## Prepared remarks of Adam Gaffney, M.D., on the Physicians' Proposal for Single-Payer Health Care, The National Press Club, May 5, 2016

Can we achieve universal health care in America? Some would say no. Their reasons vary. It's too expensive. It's too late. It's too complicated. The political barriers are insurmountable.

They are wrong, for many reasons. Indeed, for some 28 million reasons, if you count the 28 million people who, as is estimated, will remain without health insurance in another decade from now. These individuals will face uncertainty when illness or accidents strike; they may have to decide, quite literally, between their wallet and their life.

They are wrong for another 31 million reasons more. These are the 31 million people who are now underinsured. These individuals must, far too often, choose between the necessities of life and the high copayments and deductibles that are increasingly the price of access to health care in America.

Even with the Affordable Care Act fully enacted, uninsurance will persist. Underinsurance may grow. Insurers will build walls between patients and their doctors and hospitals through the "narrow networks" of today's health insurance plans. Drugs costs will strain pocketbooks even as pharmaceutical profits continue to accumulate.

Meanwhile, for physicians and other health care providers, the complexity of our fragmented profit-driven health care system will mean an ever-rising burden of paperwork, a distraction from the reason we became clinicians to begin with: the care of patients.

That is all the bad news. Fortunately, there is also some good news.

The good news is that there is an alternative path, which my colleagues and I are setting forth today. A 39-member working group, chaired by myself, Dr. David Himmelstein, Dr. Steffie Woolhandler, and Dr. Marcia Angell, has formulate a detailed document, "Beyond the Affordable Care Act: A Physicians' Proposal for Single-Payer Health Care Reform," that sets forth the fundamentals of a far more efficient, fully universal national health program for the United States.

The Proposal has been signed by more than 2,200 physicians from throughout the country. It is being published today, along with an editorial, in the *American Journal of Public Health*.

The proposal is detailed, but its fundamentals are quite simple. A single-payer national health program would cover everybody in the nation, regardless of age, income, or country of birth. It would provide comprehensive benefits to health care, including important services far too often neglected in today's system, like long-term care. It would, at the same time, eliminate cost sharing – copayments, deductibles, and

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coinsurance – so that individuals and families would never again need to decide between medicine and rent, between going to a specialist and paying for college.

The system of single-payer financing is the critical factor that makes such an expansion of coverage economically possible. The U.S. health system is uniquely wasteful, with a massive apparatus of billing and administration that consumes enormous resources.

Studies demonstrate that upwards of $400 billion dollars a year could be saved through the administrative efficiency that would come through a transition to single-payer financing. Additional money would also be saved by direct negotiations between the national health program and pharmaceutical companies over drug prices. These savings could then be used to fully eliminate uninsurance and underinsurance without increasing overall health care spending.

A single-payer national health program is the only realistic way to achieve the long-sought goal of universal health care in America. We hope that this proposal can help to realize it.

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