S. bankruptcies. Prescription drug costs are the highest in the world. Even though other industrialized democracies spend less on health care, their citizens are guaranteed coverage for life, live longer, and have better access to care.

**The Solution:**

**Non-Profit National Health Insurance**

Americans spend more money for less coverage and care because America is the only industrialized country that allows for-profit insurance companies to be middlemen in our health system. In their drive to enroll healthy (and profitable) patients and screen out the sick, private insurers waste vast sums on billing, marketing, underwriting, utilization review and other activities that enhance profits but divert resources from care as well as hassle patients and physicians. The paperwork they inflict on doctors and hospitals wastes hundreds of billions more each year.

Replacing private insurance companies with a single-payer public program - "Medicare for All" - would save about $350 billion a year, enough money to provide guaranteed comprehensive health benefits for all. (New England Journal of Medicine, 2003)

**Beware of Phony Universal Coverage:** Many political candidates say they support "universal health care," but usually this just means making more Americans insurance company customers. Real universal coverage means evicting insurance companies and establishing a national health program instead.
How Would a “Medicare for All” Health System be Better?

- Universal & Guaranteed: Everyone is covered for life, regardless of health or employment.
- Comprehensive: Coverage for all medically necessary care, prescriptions, and home care.
- Free Choice of doctor and hospital.
- Savings of $350 billion on bureaucracy would mean added coverage without added cost.
- Helps Job Growth and the U.S. Economy by taking the burden of health costs from business.

How Would a “Medicare for All” Health System Work?

Every American would receive a National Health Insurance Card. This card could be presented to any doctor or hospital for a full range of benefits. Patients would pay nothing out of pocket, and they would receive no medical bills. Doctors and hospitals would be paid out of a single national health fund instead of a wasteful patchwork of insurance companies. The paperwork savings would be enough to provide coverage for all without spending any more.

Four Steps You Can Take To Help Win National Health Insurance

- Join Up with the campaign for HR 676 and national health insurance at www.UFHC.org or www.SickoCure.org. Educate yourself, your family, and your friends about single-payer healthcare!
- Sign the Citizens’ Petition for single-payer national health insurance (on the SickoCure website).
- Contact Your Members of Congress, Rick Larsen, (360) 733-4500 or (800) 562-1385 and ask him to support HR 676!
- Write an Op-Ed or Letter to the Editor of your local paper. You can find tips, templates and examples at www.SickoCure.org.

Frequently Asked Questions About National Health Insurance

I believe health care is a human right to which everyone should have access. Will single-payer and HR 676 provide this?

Yes. Health is the foundation of a full, free and productive life, as well as a prerequisite for democratic citizenship. Health care is a human right that should be afforded to all, not a privilege to be enjoyed by the wealthy.

A single-payer national health insurance program would assure access to high-quality, comprehensive health care for all Americans.

Is this "Socialized Medicine?"

No. In socialized medicine systems hospitals are owned by the government and doctors are salaried public employees. Although socialized medicine works well for our Veterans’ Administration and Defense Department health systems, as well as for some countries like England and Cuba, this is not the same as single-payer.

A single-payer national health program, in contrast, is social insurance, like our Social Security Program. Doctors and hospitals remain private. The Medicare program for seniors is an example of a social insurance program.

Can We Afford Universal Coverage?

We already pay enough for health care for all - we just don’t get it. Americans already have the highest health spending in the world, but we get less care (doctor, hospital, etc.) than people in many other industrialized countries. Because we pay for health care through a patchwork of private insurance companies, almost one-third (31 percent) of our health spending goes towards administrative costs.

Replacing private insurers with a national health program would recover money currently squandered on billing, marketing, underwriting and other activities that sustain insurers’ profits but divert resources from care. Potential savings from eliminating this waste have been estimated at $350 billion per year. Combined with what we’re already spending, this is more than enough to provide comprehensive coverage for everyone.

Won’t Universal Coverage Result in Waiting Lines and Rationing?

The U.S. health system rationes care based on ability to pay: more than 18,000 Americans die annually due to a lack of insurance. Sixty percent of uninsured and 28 percent of insured Americans go without needed care due to costs. Waits for care in Canada are often shorter than commonly believed (the median wait for elective specialist and surgical treatments was 4 weeks in 2005). Through improved management, Canadian health experts have been able to cut the longer waiting times drastically: Canadians live longer and are more satisfied with their care than Americans.

Won’t We Be Letting Politicians Run the Health System?

No. Right now, many health decisions are made by corporate executives behind closed doors. Their interest is in profit, not providing care. The result is a dysfunctional health system where 45 million have no

Few Canadians Seek Care in the United States

- 80 percent of U.S. ambulatory care facilities near the border treat less than one Canadian per month.
- Of “America’s Best Hospitals,” only one reported treating more than 60 Canadians per year.
- In a survey of 18,000 Canadians, only 20 sought care in the U.S.

Sponsored by Physicians for a National Health Program