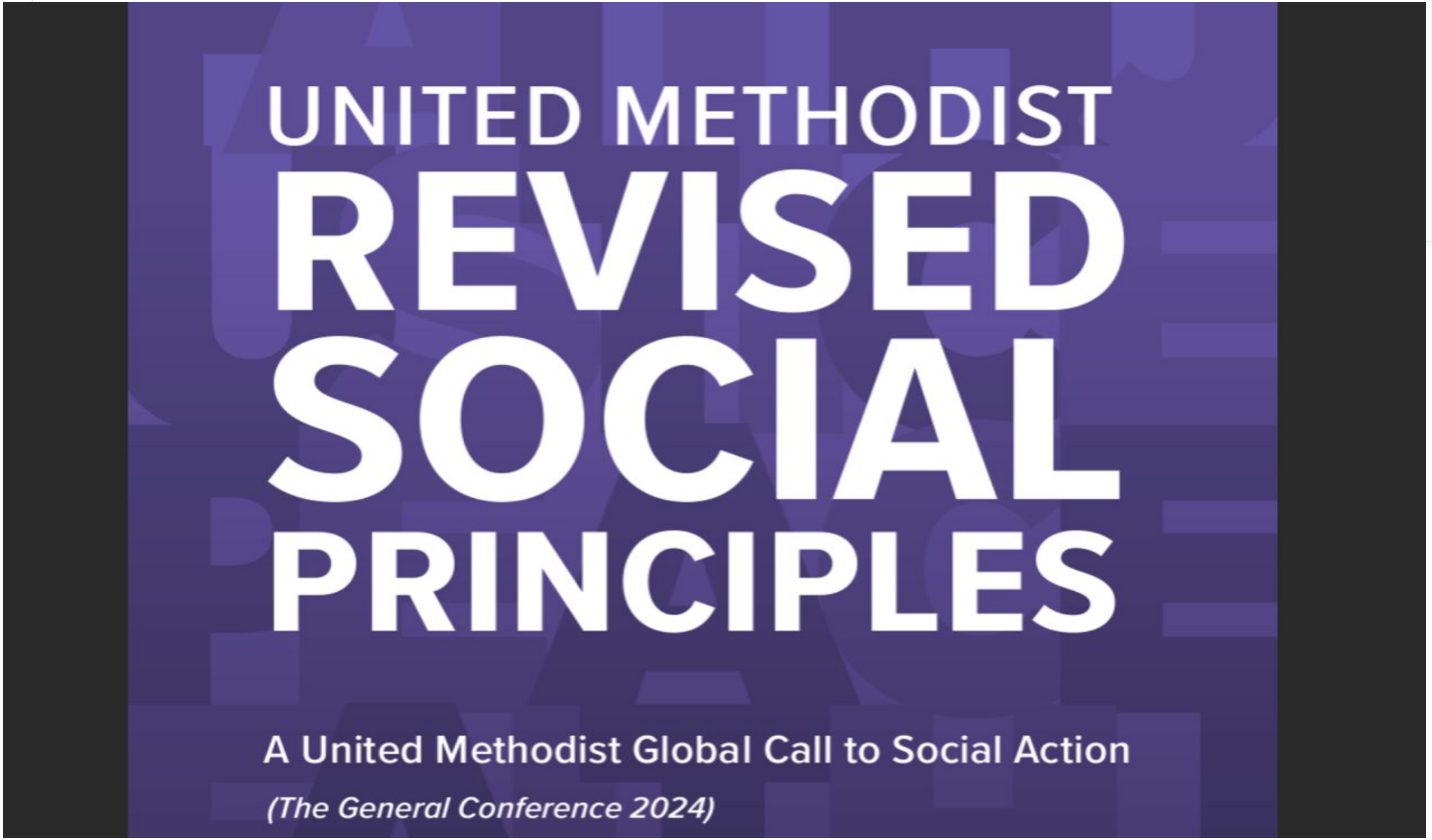
MICHIGAN UNITED

HEALTHCARE FOR ALL :

State and Federal Legislation Town Hall


UNITED METHODIST
REVISED
SOCIAL
PRINCIPLES
A United Methodist Global Call to Social Action
(The General Conference 2024)

United Methodist Social Principles

(Page 35…) BASIC RIGHTS AND FREEDOMS

We declare that all individuals, no matter their circumstances or social standing, are entitled to basic human rights and freedoms.

These rights are grounded in God's gracious act in creation (Gen. 1:27), and they are revealed fully in Jesus's incarnation of divine love.

As a church, we will work to protect these rights and freedoms within the church and to reform the structures of society to ensure that every human being can thrive…

United Methodist Social Principles

A. **Health Care**

•We affirm health care as a basic human right and vow to work toward expanded access to all forms of medical treatment, including preventative, therapeutic, and palliative care. Half the world's population lack access to health care, and a growing number of people who do have access face increased medical expenses for themselves or their loved ones, pushing them toward poverty.

•To confront these painful realities, we urge United Methodists to join efforts aimed at creating systems that provide comprehensive health protections for all… Health care as a human right also means that clinics, hospitals, and medical services and treatments must be accessible, affordable and of good quality. They must also be available when and where they are needed and be provided on an equitable basis…

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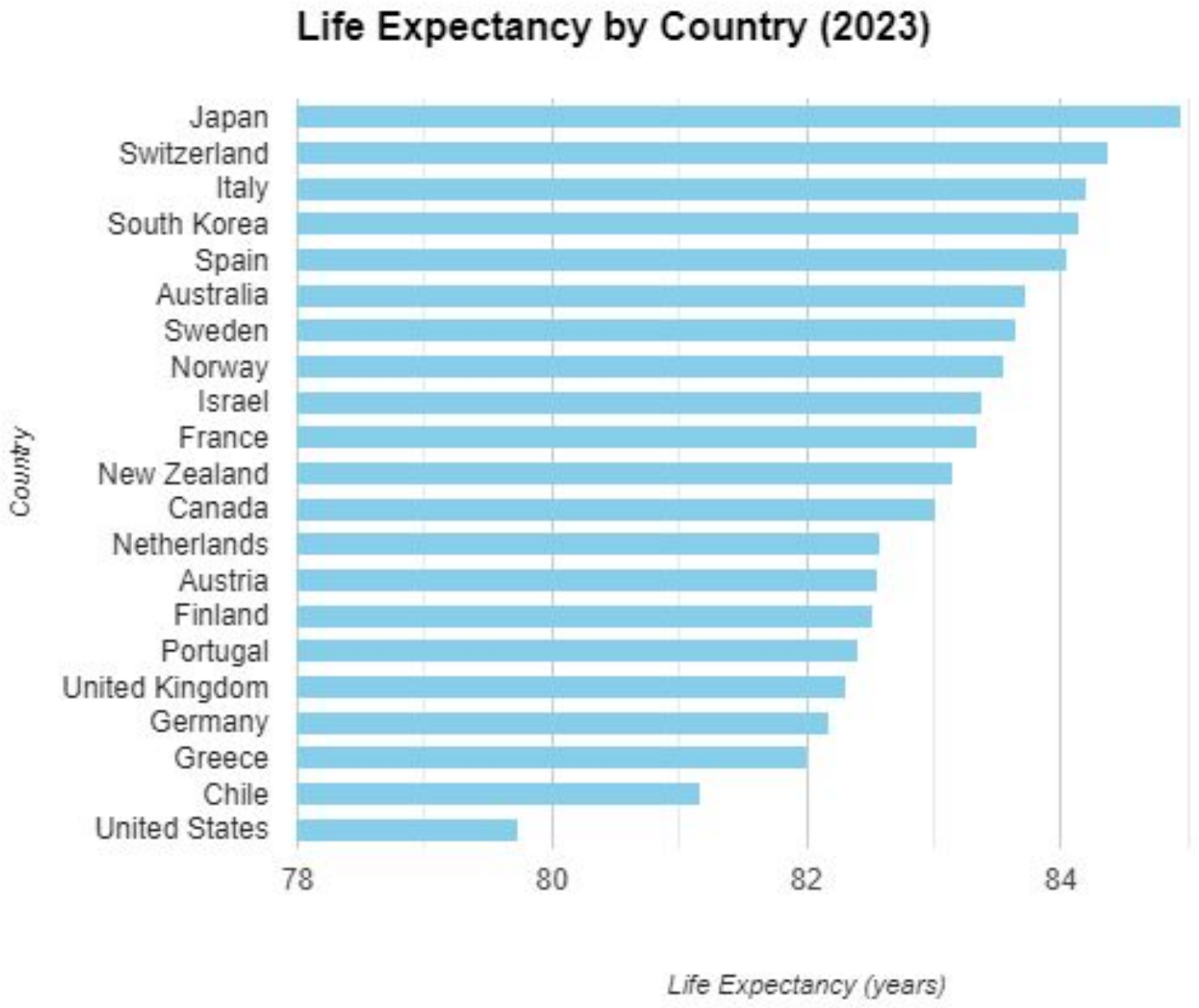
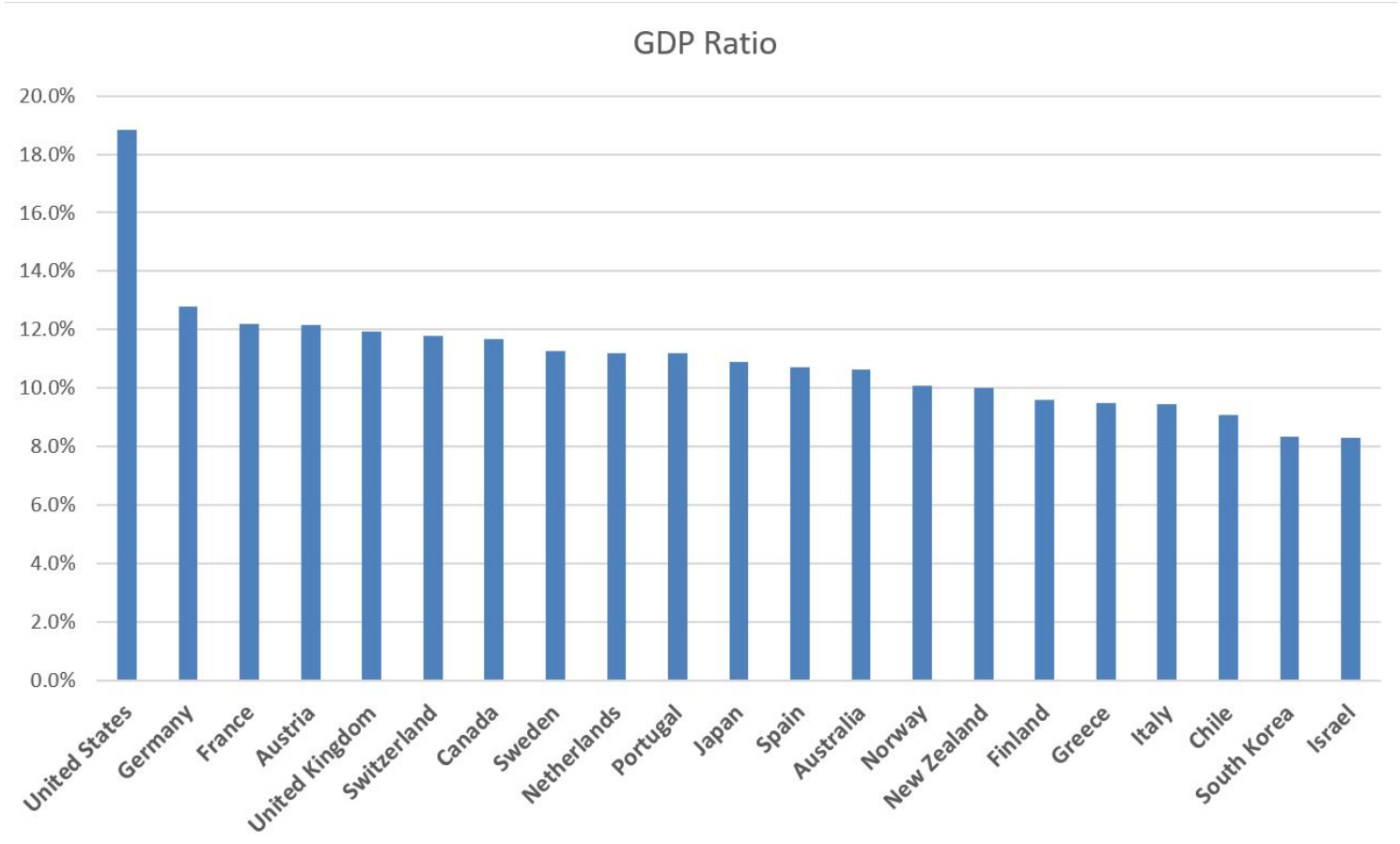
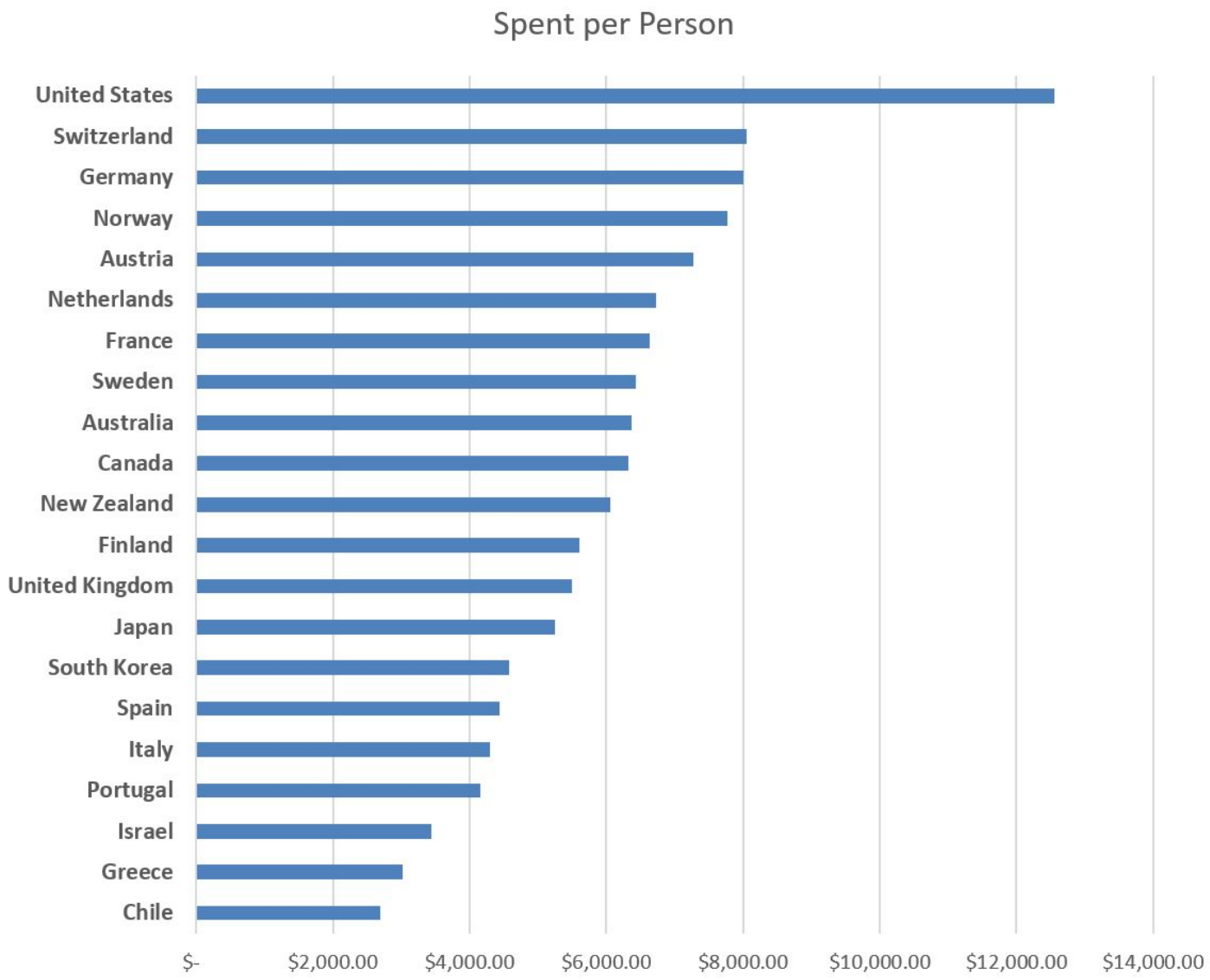
International Comparisons of Health Care

Average Lifespan per Country





Average Cost of Health Care as % of GDP



Health Costs per person (USD)

Personal Comparisons of Health Care

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Chuck Pennacchio

(~~on Zoom from DC.~~)
President,
OnePayerStates.org

MiCare: Health Care for All

Ryan Bartholomew

Legislative Director

Office of MI State Rep. Carrie Rheingans

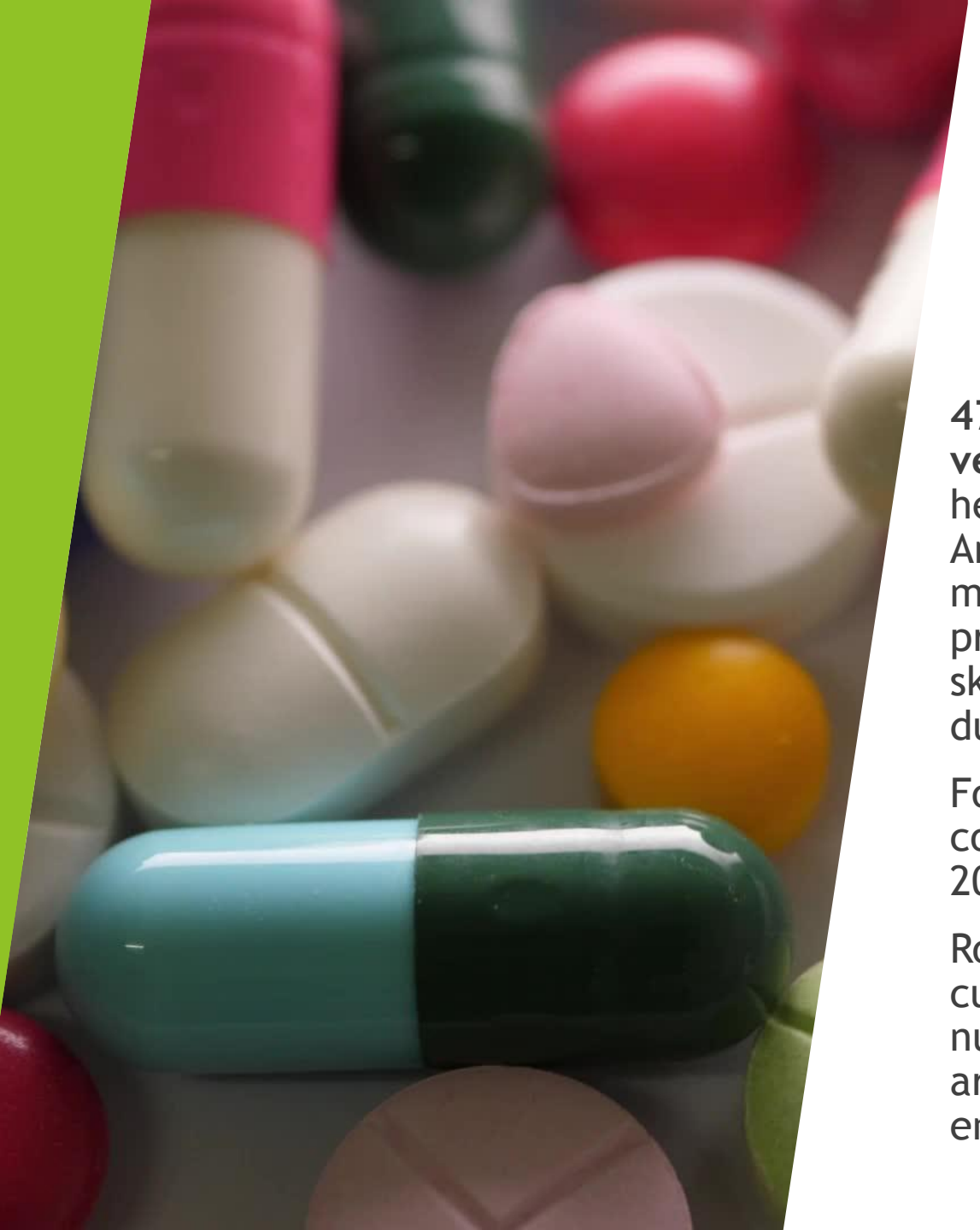

Table Setting

47% of American adults said that it was **very or somewhat difficult** to afford their health care costs last year. **23%** of American adults said that they or a family member in their household did not fill a prescription, cut their pills in half, or skipped doses of medication in the last year due to cost .

For the average Michigander, health care costs were nearly **$10,000 per year** as of 2020.

Roughly **500,000 Michiganders** do not currently have health insurance, with that number likely to rise as many Michiganders are set to lose Medicaid coverage with the ending of the public health emergency

What is MiCare?

- HB 4893, or MiCare, would create a **state-based**, **single-payer health care system** that would provide universal coverage to all Michiganders without deductibles, co-insurance, co-pays, or caps on coverage amounts

Who is Covered? How does MiCare work?

- All Michiganders are covered! New residents will need to wait 6 months
- MiCare creates a bipartisan Board that will oversee the implementation of the program, develop recommendations for the benefits package, a budget, and an evaluation
- Federal healthcare dollars, state healthcare dollars, and taxes will go into a fund housed at the Department of Treasury, which will pay for healthcare services after you receive them
- This **DOES NOT** change how providers practice in our state. It **DOES** change how services are paid for
  - Providers will be paid 125% of Medicare reimbursement for services
- Savings come from getting corporate greed out of healthcare and in changes to health care administration

What is Covered by MiCare?

- MiCare includes coverage for medically necessary benefits, including but not limited to, all of the following:
  - Primary care, preventative care, chronic care, acute episodic care, hospital services, mental health services, prescription drugs, medical devices, dental care, vision care, hearing care, care for substance use disorder, reproductive health care and obstetrical care, long-term care, laboratory services, gender affirming care, organ donation and transplantation, treatment of autism spectrum disorders, ambulance services, hospice care
- The price of medical devices and prescription drugs will use the rates negotiated by the Veterans' Administration

That Sounds Great! But Wouldn't This Be Better at the Federal Level?

- Yes!
- A state-based system has several issues that a federal system does not
  - The snowbirds problem
  - The Feds have to give us the greenlight (Rep. Khanna's bill)
  - Building up the fund and overutilization in the beginning
- The people of Michigan cannot wait

What Needs to Happen for MiCare to Go into Effect?

- Quite a bit!
- MiCare needs to pass the House and Senate and be signed by the Governor
- Treasury will need to create the MiCare fund
- MDHHS will need to apply for a waiver to the federal government to authorize the state's allocation of Medicare, Medicaid, and exchange dollars to go into the fund
- ERISA would need to be amended
- We will need to change our state's constitution to change our tax system to be progressive, having the wealthiest among us pay their fair share

Takeaways

- It would be less complicated and more efficient to have a federal Medicare for All style system
- The road to a state-based single-payer healthcare system is a long one
- Healthcare is a human right, not a privilege for those that can afford it
- No person, in the wealthiest country in the world, should go bankrupt for getting sick or delay needed care because of cost
- We will be in the fight for as long as it takes because the people of Michigan can’t wait

Dr. John Ross

PNHP and Michigan for Single Payer Healthcare

The Golden Rule: Is Healthcare a Human Right?

Just about every religious tradition says- *yes!*

- **Hindu**- *"By making dharma (right conduct) your main focus, treat others as you treat yourself."* Shanti-Parva 167:9
- **Buddhism**-*"Hurt not other in ways that you yourself would find hurtful." Udunavarga 5:18*
- **Judaism**- *"Love your neighbor as yourself."* Leviticus 19:18
- **Christianity**- *"Do unto others what you want them to do to you"* Luke 6:31
- **Islam**-*"No need to of you is a believer until he desires for his brother that which he desires for himself."* 40 Hadith of an-Nawawi 13
- **Many others-** with the same intent…

Who Deserves Healthcare?

- Should nurses and doctors be the judge of who deserves our care?
- We dug Saddam Hussein out of a rat hole and our best Army doctors fixed him up just so we could hang him. Who would you exclude?
- We need a Universal, Simple and Affordable system (USA,USA,USA!)
- Traditional Medicare is universal and simple but has many flaws and privateers and profiteers are devouring it. (Medicare Disadvantage).
- Instead, we need to improve it and then expand it to all.
- We can afford it given the massive amount we are currently spending and the massive administrative savings that can be gained.

Why Are Market Forces Failing Us?

- Healthcare is not an ordinary product and the necessary conditions for an efficient market do not exist. (Arrow)
- It is best to recognize that healthcare is a public good like the water supply, sewers, roads, and fire department. 70% of health care costs are fixed costs.
- There is no “just in time” for the most urgent and complex services. We must all pay up front if we expect them to be immediately available when needed.

PNHP PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

What are the necessary conditions?

- Easy entry and exit from the market for both buyers and sellers. *Most want to **avoid** expensive care but **with** serious illness, **you buy or die.***
- The buyer must be sovereign and able choose what to purchase based on their own values. *Nope, the doctors order the needed care. Sometimes, the diagnosis is unclear until we order **expensive** tests.*
- The buyer must have adequate information to make wise choices of what to buy. *It is exactly for this information that you go to the doctor.*
- Sellers should seek maximum profits and buyers should seek maximum value for the money. *Most providers are not profit maximizers and the value of care is often unclear until after you buy it.*
- There should be no externalities and no natural monopolies. *There are lots of both.*

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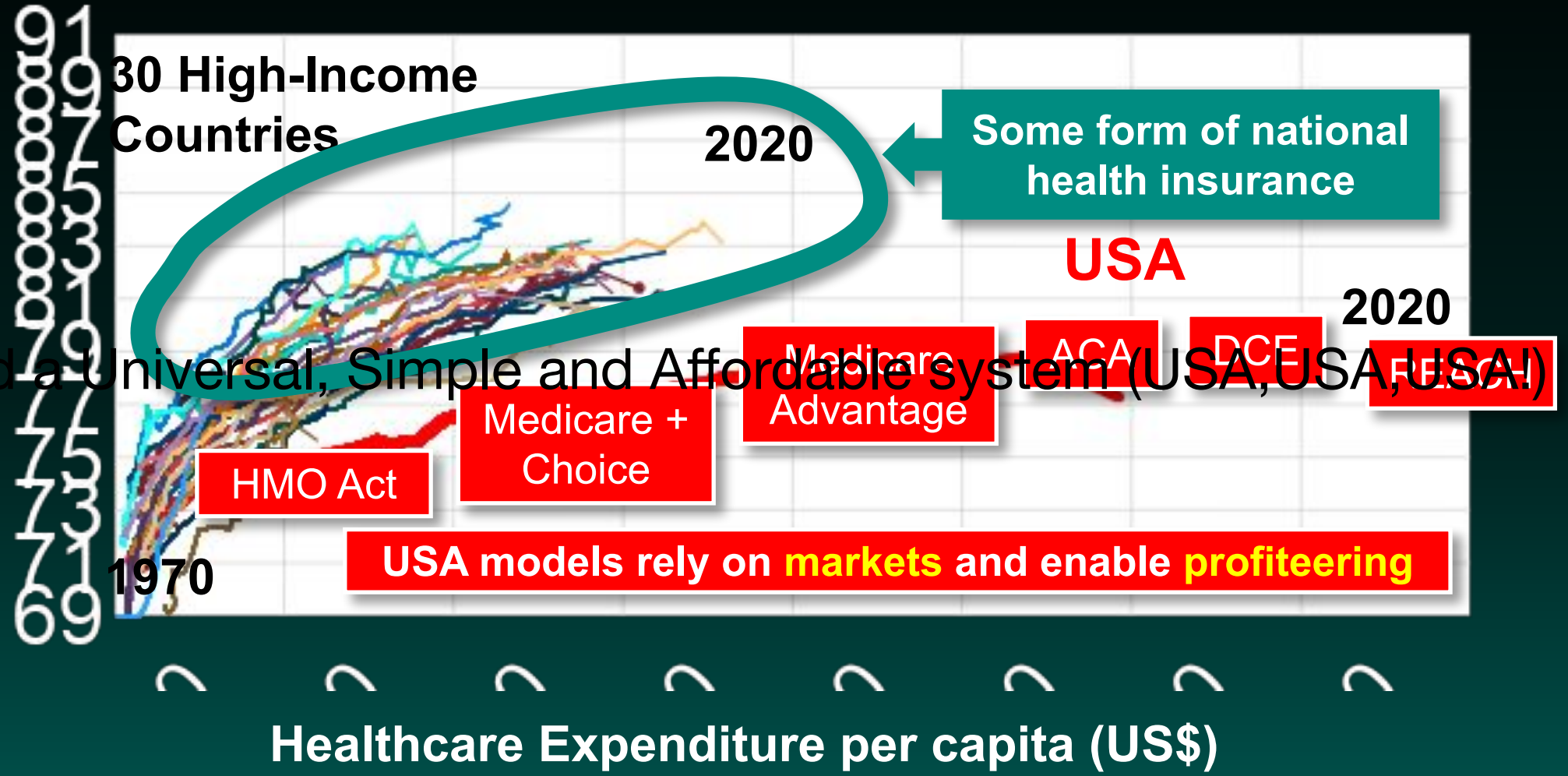
1970 – 2020:
USA Drifts Further and Further Off Course



- We need a Universal, Simple and Affordable system (USA,USA,USA!)

Chart modified from one produced by Charlie Swanson using World Bank data
https://data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD

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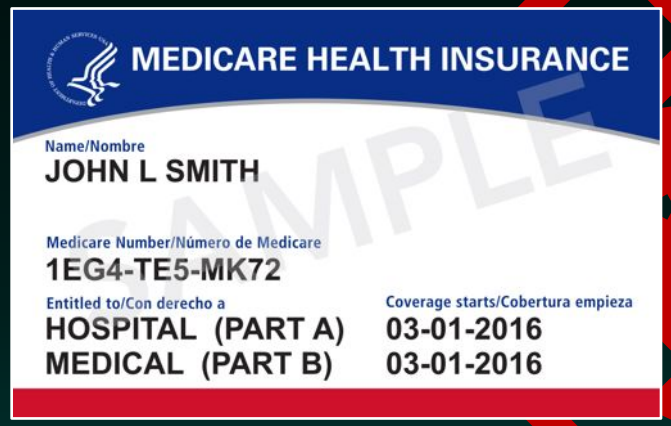
Commercial Insurance and Medicare Advantage Complicated and Inefficient



Fundamentally complicated

HMO-style tools

(Prior Authorizations, etc.)

Smaller "networks"

Shun the sick, seek the well

High overhead and profits

Accusations, fines, settlements for ***fraud***

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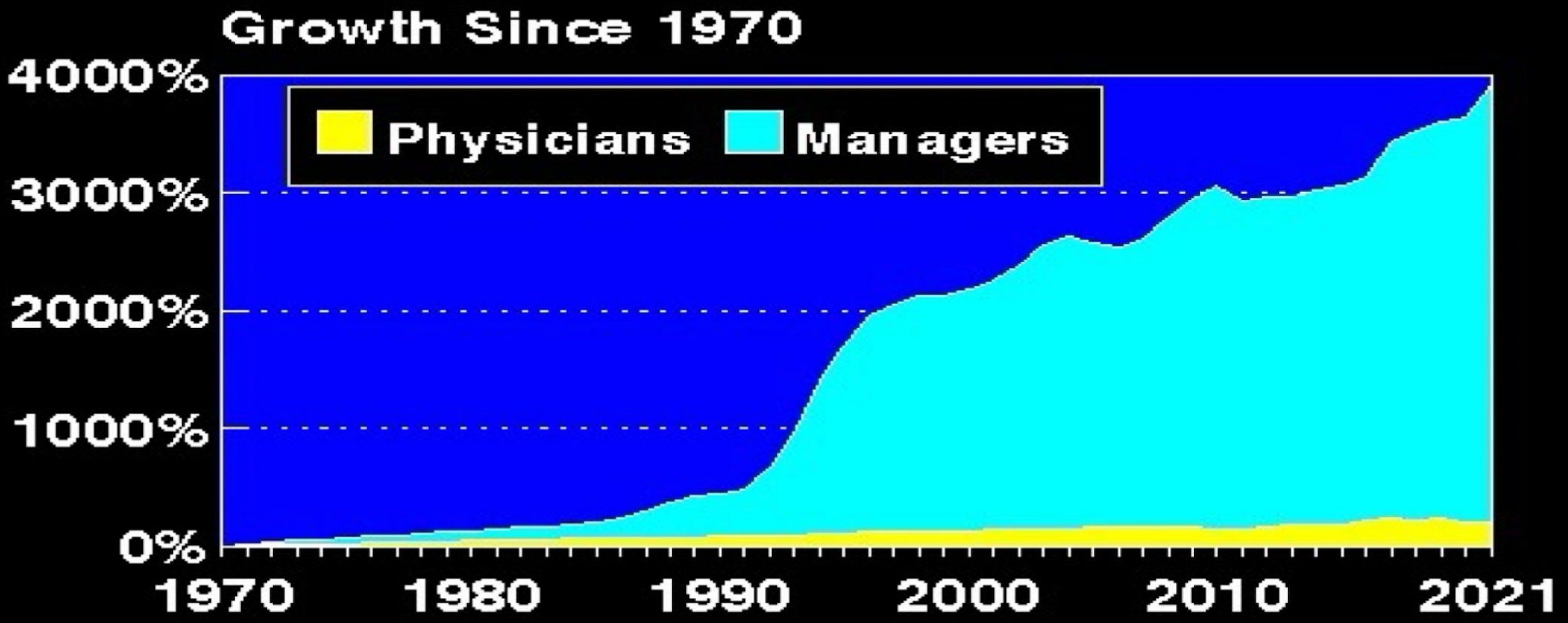
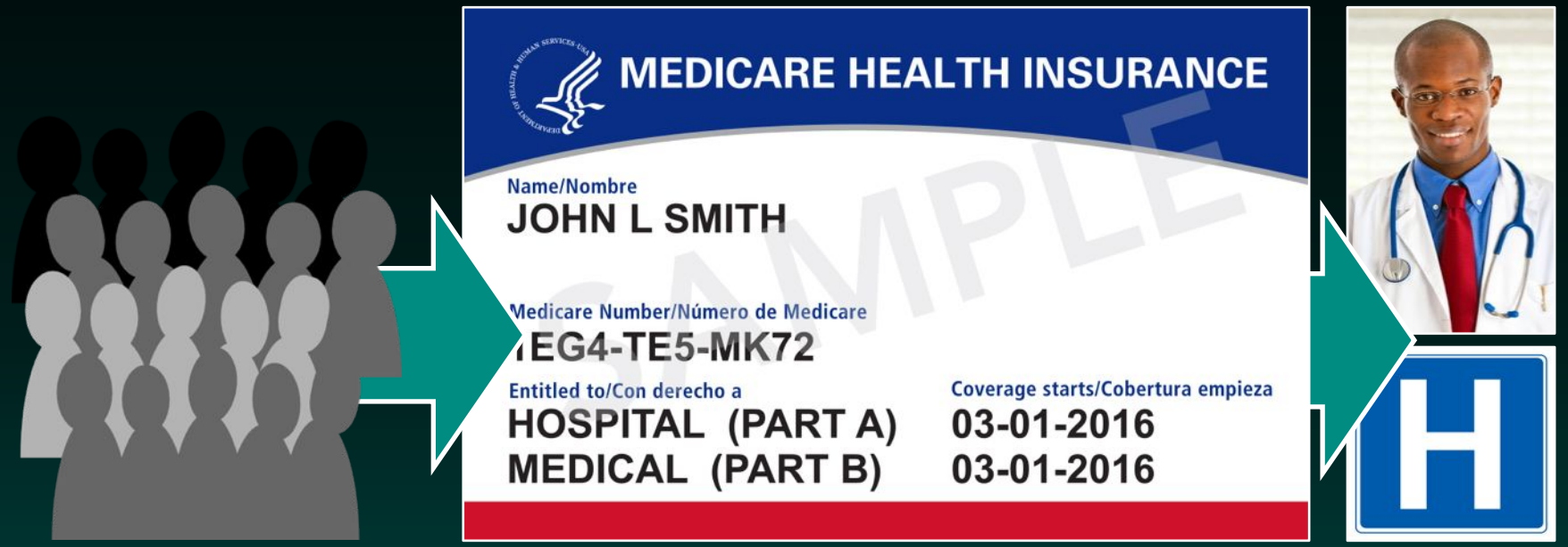
Growth of Physicians and Administrators 1970-2021



Source: Bureau of Labor Statistics; NCHS; and Himmelstein/Woolhandler analysis of CPS
Note - Managers are shown as 3 year moving average

2% “overhead” means
Traditional Medicare Is Simple and Efficient



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A December 2020 CBO Analysis of Improved Expanded Medicare for All

It would save $400 Billion annually compared to the current system!

- It would *achieve universal coverage* by applying the savings to coverage.
- It would *free up time to see patients* and *bolster provider revenues* for most clinical services *especially primary care*, *eliminate almost all patient co-payments and deductibles* and *allow free choice of provider for all patients.*
- *National health expenditures would still decrease $40 billion annually* even under the most generous payments for hospitals and physicians.
- *There could be delays in care* due to demand for care exceeding supply. *Research on previous care expansions* (Medicare, Medicaid, ACA, Canada, Taiwan) *did not show these care delays*.
- CBO did *not* estimate the *existing delays for the uninsured or under-insured (Half of us are already self rationing our own care.)*

We need and improved and expanded Medicare for All!

It's USA- Universal, Simple and Affordable

USA,USA,USA…….

Everybody In and Nobody Out…….

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Deb Silverstein (PNHP)

The Medicare for All Act

A primer on HR 3421

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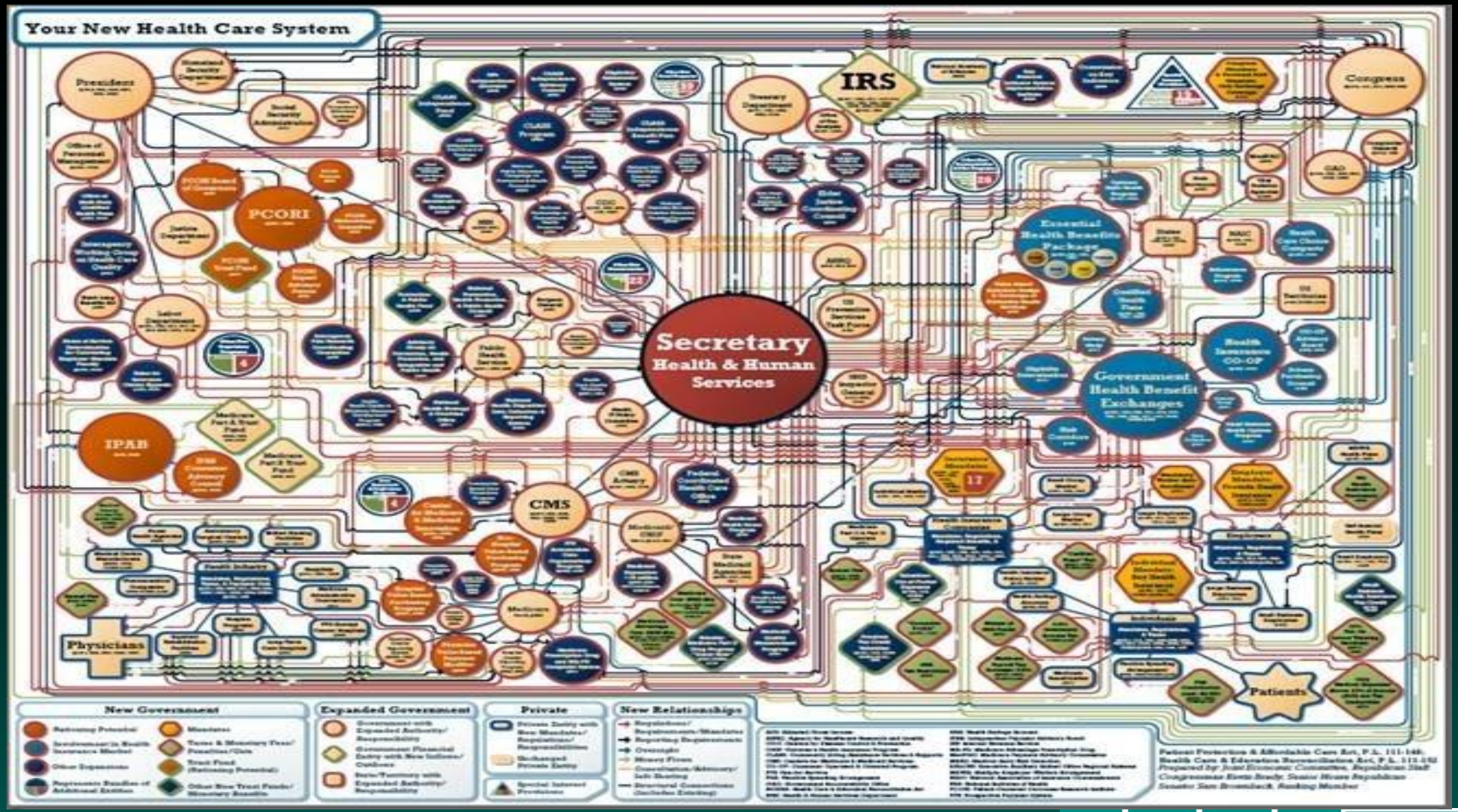

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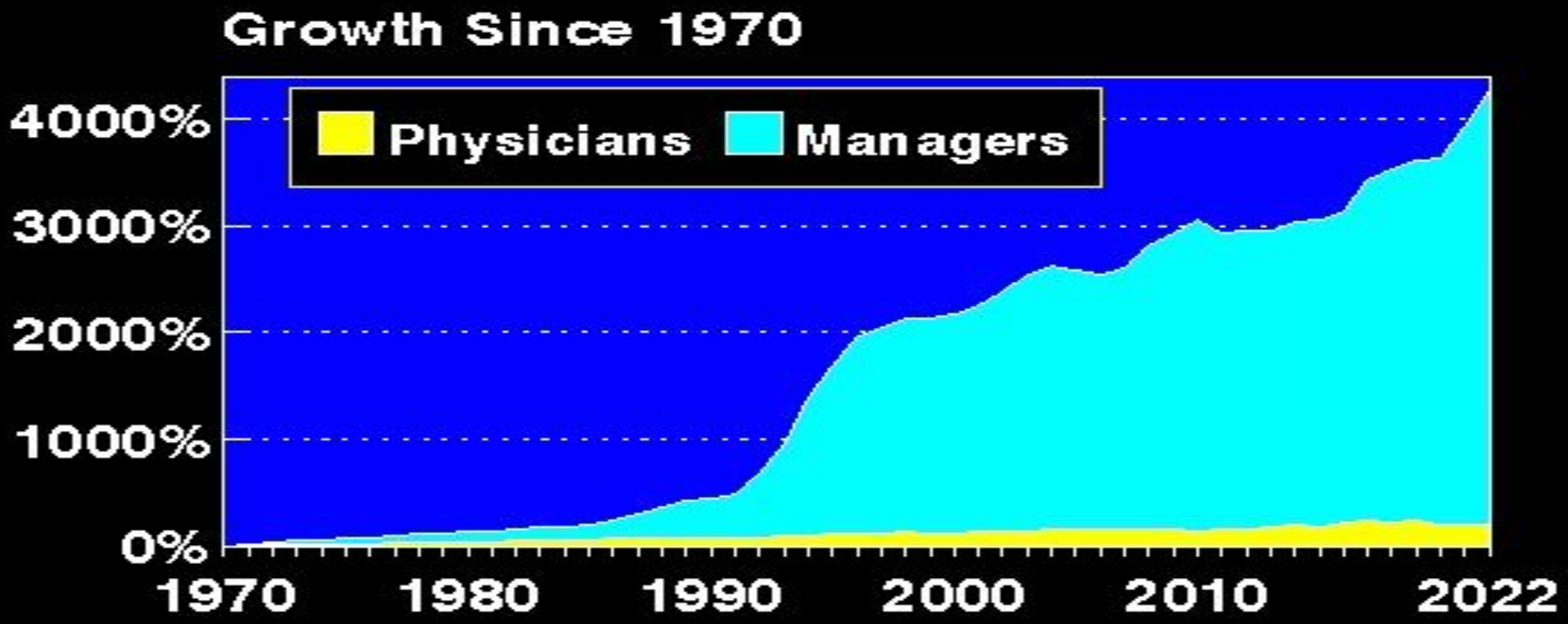
Growth of Physicians and Administrators 1970-2022



Source: Bureau of Labor Statistics; NCHS; and Himmelstein/Woolhandler analysis of CPS
Note - Managers are shown as 3 year moving average

HR 3421: The Medicare for All Act

Builds on and Improves Previous Bills

Like the Previous Bills

- All US residents, all ages
- Comprehensive coverage
- No copays or deductibles
- Equitable tax funding
- Global budgets for hospitals
- Two-year transition

What's New?

- More investment in health equity
- More covered benefits
- Prohibition against any future benefit cuts
- Prepares the nation for future public health emergencies

PNHP PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

HR 3421: The Medicare for All Act creates a

National Health Insurance Plan

Improved Medicare

- **All medically necessary care**
- **Free at the point of service** (no copays or deductibles)
- **No need for anything else** – no supplemental policies, Medigap, Advantage, etc.
- **Equitably funded** through progressive taxation

Inpatient
Outpatient
Rx drugs
Mental health
Vision
Dental
Hearing
Long-term care
Comprehensive reproductive care (including abortions)

Virtually unchanged from the Medicare for All Act of 2019 (HR 1384)

PNHP PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

HR 3421: The Medicare for All Act creates a National Health Insurance Plan

Improved Medicare

- **All medically necessary care**
- **Free at the point of service** (no copays or deductibles)
- **No need for anything else** – no supplemental policies, Medigap, Advantage, etc.
- **Equitably funded** through progressive taxation

Nobody Left Out

- **Includes** everyone residing in the USA regardless of age, income, employment, or immigration status
- Reliably covered for **entire life**
- **No one denied** due to "pre-existing conditions"
- **Patients have free choice** of practically any doctor and hospital.

Virtually unchanged from the Medicare for All Act of 2019 (HR 1384)

PNHP PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

HR 3421: The Medicare for All Act makes
Healthcare Affordable for Everyone

Eliminates out-of-pocket expenses

- No copays or deductibles, or private insurance premiums
- No paperwork, denials, or “surprise medical bills”

Eliminates insurance company hassles

- Coverage includes virtually every physician, hospital, and pharmacy
- Bans “Step Therapy”, “Prior Authorizations”, and other barriers to care

No need to purchase additional insurance

- Comprehensive coverage without having to purchase “Medigap,” “Supplements,” or “Medicare Advantage”

Virtually unchanged from the Medicare for All Act of 2019 (HR 1384)

PNHP PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

HR 3421: The Medicare for All Act makes

Healthcare Affordable for the Nation

Administrative Efficiency

- Eliminate the waste and profits of commercial insurance
- Streamline the administrative and billing burden on doctors and hospitals

Reduced Prices for Drugs and Devices

- Meaningfully negotiate prices on behalf of all Americans
- Override drug patents if and when necessary

Virtually unchanged from the Medicare for All Act of 2019 (HR 1384)

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HR 3421: The Medicare for All Act creates

Global Budgets for Hospitals

Hospital Financing *Today*

- Hospitals chase the **most lucrative** procedures
- Hospitals invest in the **most profitable** services
- Hospitals "optimize" billing
- Pandemic created a **fiscal emergency** for hospitals

Medicare for All Global Budgets

- Hospitals each paid with a predictable **global budget**
- Hospitals no longer hunt for the most profitable interventions
- Hospital **resources aligned** with the community's health needs
- Reduces hospital **overhead**

Virtually unchanged from the Medicare for All Act of 2019 (HR 1384)

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HR 3421: The Medicare for All Act

Promotes Health Equity

New Office of Health Equity

- Publicly track health outcomes
- Address disparities
- Promote primary care for underserved populations

Significant New Funding

- Needs-based regional resources for underserved rural and urban communities

Protected Populations

- Preserves the VA, Indian Health, and Tricare
- Overrides Hyde amendment

Largely new language as compared to the Medicare for All Act of 2019 (HR 1384)

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HR 3421: The Medicare for All Act clarifies

Groups Impacted by Health Disparities

- Race
- Ethnicity
- National origin
- Major ethnic group
- Tribal affiliation
- Primary language
- English proficiency
- Immigration status
- Length of stay in the US

Largely new language as compared to the Medicare for All Act of 2019 (HR 1384)

PNHP PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

HR 3421: The Medicare for All Act

New Benefits and Preparedness

More Benefits

- Licensed Marriage/Family Therapists and Mental Health Counselors
- Transportation for older individuals with functional limits

More Protections

- Bans “Prior Authorizations” and “Step Therapy”
- Revisions to Medicare for All cannot eliminate any benefits

More Preparedness

- 365-day stockpiles of PPE and other infectious disease preparation
- Hospital budgets auto-increase during public health emergencies

Largely new language as compared to the Medicare for All Act of 2019 (HR 1384)

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HR 3421: The Medicare for All Act

Protected Populations

Tricare

- Protects care furnished at TRICARE facilities
- Tricare members also included in Medicare for All

Veterans

- Protects benefits, facilities, and services of the VA
- Veterans also included in Medicare for All

Native Americans

- Increased funding to Indian Health Services
- Any changes require Tribal consultation

Largely new language as compared to the Medicare for All Act of 2019 (HR 1384)

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HR 3421: The Medicare for All Act

Protects Displaced Workers

A minimum of
1% of the budget
for the first five years
to assist displaced workers:

- Wage Replacement
- Pensions
- Education Assistance
- Preferential Hiring
- and more!

Virtually unchanged from the Medicare for All Act of 2019 (HR 1384)

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HR 3421: The Medicare for All Act creates a

Two Year Implementation Plan

During Year One	• Current Medicare enrollees can utilize expanded benefits such as dental and vision care.
After Year One	• Automatically enroll all newborns, all children up to age 18, and all adults beginning at age 55 • New Medicare Transition buy-in plan offered
After Year Two	• Everyone is covered in Medicare for All

Virtually unchanged from the Medicare for All Act of 2019 (HR 1384)

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HR 3421: The Medicare for All Act creates a

Medicare Transition Buy-In Option

- Enrollment available one year after bill is enacted
- Available to any resident age 19-54
- Benefits match final Medicare for All design (90% actuarial value)
- Premiums vary only by age, individual vs family, or tobacco usage
- Offered only through ACA Exchanges
- ACA-qualified employers can offer it to their employees
- Ends with the effective date of Medicare for All

Virtually unchanged from the Medicare for All Act of 2019 (HR 1384)

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Why Single Payer Medicare for All?

Goals of Reform	Commercial Insurance	Medicare for All
Cover everyone in the USA	***No.*** Depends on job, marriage, or income; *can be lost at any time.*	***Yes***. Regardless of age, job, income, or immigration status – *guaranteed for life*.
Cover care for all parts of the body	***No.*** Most do not adequately cover the full range of services	***Yes***. Covers *all* medically necessary services (a very long list!)
Free choice of doctor and hospital	***No.*** Many cannot see doctors or hospitals outside of the insurers' "*network*."	***Yes***. Patients are free to choose practically *any hospital or provider* anywhere in the nation.

PNHP PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

Why Single Payer Medicare for All?

Goals of Reform	Commercial Insurance	Medicare for All
Reduce costs for most families	***No.*** Premiums, copays, and deductibles discourage patients from seeking care.	***Yes***. Care is provided free at the point of service; families will never see a medical bill again.
Reduce USA health spending	***No.*** Insurers have no incentive to reduce spending; they pass costs on to others	***Yes***. Estimated to save the USA *at least $700 billion a year*.
Improve health equity	***No.*** Uninsurance and under-insurance exacerbate disparities.	***Yes***. It eliminates all financial barriers to care and invests in services and facilities for underserved communities.

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"Medical costs are the tapeworm of American economic competitiveness. Our cockamamie system gives our companies a big disadvantage in competing with other manufacturers. They've got single payer medicine and we're paying for it out of the company."

Charlie Munger

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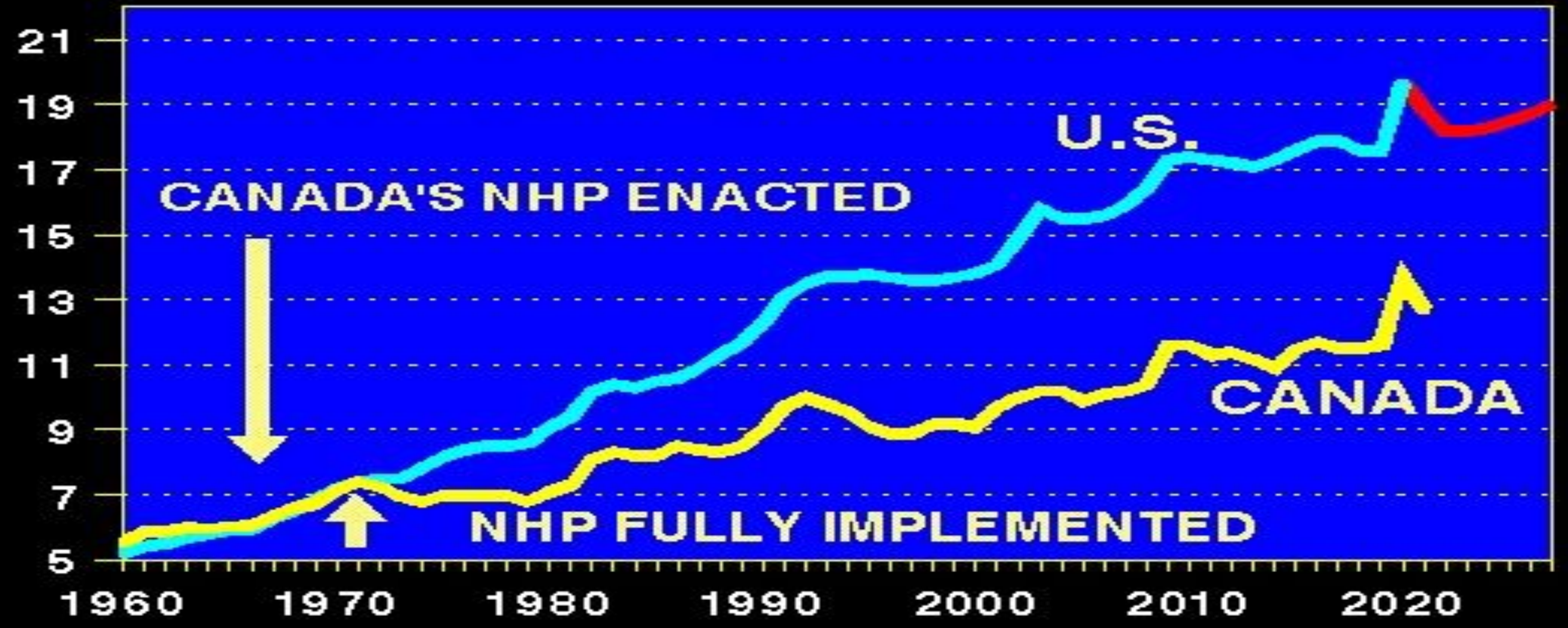
Health Costs as % of GDP:
U.S. & Canada, 1960-2027



Source: Statistics Canada, Canadian Inst. for Health Info., & NCHS/Commerce Dept

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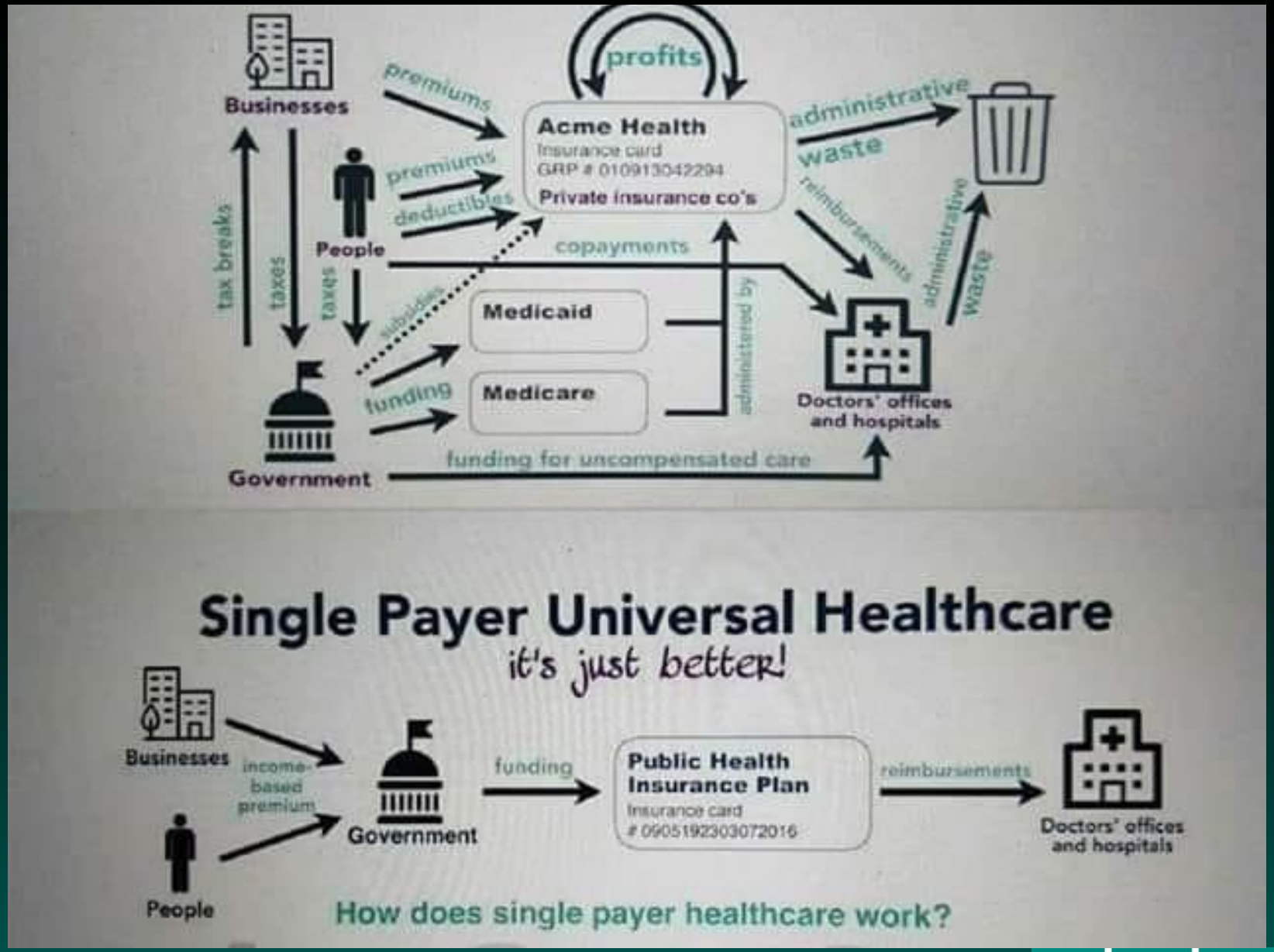

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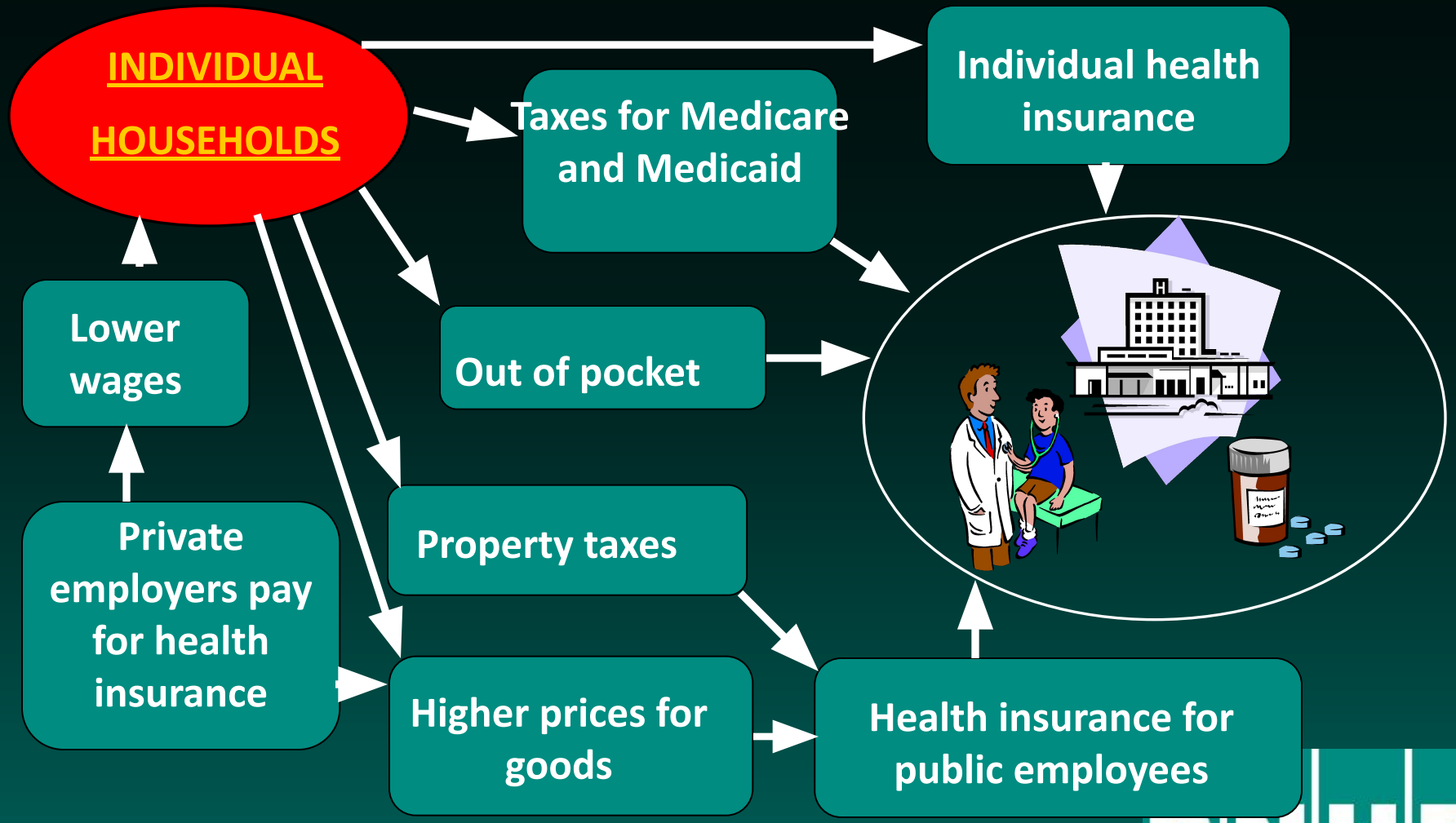
In the End Individual Households Pay for All of Health Care



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Funding Health Care

Single Payer

Taxes

Current System

Taxes
Premiums
Co-Pays
Deductibles
Co-Insurance

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Physicians for National Health Program

Non-profit, non-partisan, member-supported 501(c)3

Membership open to everyone

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HEALTHCARE FOR ALL :

State and Federal Legislation Town Hall