

Improved Medicare for All
The Humanist Society of New Mexico
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Good morning, I'm here because I know how difficult it is, sometimes impossible, for many people in our nation to pay their health care bills, and how so many people are not getting the health care that they need. To remedy this situation, I think it's extremely important that Representative Jayapal's Improved Medicare for All Act of 2019, HR 1384, gets passed and implemented. And that's what I'm going to talk to you about.

When my presentation is through, you will be given a handout containing the facts I present, and so, there's no need to write them down.

To begin with, I want to dispel ten-and-a-half myths—untruths that some people say about Medicare for All; then, I'll tell you what the bill says; after that, I'll tell you how you can learn how much money you'll probably save if the bill is passed and implemented; and then, you'll get the handout, and my associates—Mandy Pino² and Herb Hoffman³—and I will read your comments and questions, and respond to them as best we can. All the while, please write your questions and comments on the white cards on your seats. We'll get them from you at the end of my talk.

NOW FOR THE MYTHS

Myth 1: We should be against taxes for health care.

Fact: We should not oppose paying taxes for our health care. Our current premiums, deductibles, co-pays, extra fees, and sometimes surprise costs, total more than will the taxes for Medicare for All.

Myth 2: Health insurance is health care.

Fact: Health insurance is not health care. Health insurers often deny us the very health care we desperately need.

Myth 3: Medicare for All is government run health care.

Fact: Medicare for All is not government run health care. It will be publicly financed, but will use privately run hospitals and clinics; physicians and other providers will not be government employees.

Myth 4: Medicare for All will lead to rationing of healthcare.

Fact: Medicare for All will not lead to rationing of health care. As I said, currently, our health insurance companies ration care, often denying us the very care we need.

Myth 5: With Medicare for All, government bureaucrats will decide what care we get.

Fact: With Medicare for All, government bureaucrats will not decide what care we get. Currently health insurers decide what care we get. With Medicare All, patients and providers will make those decisions together.

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Myth 6: With Medicare for All, health care costs will rise.

Fact: Medicare for All will slow the growth in health care spending because now, as much as \$570 billion is wasted on administrative overhead in insurance and medical offices and on the profits of pharmaceutical and insurance companies.

Myth 7: The quality of our health care will suffer.

Fact: The quality of our health care will not suffer with Medicare for All. Currently, the United States spends twice as much as any other developed nation for health care, and has poorer outcomes for life expectancy.

Myth 8: Medicare for All will cost us more than we pay for our health care now.

Fact: 90 to 95% of consumers will pay less for better health care, and it will cost our nation less, too.

Myth 9 : Currently, employer-sponsored health insurance, which many employees love, is something they can and want to keep.

Fact: Currently, employers switch coverage and stop plans, causing employees to lose their providers, face higher costs and, if they change jobs, lose their insurance. Or lose it if they strike, as recently happened with General Motors employees. And too often employees will stay at jobs they dislike because they don't want to lose their job-connected health insurance.

Myth 10: Medicare for All Who Want It is a good idea.

Fact: It is not a good idea because the sickest among us would choose Medicare for All and the healthiest would choose private insurance companies. This would give Medicare higher care costs than if Medicare serviced the whole population (the sickest and the not so sick). Adding private insurance companies would also add high administrative costs (that Medicare for All would not).

Myth 10-and-a-half: Unions are against Medicare For All.

Fact: Not all unions are. Some unions, like Unite Here, Local 11, representing more than 30,000 workers and providing high quality affordable healthcare coverage, are in favor of Medicare for All because it would save them a great deal of money, and countless hours on the bargaining table and on the picket line, and give them more opportunities to negotiate for higher wages. Nineteen unions representing nearly 10 million workers (a majority of union members) have endorsed HR1384. Included among them are the American Postal Workers Union, the Association of Flight Attendants, National Nurses United, the United Automobile Workers and Service Employees International Union.

WE NEED MEDICARE FOR ALL BECAUSE

- 29 million Americans are uninsured and 40 million are underinsured.
- We pay twice as much for our health care system as any other wealthy country and have worse health care outcomes.
- The World Health Organization ranks us 37th in the world in health care.
- We rate high in mortality.
- We are the only developed nation without universal health coverage.
- According to a February 2019 study published by Safehaven, 530,000 families in our nation turn to bankruptcy each year because of medical bills they can't pay.
- According to a Harvard study published in the January 2020 issue of Journal of the American Medical Association, even those with private insurance can't afford care. Studying twenty years of government data between 1998 and 2017, the Harvard researchers found that "despite a

major expansion of insurance coverage during the period...most measures of unmet need for physician services show no improvement and financial access to physician services has decreased.”

- And the American College of Physicians, representing 150,000 internal medicine physicians, said on January 21, 2020 that a “single payer financing approach could achieve...a system where everyone will have coverage and access to the care they need at a cost they and the country can afford.”

AND NOW FOR THE ACT ITSELF

Representative Pramila Jayapal introduced HR1384, The Medicare for all Act of 2019 in the House of Representatives on February 2019. This Act establishes a single authority to pay for medically necessary healthcare for every resident from birth to death. Its coverage will not be based on private insurance. It has 118 co-sponsors. Medicare for All will take profit out of health care. There will be no premiums, co-pays, deductibles, or surprise costs. Most individuals, families, businesses and the United States government will save money.

REPRESENTATIVE JAYAPAL’S ACT PROVIDES

- High quality, cost effective care, and reduced health care disparities due to race, ethnicity, geography, gender, disability and socio-economic status.
- All residents of the United States, as defined by the Secretary of the Department of Health and Human Services, will be covered.
- Eligible individuals will receive a Universal Medicare card. It will access the bearer’s medical record and authorize payments to providers.

BENEFITS WILL INCLUDE

- primary care, preventive care, inpatient care
- outpatient care, mental health and substance abuse treatment including inpatient care, emergency services and transportation, rehabilitative and habilitative services, durable medical equipment, medical devices, laboratory and diagnostic services

PLUS THESE BENEFITS THAT ARE NOT INCLUDED IN CURRENT MEDICARE

- long term care
- comprehensive reproductive, maternity and newborn care
- pediatric care
- oral health, vision services and audiology (including hearing aides)
- prescription drugs
- transportation to receive health care services for persons with disabilities and/or low income

ABOUT THE INDIAN HEALTH SERVICES AND VETERANS ADMINISTRATION

- Nothing in this Act will affect the eligibility of Veterans and Native Americans to receive current federal benefits and services.
- There will be no change of the Indian Health Service benefits without input from Native American tribal leaders and stakeholders.
- Residents of the United States who use the Veterans Administration and the Indian Health Services will receive any additional benefits that this Act provides.

THE EFFECTIVE DATE

- and by creating progressive tax revenues that will replace all current premiums, co-pays, deductibles and extra, often surprise, expenses

SOME ECONOMIC ANALYSTS SUGGEST THESE TAXES FOR PEOPLE WITH LOW AND MODERATE INCOME

- an employee payroll tax (replacing current premium payment)
- an employer payroll tax (replacing employer's current share of expenses)
- a tax on unearned income

THESE TAXES WILL REPLACE PREMIUMS, DEDUCTIBLES, CO-PAYS AND SURPRISE CHARGES, AND WILL BE LOWER FOR MOST INDIVIDUALS AND EMPLOYERS THAN THEIR CURRENT HEALTHCARE COSTS.

FOR PEOPLE WITH INCOMES ABOVE \$225,000, SOME ECONOMIC ANALYSTS SUGGEST

- an additional income tax
- a higher capital gains tax
- an estate tax
- a tax on unearned income

THEIR TOTAL WILL PROBABLY BE HIGHER THAN WHAT THEY CURRENTLY PAY FOR HEALTH CARE.

We already pay taxes to support defense, highway building and maintenance, air travel safety, veterans benefits, social security, schools, etc.

HEALTH CARE SHOULD NOT BE DIFFERENT

- I believe that if we can pay for the health care we have now, we can pay for better health care that will cost us less. I hope that you do, too.
- You might like to know that on May 21, 2019, 209 economists signed a letter to Congress giving unqualified support to a single-payer, Medicare for All system.
- It is estimated that under Medicare for All a family of 4 with wages of \$30,000/year and no applied ACA tax credit would save \$16,441.24 on health costs.
- Whereas a family of four with wages of \$89,000/year, other income of \$20,000 year and no applied ACA tax credit would save \$13,741.24.
- And a family of four with wages of \$100,000/year, other income of \$250,000 and no applied ACA tax credit, would pay \$1741.25 more.

However, it is probably more important to you to learn what you would probably save if Medicare for All were passed and implemented, and you can, by using the Medicare for All calculator which you can access at <https://www.mfacalc.com>.

In just a few minutes we'll hear your questions and comments. But, first, I want to end my presentation by reading to you an ad in the January 21, 2020 New York Times, an ad signed by more than 2000⁴ physicians including Dr. Marcia Angell, former editor in chief of the New England Journal of Medicine;

⁴ 2,579 signers (physicians and medical students) as of February 10, 2020. Physicians for a National Health Program website <https://pnhp.org>.