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December 8, 2008

Mr. Tom Daschle
Secretary-designate, Health and Human Services
Transition Health Policy Team
Washington, DC

Dear Mr. Daschle,

Physicians for a National Health Program respectfully requests an opportunity for one or more of our members to meet with your health policy team to make the case for the swift enactment of a single-payer national health insurance plan (as embodied in the U.S. National Health Insurance Act, H.R. 676, which currently has the support of over 90 member of Congress) on a medical, moral and economic basis.

Candidly, we are alarmed by some comments by members of the Senate and by the Obama transition team that suggest that the single-payer option is being excluded from consideration — is “off the table” — in the health reform debate. We believe single payer is not only the best solution, but the only effective solution to our health care crisis.

Single-payer health reform, sometimes characterized as an improved “Medicare for All,” is the only reform model that offers \$400 billion in annual savings in administrative costs. It is the only approach that contains effective cost-containment provisions, such as bulk purchasing and global budgeting. Such economies would allow for expanding health coverage to everyone — with no co-pays or deductibles — with no overall increase in health care spending.

The single-payer model is the only fiscally prudent proposal available, an especially important consideration at a time of economic distress. By basing itself (and improving upon) Medicare, it presents itself as a uniquely American way of guaranteeing care to all who need it. Such an approach has repeatedly proven its effectiveness.

With a single-payer national health insurance program we can assure lifelong, high quality, comprehensive and affordable coverage for everyone. Such a program will lift the heavy burden of crushing medical expenses off the shoulders of our population, expenses that often lead to personal bankruptcy. And we can save lives: the Institute of Medicine estimates that more than 18,000 Americans die each year from lack of health insurance.

The proposals made to date by Sen. Max Baucus (D-Mont.), like those associated with Sen. Edward Kennedy (D-Mass.) and President-elect Barack Obama, share the fatal flaw of preserving a central role for the investor-owned health insurance industry in a private-public

financing mix. This approach simply won't work, as numerous state-based experiments patterned after this model have shown. These plans always fail because they are unable to control costs.

In sum, from the standpoint of what benefits our patients, single payer is the health policy model that best reflects their needs and values.

Support for single payer is extensive. In a peer-reviewed statistical study in the *Annals of Internal Medicine*, 59 percent of U.S. physicians said they would support government action to establish national health insurance. In a recent Associated Press poll, 65 percent of the respondents said, "The United State should adopt a universal health insurance program in which everyone is covered under a program like Medicare that is run by the government and financed by taxes."

In addition, over 480 labor organizations, including 39 state federations of the AFL-CIO, have endorsed single payer legislation, as have numerous professional associations, city and state governments, and religious denominations.

We therefore expect that single-payer proponents will be invited to testify before the Committee and we look forward to your affirmative response. You can telephone me at (312) 782-6006 or reach me via e-mail at info@pnhp.org.

Sincerely,



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