



NEW HAMPSHIRE

HEALTH CARE

**PRESENT AND
FUTURE**

DISCLOSURE

Presented by the

- **Granite State Chapter of Physicians for a National Health Program**
- **And**
- **New Hampshire Medical Society Single Payer Interest Group**

**Why is Health
Care a Concern?**

US Health Care Spending

U.S. PUBLIC Spending Per Capita for Health is Greater than TOTAL Spending in Other Nations



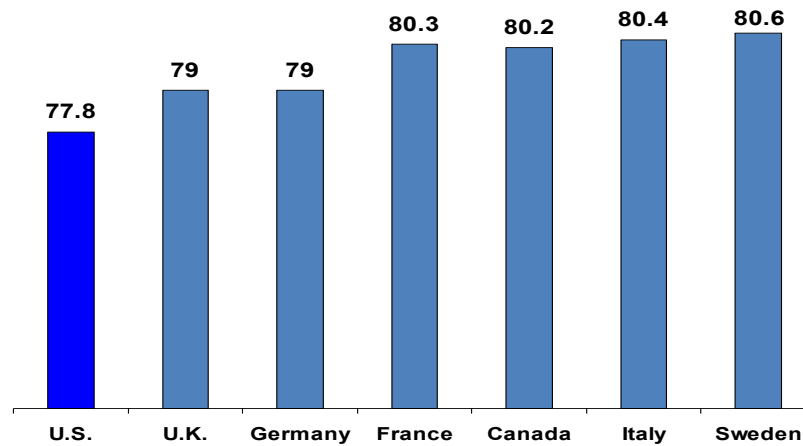
■ Total Spending ■ U.S. Public ■ U.S. Private

Note: Public includes benefit costs for govt. employees & tax subsidy for private insurance

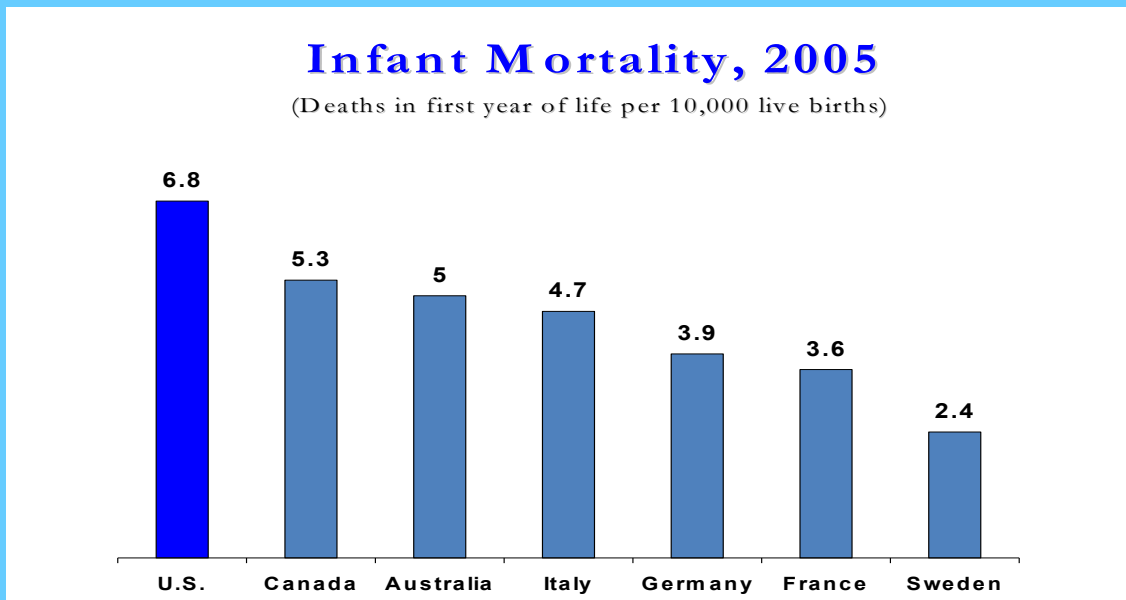
Source: OECD 2013; NCHS; Health Aff 2002; 21(4):88 - Data are for 2011

Life Span Comparison

Life Expectancy, 2005



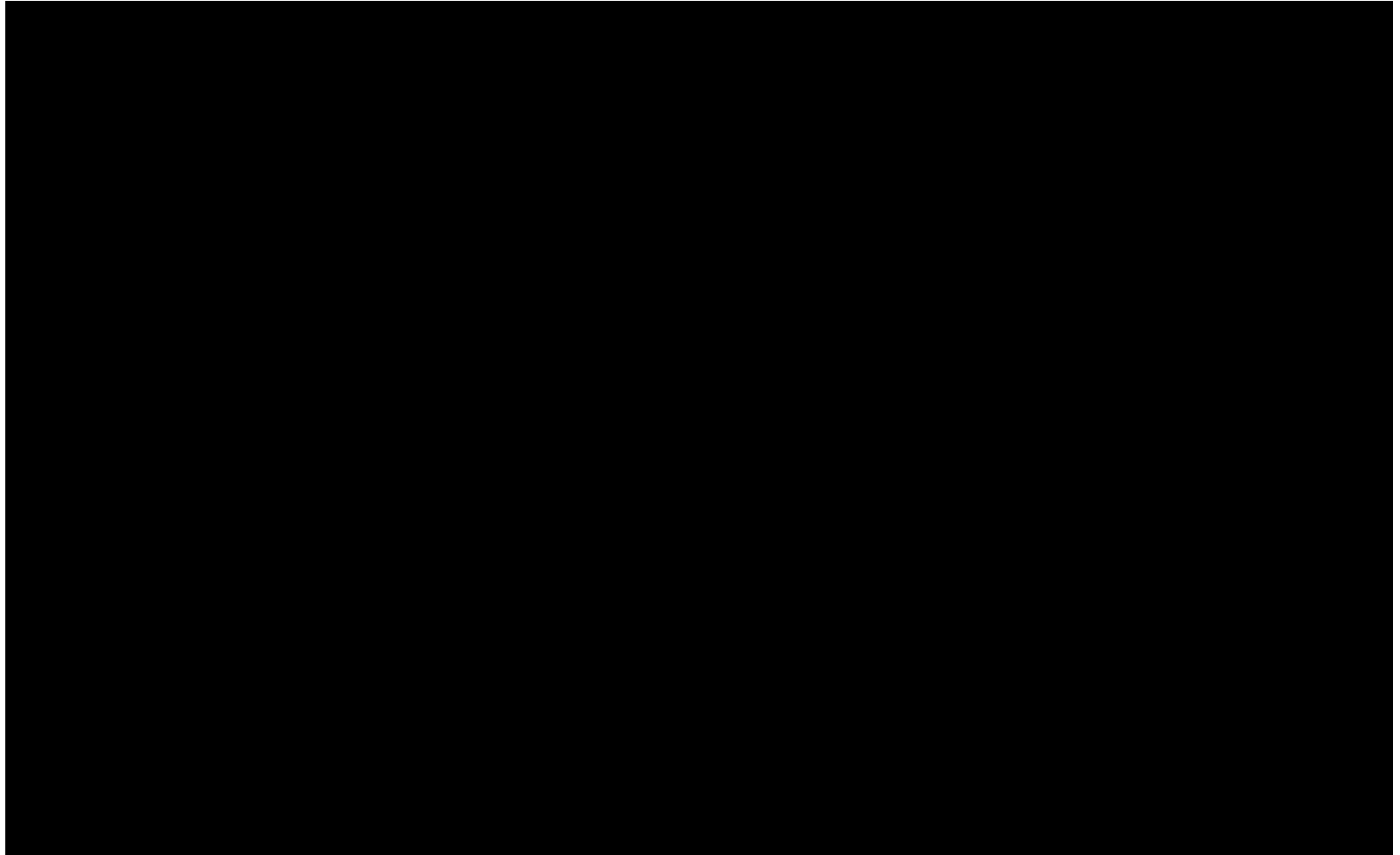
Comparison of Outcomes



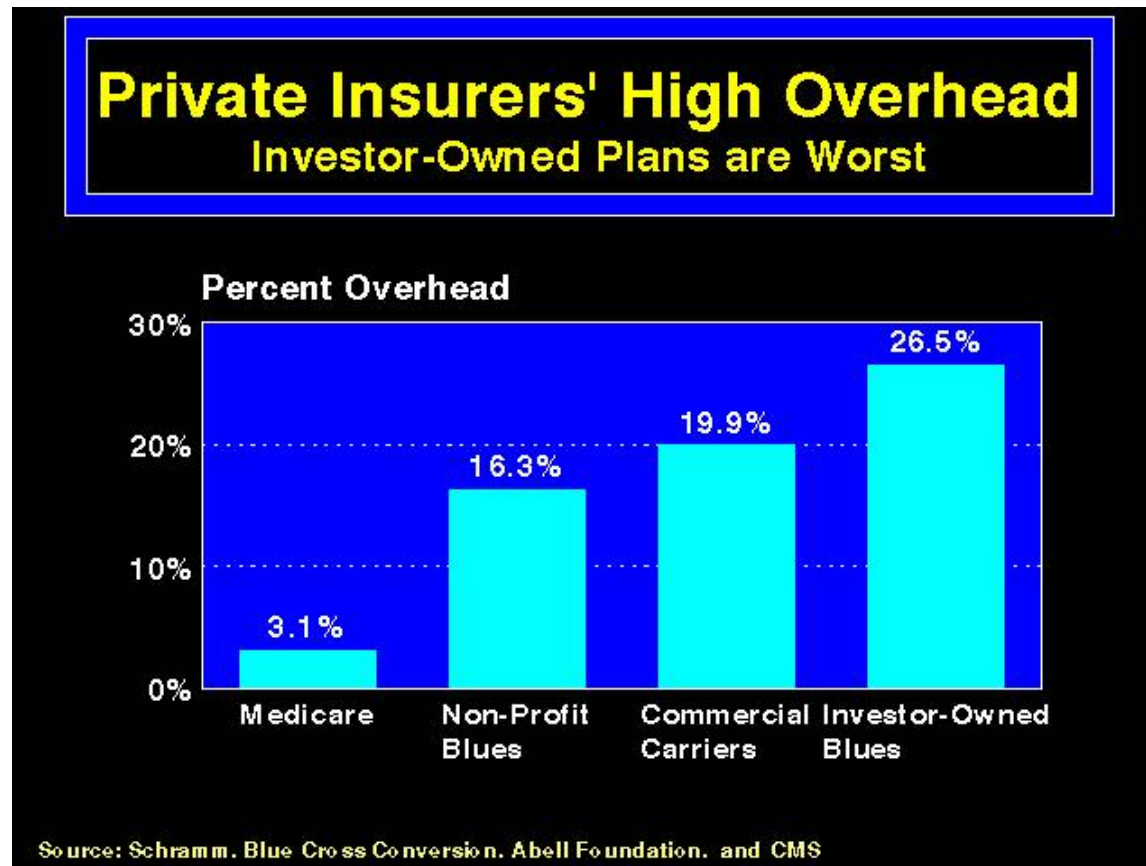
Insurance Agency Profits Graph



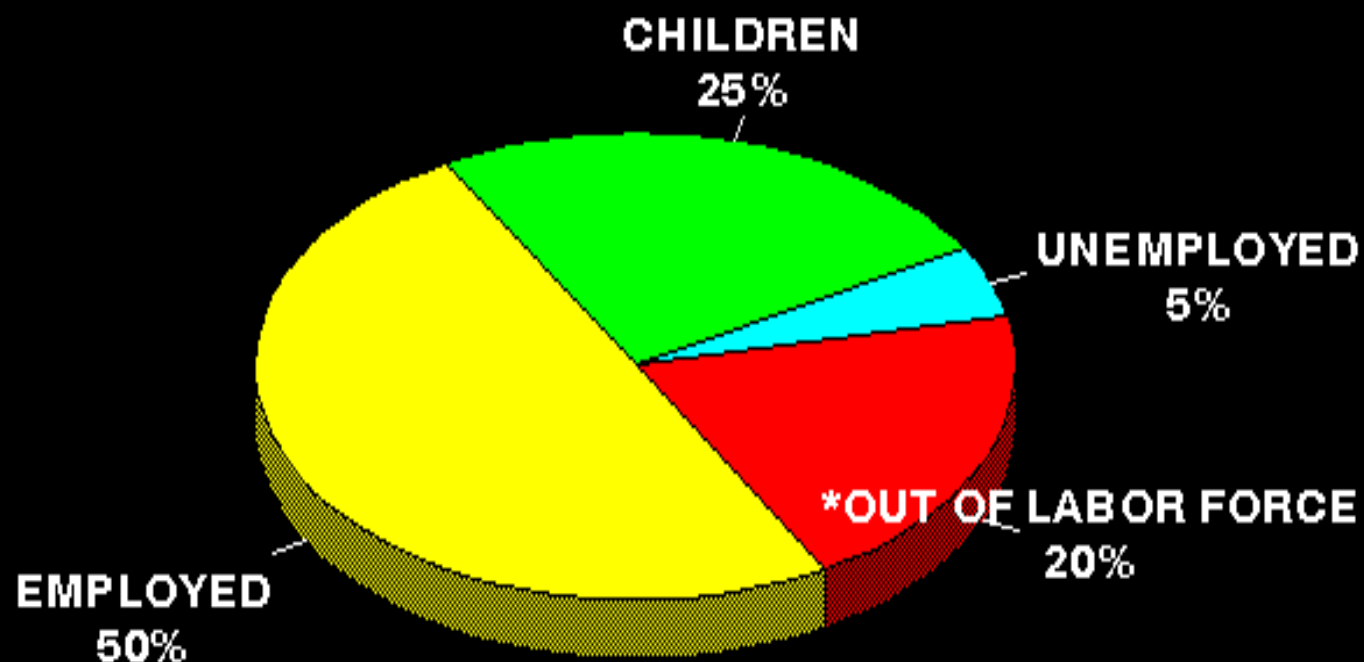
Insurance Company CEO Compensation



Administrative Cost Comparison



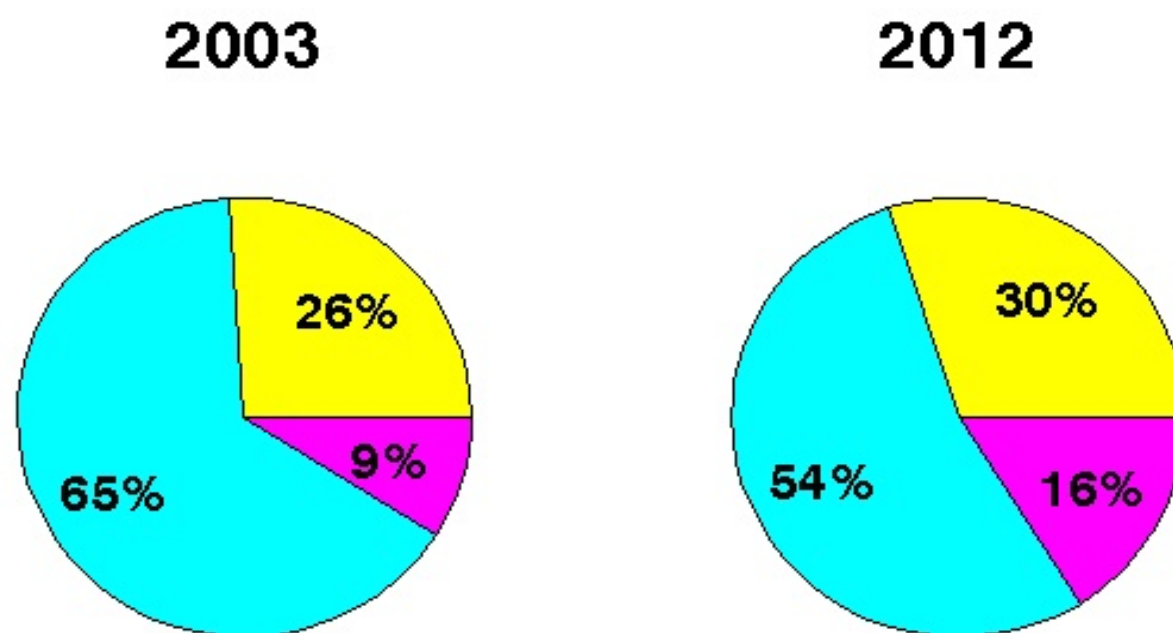
Who Are The Uninsured?



* STUDENTS > 18, HOMEMAKERS,
DISABLED, EARLY RETIREES

SOURCE: Himmelstein & Woolhandler - Tabulation from 1998 CPS

Increasing Un- and Under-Insurance

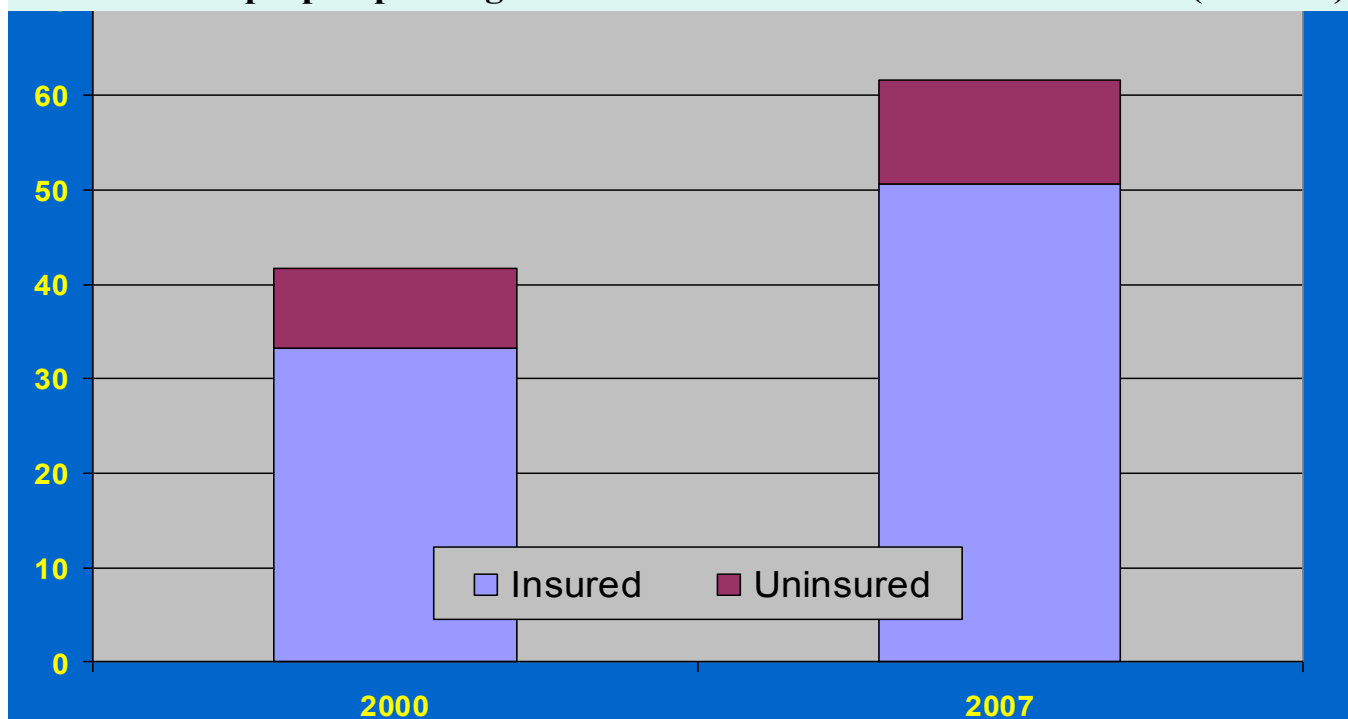


■ Uninsured ■ Insured ■ Under-Insured

Source: Commonwealth Fund, September 8, 2011 & 2012 Biennial Health Insurance Survey

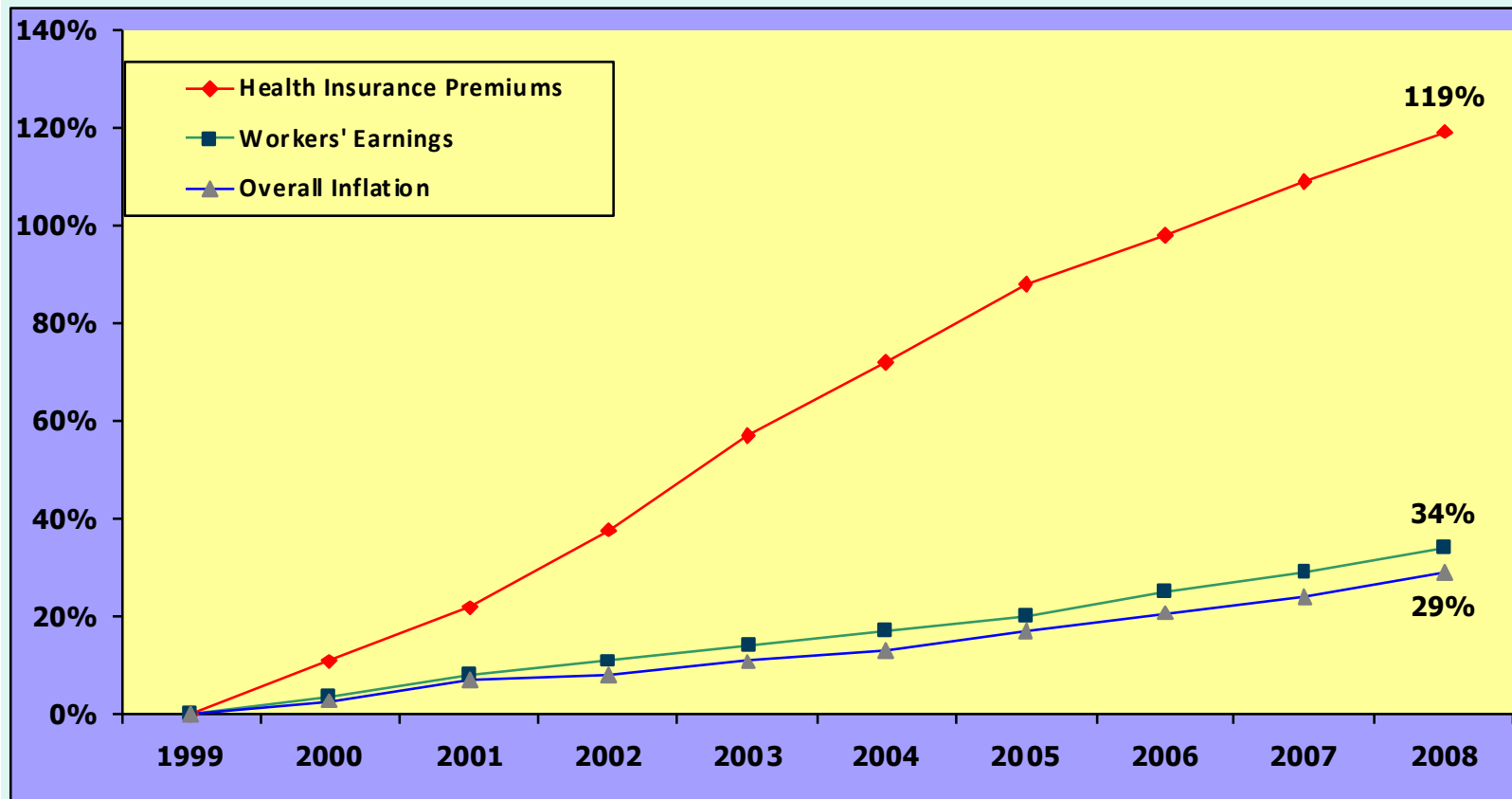
The Epidemic of Underinsurance

Number of people spending more than 10% of income on health care (Millions)



Source: *Too Great a Burden*, Families USA, December 2007

Insurance Premiums • Workers' Earnings • Inflation 1999-2008



Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2000-2008. Bureau of Labor Statistics, Consumer Price Index

State	Total % Uninsured By State, 2005	Total Deaths By State	Excess Deaths		State	Total # Uninsured by State, 2005	Total Deaths By State	Excess Deaths
AL	21.1%	13,219	1,031		MT	19.4%	2,042	147
AK	22.7%	1,368	114		NE	14.3%	3,096	168
AZ	24.7%	12,065	1,085		NV	21.2%	5,779	453
AR	23.0%	7,726	668		NH	13.1%	2,287	113
CA	23.9%	60,815	5,302		NJ	18.3%	15,884	1,084
CO	19.9%	8,244	609		NM	24.5%	4,209	376
CT	14.3%	5,876	318		NY	17.5%	34,496	2,254
DE	14.4%	1,885	103		NC	19.6%	20,085	1,461
DC	17.0%	1,877	120		ND	14.3%	1,088	59
FL	26.0%	41,739	3,925		OH	15.0%	25,911	1,463
GA	23.6%	21,387	1,841		OK	24.3%	9,030	801
HI	11.5%	2,312	102		OR	20.8%	7,261	558
ID	18.6%	2,473	171		PA	12.7%	27,620	1,344
IL	17.6%	24,694	1,626		RI	15.0%	1,917	108
IN	17.2%	14,330	921		SC	23.3%	11,222	955
IA	11.1%	5,192	220		SD	15.3%	1,626	88
KS	14.0%	5,238	278		TN	18.1%	15,344	1,033
KY	16.6%	10,830	676		TX	29.7%	44,056	4,675
LA	25.5%	11,940	1,104		UT	20.2%	3,646	272
ME	12.9%	2,794	137		VT	15.5%	1,035	60
MD	17.4%	12,173	790		VA	16.1%	15,366	931
MA	12.7%	11,450	556		WA	17.0%	11,105	708
MI	14.3%	22,570	1,218		WV	24.2%	5,355	472
MN	10.2%	7,765	305		WI	12.1%	9,798	451
MS	22.6%	8,998	748		WY	17.9%	1,116	75
MO	15.5%	13,214	774					

High Cost of Health Insurance Premiums: It's Even Too Expensive for the Middle Class Today

National Average for Employer-provided Insurance

Single Coverage	\$ 5,503 per year
Family Coverage	\$15,073 per year

Note: 31% high-deductible (\$1,000-2,000) policies

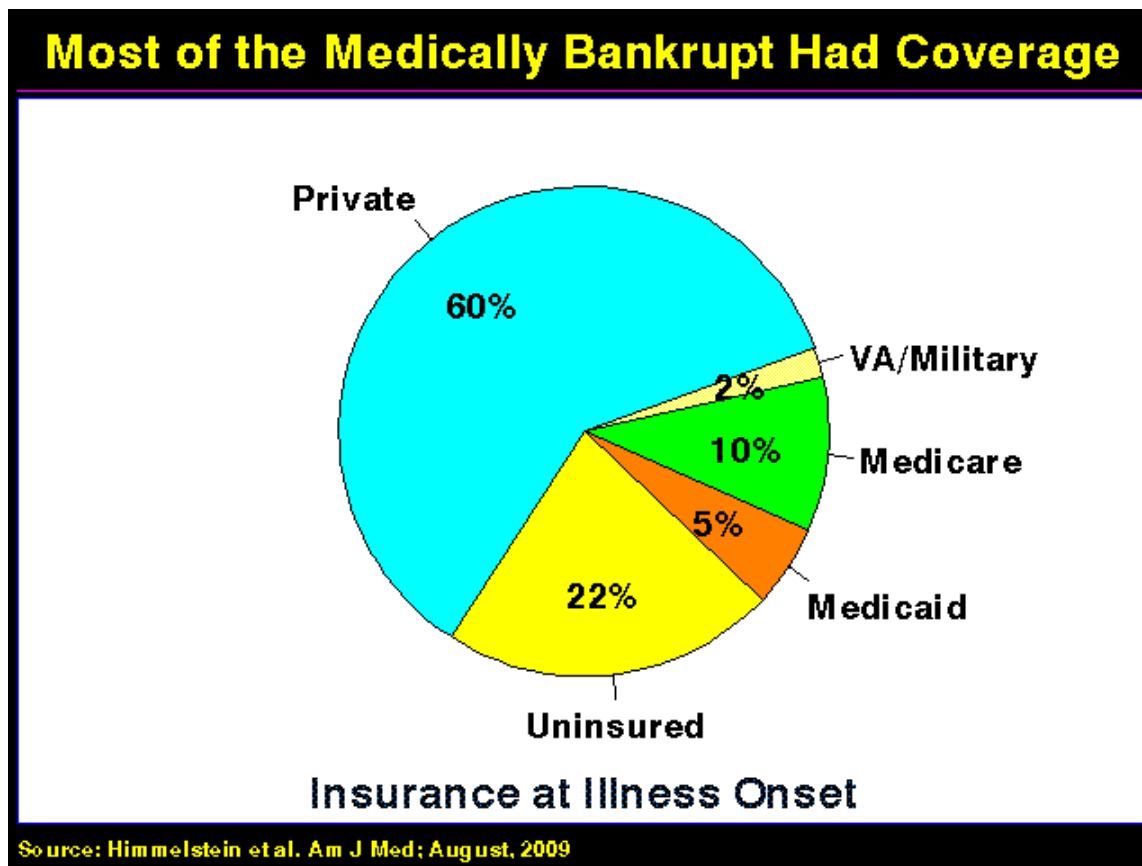
Source: Kaiser Family Foundation/HRET Survey of Employee Benefits, 9/27/2011

RISE IN PERSONAL BANKRUPTCIES

62% of personal bankruptcies are due to medical expenses and over 75% had health insurance at the outset of their bankrupting illness.*

*** Himmelstein, et.al. Am J Med, August, 2009**

Bankruptcies Due to Uninsurance in the US



Bankruptcies Due to Uninsurance or Underinsurance in NH

NH NH Medical Bankruptcies 2013 by Country							
		Chapter 7	Percent due to medical		Estimated Medical Bankruptcies		Population
BELKNAP-NH		159	60.00%		95.4		
CARROLL-NH		82	60.00%		49.2		
CHESHIRE-NH		129	60.00%		77.4		
COOS-NH		43	60.00%		25.8		
GRAFTON-NH		94	60.00%		56.4		
HILLSBOROUGH-NH		740	60.00%		444		
MERRIMACK-NH		299	60.00%		179.4		
ROCKINGHAM-NH		536	60.00%		321.6		
STRAFFORD-NH		194	60.00%		116.4		
SULLIVAN-NH		71	60.00%		42.6		
		2347			1,408		1,321,000

CURRENT HEALTH CARE LAW

AFFORDABLE CARE ACT

Addresses Insurance Company Abuses

- Denial of Coverage for Preexisting Conditions
- Limits on Annual/Maximum Coverage Amounts
- Coverage for children under 26 years only if in college

**10 Essential Benefits, but No Standard Benefit Package
Eliminates Co-pays and Deductibles, but Only on Preventive
Services**

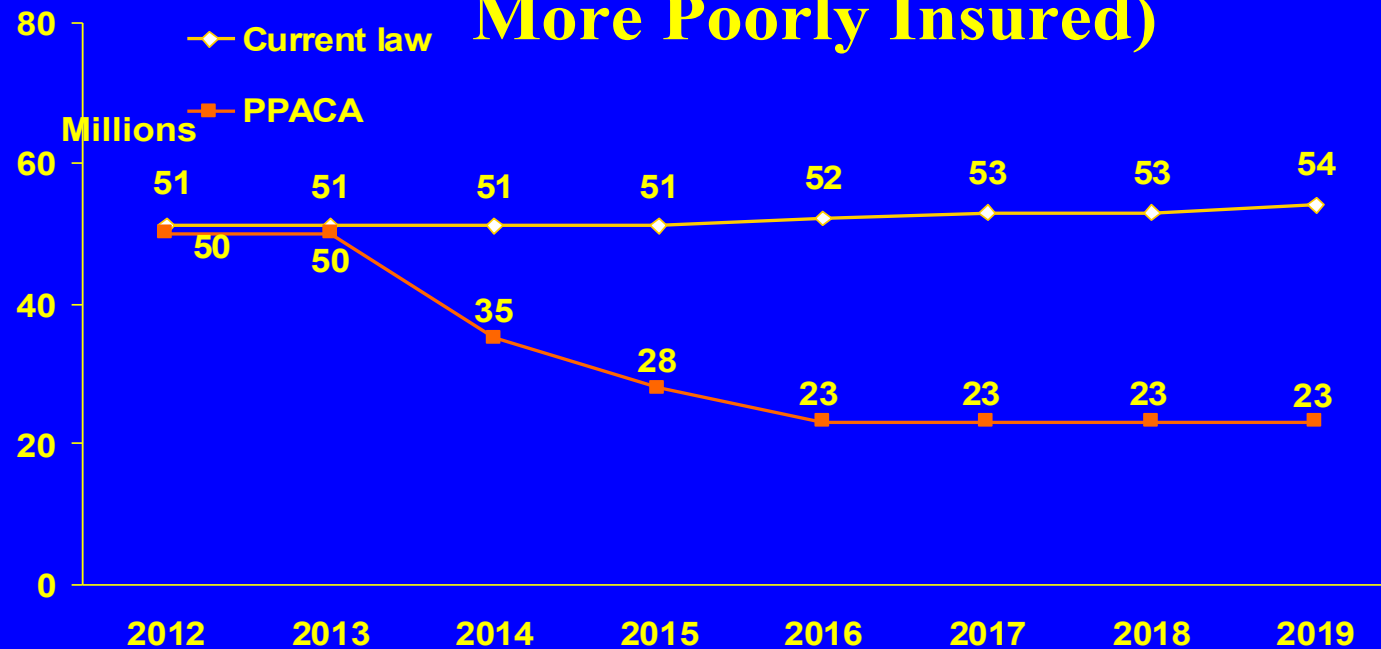
**Limits Insurers' Overhead to 15-20%, but Lobbying Has
Weakened Enforcement**

No Regulation of Premiums, Deductibles and CoPays

ACA - Subsidy Availability

- Substantial subsidies are available through the Marketplace for those at 100%-400% of federal poverty (FPL)
- Individuals: \$11,490 - \$45,960
- Family of 4: \$23,550 - \$94,200
- Those under 100% FPL are **not** eligible for subsidies (Assumed to be covered by Medicaid)

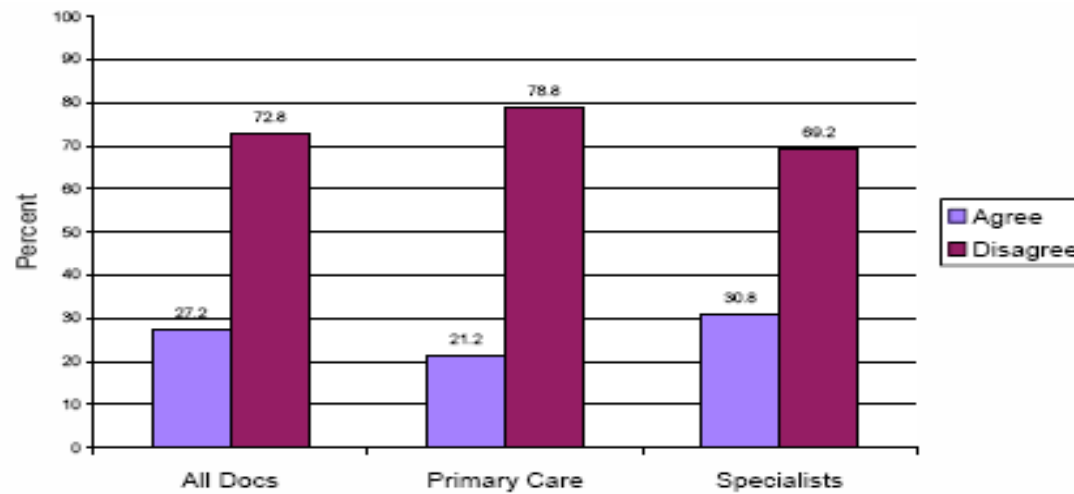
Millions Will Remain Uninsured (and Millions More Poorly Insured)



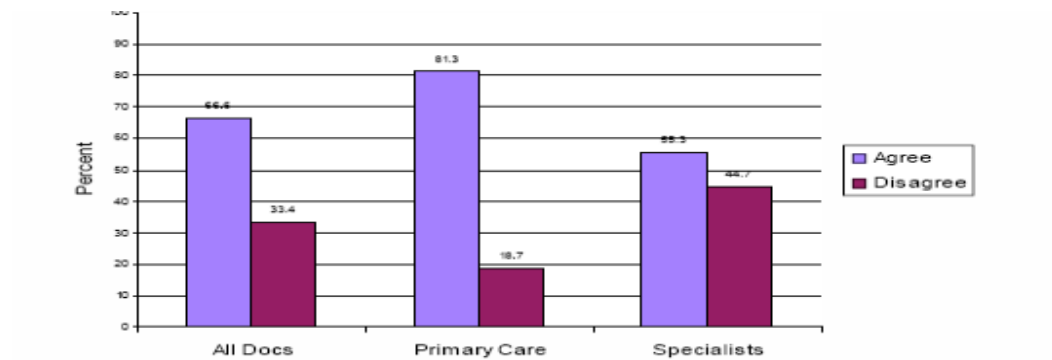
Note: The uninsured include about 5 million undocumented immigrants.

Source: Congressional Budget Office.

NH PHYSICIAN SURVEY 2007



NH PHYSICIAN SURVEY 2007



Affordable Care Act in NH

- Only one insurance company in the exchange (Anthem)
- Anthem does not cover all providers
- Traveling to providers may increase cost of obtaining medical care

WHY INSURANCE ?

Insurance is designed to compensate for an unlikely or unexpected event.

Health “insurance” treats any illness or incident of health care as a loss.

Insurance companies are profit making businesses – and therefore to minimize losses there is an incentive to deny care.

Comparison of Health Care Options

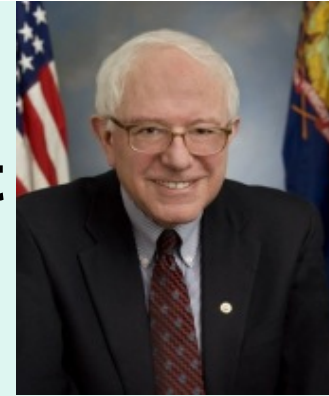
- **A system based on private insurance plans**
 - -- will not lead to universal coverage
 - -- will not create affordable insurance
- **A Medicare for All System**
 - -- can lead to universal, comprehensive coverage without costing more
 - -- has the greatest potential to increase choice, improve quality and expand primary care
 - -- can be financed fairly

Conyers HR 676
Expanded and improved
MEDICARE-FOR-ALL
“Single Payer NH Care”
(55 Co-sponsors in House of Rep)



- Automatic enrollment
- Comprehensive benefits
- Free choice of doctor and hospital
- Doctors and hospitals remain independent
- Financed through progressive taxes
- Costs contained through capital planning, budgeting, quality reviews, primary care emphasis

**Sanders (& McDermott):
American Health Security Act
S 915 (HR 1200)**



- 1. Automatic enrollment**
- 2. Comprehensive benefits**
- 3. Operated by States using Federal standards**
- 4. Free choice of doctor and hospital**
- 5. Doctors and hospitals remain independent**
- 6. Public agency processes and pays bills**
- 7. Financed through payroll taxes**



Essential Features of a Universal Health Care System



Everyone Included
Public Financing
Public Stewardship
Global Budget
Public Accountability

SINGLE PAYER BENEFITS

- Comprehensive, universal system- covers all medically necessary services
- Costs consistent and controlled
- Simplified reimbursements – one payment entity for health care providers; Hospitals guaranteed a secure, regular budget
- Payments according to ability to pay
- Not tied to employer and varying coverage

RESULTS OF SINGLE PAYER

- Improved health care- no delaying of care due to lack of insurance or underinsurance
- Improved health planning
- Public accountability for cost and quality
- Minimal bureaucracy
- Uniform standards

VERMONT'S PATHWAY TO SINGLE PAYER

- **Elected Peter Shumlin governor: 11/6/2010**
- **William Hsiao, Ph.D., Harvard economist, reports 3 options: 2/2011**
 - **Option 3: Public-private hybrid single payer**
 - **Standard benefit package**
 - **Uniform prices**
 - **Administered by a public benefit corporation**
- **Pathway legislation passed: 5/25/11**

A SINGLE PAYER PROGRAM FOR New Hampshire?

- Is possible within the Affordable Care Act
- Would provide coverage for all residents and providers
- Would require state legislation