

# Talking Points: Why the mandate plans won't work, and why single-payer "Medicare for All" is what we need

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**1. The health care crisis has worsened. Over 46 million Americans lack health insurance. A comparable number are underinsured.** Those with insurance are paying more and more of the premiums and more out-of-pocket as well. And even the insured face bankruptcy if they get sick. Many have to choose between paying for medicine and paying for food and housing. And with the recent economic downturn, the ranks of those without insurance are growing.

**2. A majority of physicians (59 percent) and an even higher proportion of Americans (62 percent or more) support single-payer national health insurance or "Medicare for All."** In spite of this, all we are hearing about today are mandate plans that would require everyone to buy the same private insurance that is already failing us. These proposals don't regulate insurance premiums, they don't keep the insurance companies from refusing to pay many of our bills, and they don't improve the insurance we now have. Some offer a "public option," but this will quickly become too expensive as the sick flee to the public sector because private insurers avoid them, abandon them, or make it too difficult for them to get their bills paid.

**3. These mandate proposals won't work, either to expand coverage or to contain costs.** Plans like these have been tried in many states over the past two decades (Massachusetts, Tennessee, Washington State, Oregon, Minnesota, Vermont, Maine). They have all failed to durably reduce the number of uninsured or to contain costs.

**4. These mandate plans will add hundreds of billions of dollars to the nation's health care costs.** In this economic downturn, we need to assure health care for all without adding to the nation's cost and the government's deficit. The bottom line is: these proposals don't reform our fragmented, inefficient system, they just add to its complexity and costs.

**5. As long as we continue to rely on private for-profit insurers, universal coverage will be unaffordable. Their administrative costs consume nearly one-third of our health care dollar.** We will never have enough money to provide everyone with decent care until we eliminate private insurance with its enormous waste and inadequate coverage. And we will never be able to keep costs down and get the care we need as long as the wasteful and unnecessary insurance companies stand between us and our doctors.

**6. Every other industrialized country has some form of universal health care.** None uses profit-making, investor-owned insurance companies like ours to provide health care for all their people.

**7. We have an American system that works. It's Medicare.** It's not perfect, but Americans with Medicare are far happier than those with private insurance. Doctors face fewer hassles in getting paid, and Medicare has been a leader in keeping costs down. And keep in mind that Medicare insures people with the greatest health care needs: people over 65 and the disabled. We should improve and expand Medicare to cover everyone.

**8. A single-payer "Medicare for All" system is embodied in H.R. 676, sponsored by Rep. John Conyers.** It would have:

- Automatic enrollment for everyone
- Comprehensive services covering all medically necessary care and drugs
- Free choice of doctor and hospital, who remain independent and negotiate their fees and budgets with a public or nonprofit agency
- Public or nonprofit agency processes and pays the bills
- Entire system financed through progressive taxes
- Help job growth and the entire U.S. economy by removing the burden of health costs from business
- Cover everyone without spending any more than we are now.

**9. The growth in health care costs must be addressed if any proposal is to succeed.**

- Single payer offers real tools to contain costs: budgeting, especially for hospitals, planning of capital investments, and an emphasis on primary care and coordination of care.
- Mandate plans offer only hopes: competition among insurance companies, computerization, chronic disease management. Competition among the shrinking number of insurance companies has already failed to contain costs and, in the absence of single payer and reformed primary care, computerization and chronic disease management will raise costs, not lower them.

**10. Single-payer Medicare for All is the right answer:**

- **It is right on choice.** It provides free choice of doctor and hospital, the choice Americans want and value. In mandate plans, we lose those choices.
- **It is right on efficiency.** Single payer would slash administrative costs and promote efficient primary care. It would also enhance evidence-based quality assurance.
- **It is right on accountability.** It will be a public, nonprofit system that will respond to what doctors and their patients need, not what corporate executives and their stockholders want.