

## Mountain State PNHP Fact Sheet

- 47 million Americans have no health insurance and tens of millions more are underinsured. 322,000 West Virginians (approximately one in five) have no health insurance.
- More than half of personal bankruptcies in the United States result from medical expenses and three-fourths of those filing bankruptcy had health insurance when they became ill or injured. 5,700 West Virginians entered medical bankruptcy in 2001.
- The uninsured do not receive all the medical care they need – they live sicker and die younger. About 18,000 Americans die annually because they cannot get health care.
- The United States is the only industrialized nation in the world without universal health care.
- The United States per capita health care expenditures (projected to be \$7,498 in 2007) are about twice that of the next highest country, yet the World Health Organization ranks the United States 37th in overall health care outcomes.
- Approximately 16.2 percent of the United States Gross Domestic Product (projected for 2007) is for health care expenditures – more than that of any other country.
- 31 percent of health care expenditures in the United States are for administrative costs, most of it wasted. Medicare spends about 3 to 4 percent on administrative costs. Since 1970, the number of physicians and nurses in the United States has increased by about 100 percent, while the increase in number of health care administrators is 2900 percent.
- For-profit investor-owned hospitals have higher costs and score lower on most measures of quality than their nonprofit counterparts.
- The United States could save enough on administrative costs (more than \$350 billion annually) with a single-payer system to cover all of the uninsured.
- Almost three-quarters of working Americans (72 percent) would like to see the federal government “guarantee health coverage for all Americans,” a finding which crosses party affiliations from Democrats (88 percent) to Independents (73 percent) and Republicans (55 percent). Just 30 percent of working Americans say they are satisfied with the health care system, down from 36 percent in 1994. (Peter D. Hart Research Associates, “Labor Day 2005: The State of Working America,” August 2005).
- A nationwide survey by the authoritative Pew Research Center found that 65 percent of Americans support “government health insurance even if taxes increase.” Even among those identified as “social conservatives,” 59 percent support a tax-financed government system. For other groups, the percent supporting were: “populist conservatives” (63 percent), conservative Democrats (73 percent), and “liberals” (90 percent). Only one group, “Enterprisers” (libertarian conservatives), did not provide majority support (24 percent). (Pew Research Center, “Beyond Red vs. Blue,” Survey Report 5/10/05).
- Sixty-four percent of Minnesota physicians favor a single-payer system, vs. 25 percent who support HSAs and 12 percent who support managed care. (Minnesota Medicine, February 2007).
- A 2007 survey shows that 60 percent of small businesses favor a “federally funded, government-administrated health care system financed through higher taxes,” while 71 percent of small businesses oppose a government mandate on employers to provide health care coverage. The cost of payroll taxes to help provide comprehensive health care through such a federally funded program would be less than comprehensive coverage through private insurance.

## Key Features of a Single-Payer System

Physicians for a National Health Program proposes a single-payer health-care system as described in the American Health Security Act of 2005 (HR 676). As of June 1, 2007, HR 676 had 72 co-sponsors and is now in the House Subcommittee on Health. A Senate version of HR 676 is in the works.

Key features of a single-payer system are:

- Universal comprehensive coverage for standard medical care as well as care for mental health, long-term illness, dental services and prescription drugs.
- No out-of-pocket payments or deductibles.
- A single insurance plan in each region, administered by a public or quasi-public agency.
- Global operating budgets for hospitals, nursing homes, HMOs and other providers.
- Free choice of providers.
- Public accountability, not corporate dictates.
- Ban on for-profit health-care providers.
- Protection of the rights of health-care and insurance workers – A single-payer national health program would eliminate the jobs of hundreds of thousands of people who currently perform billing, advertising, eligibility determination and other superfluous tasks. These workers must be guaranteed retraining and placement in meaningful jobs.
- National health insurance, as described in HR 676, is not “socialized medicine.” It is socialized financing by taxpayers. Doctors remain in private practice and are paid on a fee-for-service basis from government funds. The government does not own or manage their medical practices or hospitals.

### Organizations endorsing Single-Payer include:

- AFL-CIO
- American Association of Community Psychiatrists
- American Medical Women’s Association
- American Medical Student’s Association
- National Medical Association
- American Nurses Association
- American Public Health Association
- Islamic Medical Association
- Americans for Democratic Action
- California Nurses Association/National Nurses Organizing Committee
- Church Women United
- Consumer Federation of America
- Consumers Union
- Just Health Care
- National Association of Social Workers
- National Council of Senior Citizens
- National Education Association
- National Family Farm Coalition
- National Health Care for the Homeless Council
- Neighbor to Neighbor
- Older Women’s League
- Screen Actor’s Guild
- US Public Interest Research Group
- United Steelworkers Union

### Political and Legislative actions include:

- On January 20, 2007, the Washington State Democratic Central Committee endorsed and called on all members of Congress to both support and enact HR 676.
- On February 7, 2007, the House of Representatives of the Kentucky General Assembly passed a resolution calling on the U.S. Congress to enact HR 676.
- On March 21, 2007, the New Hampshire Houses passed a resolution endorsing HR 676 by almost a two to one margin.
- Numerous city and county governmental bodies have passed similar resolutions. For a more detailed list, please see <http://www.healthcare-now.org/endorse676.php>.