PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

September 13, 2017

Dear single-payer supporter:

I'm pleased to announce that Sen. Bernie Sanders, a longtime single-payer advocate, has filed a landmark single-payer bill in the Senate. The Medicare for All Act of 2017 has already earned sixteen co-sponsors, including Sens. Harris (D-Calif.), Blumenthal (D-Conn.), Shaheen (D-N.H.), Schatz (D-Hawaii), Hirono (D-Hawaii), Warren (D-Mass.), Markey (D-Mass.), Franken (D-Minn.), Booker (D-N.J.), Udall (D-N.M.), Heinrich (D-N.M.), Gillibrand (D-N.Y.), Merkley (D-Ore.), Whitehouse (D-R.I.), Leahy (D-Vt.) and Baldwin (D-Wisc.).

This unprecedented surge for Medicare-for-all is because of grassroots advocates like you! Our years of phone calls, lobby visits, town hall meetings and one-on-one conversations have brought single payer to the forefront of the national health care debate.

But this is just the beginning. We must now work even harder, not just to win more support for single payer, but to implement policies that rein in skyrocketing health costs and deliver better medical outcomes for our patients.

What can we do now?

1. **Call your Senator today:** Regardless of party affiliation, every U.S. senator needs to hear from us! Call the capitol switchboard at (202) 224-3121. Tell *both* your senators to sign on as co-sponsors of the Medicare for All Act of 2017. For senators already sponsoring the bill, thank them for their support and ask them to improve the bill by fully covering medications and long-term care, funding hospitals through global budgets and banning investor-owned facilities.
2. **Donate to PNHP:** Now more than ever, we need to dramatically increase our capacity to organize physicians in support of improved Medicare for all. Your contribution is crucial to amplify the voices of health care providers during this important moment. Consider becoming a member of PNHP or making an additional donation towards the fight for single payer: $25, $50 or even $100 will help us meet our goals.
3. **Register for our upcoming conference call:** PNHP national board member Dr. Adam Gaffney will host a one-hour informational call on Tuesday, September 19 at 9pm Eastern (8pm Central, 6pm Pacific). To register for the call, please fill out this short form. You will have the opportunity to submit questions ahead of time and the call will be recorded and archived for future reference.

What's in the bill?

Based on our initial analysis, we find the Medicare For All Act of 2017 to be a significant step forward in the fight for single payer. Taken together with the Expanded & Improved Medicare for All Act (H.R. 676), it would transform the U.S. healthcare system in a manner consistent with PNHP's vision.

Eligibility	Everyone is covered automatically at birth. All residents covered regardless of immigration status.
Benefits	Covers medically-necessary services including primary and preventive care, mental health care, reproductive care, vision and dental care, and prescription drugs.
Patient Choice	Full choice of any participating doctor or hospital. Providers may not dual-practice within and outside the Medicare system.
Patient Costs	No premiums, deductibles or copays for medical services. Balance billing prohibited. Copays for some drugs.
Cost Controls	Eliminates most roles for private insurance by prohibiting duplicative coverage. Drug prices negotiated with manufacturers.

How can the bill be improved?

Based on decades of careful analysis and research, PNHP recommends several improvements to the Medicare for All Act that would save even more money and improve patient care:

Fully cover all medications, without copayment: Sen. Sanders' bill requires patient copays on some non-generic prescription drugs. Research shows that copays of any kind discourage patients from seeking needed medical care, increasing sickness and long-term costs. Experience in other nations prove that they are not needed for cost control.

Establish a national long-term care program: In Sen. Sanders' plan, long-term care would be administered by the states only for low-income individuals, similar to Medicaid today. Long-term care

should be provided to all as part of a national health plan. Nearly 10 million Americans need help with the basic tasks of living or help to maintain their independence. More than 80 percent of those who need care live in their communities, not in nursing homes, and nearly 40 percent of them are under age 65.

Fund hospitals through global budgeting: A “global budget” is a lump sum paid to hospitals and similar institutions to cover operating expenses, thereby eliminating wasteful per-patient billing. Global budgets could *not* be used for expansion or modernization (which would be funded separately through capital allocations), advertising, profit, or bonuses. Global budgeting minimizes hospitals’ incentives to avoid (or seek out) particular patients or services, inflate volumes, or upcode. Without global budgets, the national system has little power to constrain long-term cost growth.

Ban investor-owned health facilities: For-profit health care facilities and agencies provide lower-quality care at higher costs than non-profits, resulting in both higher mortality rates and greater payments compared to not-for-profit providers.

We are excited about the momentum behind improved Medicare for all, and are eager to join the conversation on how best to design a single-payer system in the United States. Now let’s get to work!

Sincerely,

Carol A. Paris, M.D.
President

Connect with Us

donate

Physicians for a National Health Program

29 E Madison St, Ste 1412
Chicago, IL 60602
(312) 782-6006
www.pnhp.org | info@pnhp.org

Member Health Over Profit

EPSPAN.org
Contact us: medicareforall@epspan.org