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Healthcare Reform Report Card

Single-Payer (HR 676 and S 703)

Expanded Medicare for All

Proposed Healthcare "Private insurance with Public Option" Reform Plans

Subject	Grade	Subject	Grade
Universal Coverage Guaranteed comprehensive coverage for all residents, cradle to grave.	A	Universal Coverage Over 20 million Americans will remain uninsured.	C
Affordability 95% of Americans will pay less for health care, with no co-pays, deductibles or premiums.	A	Affordability Expands Medicaid to 133-150% of poverty level and caps some out-of-pocket expenses. Many will still face severe financial hardship.	D
Choice Patients have their choice of physicians, providers, & hospitals. All decisions made only by patient with chosen healthcare professional.	A	Choice Doctors and medical facilities limited to those that are "in-network." Insurance companies can still deny care.	D
Cost Saves over \$400 billion/year primarily by reducing administrative waste, negotiating budgets for hospitals, and purchasing drugs in bulk.	A	Cost Increases annual health care expenditures by at least \$600 billion over ten years. Does not slow medical inflation or control health care costs.	F
Overall Grade Simple, economical and humane. Creates a high quality, universal health system.	A	Overall Grade Does not solve our healthcare crisis.	D

Act Now! Visit, write, or call.

*Tell your Congress Member to support HR 676 or S 703.
Publicly Funded and Privately Delivered Single-Payer
Healthcare.*

Nothing Less Will Do!

Comparing Single-Payer with Proposed Reforms that Include a “Public Option”

Feature	Single-Payer/Medicare for All	Proposed Reforms and “Public Option”
General	Everyone insured by a single, publicly-funded agency. Health services performed largely by private, non-profit providers who will remain independent from the government (16).	Individuals and employers must purchase insurance. A national “health exchange,” modest subsidies, and a weak “public option” starting in 2013. (17) Public option estimated to cover less than 4% of the population.(19)
Financing	Funded by: 1. existing federal and state funds dedicated to Medicare, Medicaid, SCHIP, VA, and public health programs; and 2. payroll taxes estimated at 4.5%-9% for employers and 2%-3.3% for employees. Medical bills are eliminated.	Financed by mandates on individuals and employers to purchase private health insurance. Penalty of either \$1,000 (4), or 2.5% of your income (18) for being uninsured. May include additional taxes on health benefits (5), plus co-pays, deductibles, and premiums.
Universal Coverage	Guaranteed coverage for all residents from birth to death with comprehensive benefits (2).	Over 20 million will remain uninsured because of financial barriers to coverage (1). Coverage and carrier will likely change as people change jobs, become unemployed, etc. Disparities will still occur based on age and income.
What’s Covered?	Covers all medically necessary services, including primary care, inpatient care, outpatient care, emergency care, prescription drugs, durable medical equipment, long-term care, palliative care, mental health services, dentistry, eye care, chiropractic, and substance abuse treatment (2).	Nothing for those who remain uninsured. Proposed “public option” excludes many services, such as adult vision, dental, and long-term care (3).
Affordability	95% of Americans will pay less for healthcare, with no co-pays, deductibles or premiums (6). No more bankruptcies due to healthcare costs.	Expands Medicaid to families with incomes up to 133-150% of federal poverty level. Includes caps on out-of-pocket expenses (for covered services only), and subsidies to families with income up to four times the poverty level. Does not eliminate possibility of severe financial hardship.
Cost Controls	Saves over \$400 billion a year by reducing administrative waste, global budgeting with hospitals and providers, and bulk purchase of drugs and medical supplies. (7)	With 1,300 insurers still in the mix, 30 cents of every dollar towards healthcare will still go to administrative costs, profits, and advertising (7). Estimated to cost taxpayers at least \$600 billion over 10 years (1) over and above current national health expenditures. Similar legislation in Massachusetts promised savings, but healthcare costs continue to rise 10% a year (12).
Choice	Patients have their choice of physicians, providers, hospitals, clinics, and practices. All medical decisions made only by the patient and his/her chosen healthcare professional.	People not eligible to choose “public option” will be forced to stay with their employer-provided insurance even if they don’t prefer it (11). Amount of coverage you are eligible for will be determined by your ability to pay. Choices will be limited to “in-network” practitioners as they are today. Insurance companies will have a say in treatment (15). Affordability may force people to purchase limited coverage.
Equity	Same comprehensive coverage for everyone, regardless of age, income, health status, marital status, employment status, gender, race or location.	Most comprehensive coverage for those with ability to pay.
Feasibility	HR 676 has 86 cosponsors in the House as of 8/3/09 (8). Polls show 60% of Americans and 59% of physicians prefer a program similar to Medicare that covers everyone (9,10).	No bipartisan support for a “public option” (13). Powerful insurance companies will use their influence to stay in the mix (14).
Bottom Line	Simple, economical, and humane.	Does not solve our healthcare crisis.