



Students for a National Health Program

Advocating for Single Payer: Policy, Public Opinion, and Messaging

Rex Tai, Micah Johnson, Thomas Jackson, and Taylor Cox



Agenda

Goal: Build **knowledge** and **skills** to become a **more effective advocate** for Medicare for All.

- I. Public Opinion
- II. Policy
- III. Advocacy + Messaging

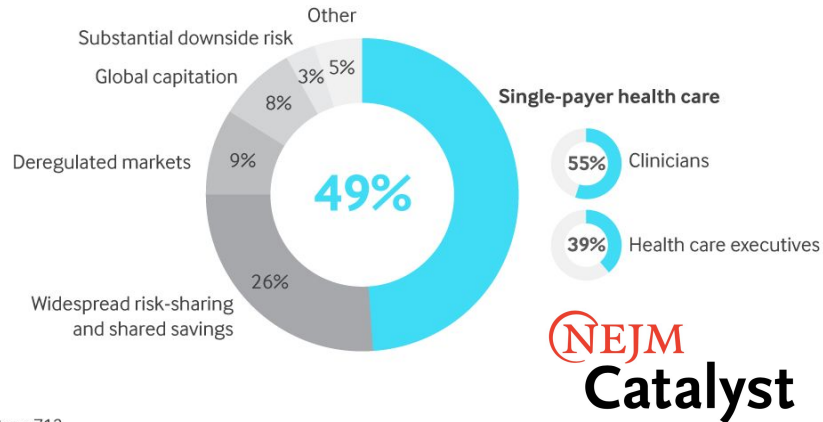


PART I: PUBLIC OPINION

Let's **first** appreciate how far we've come.

Single-Payer Health Care Is the Favored Outcome of Future Payment Reform

What do you think would be the best outcome of future payment reform?



Base: 712

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society



U.S. Chamber of Commerce

VOTER OPINION ON MEDICARE FOR ALL

Below is the same list of health care policies, this time please indicate if you support or oppose each of the following. Creating a Medicare for All health system (N=1,003)

Strongly Support	458	46%
Somewhat Support	247	25%
Somewhat Oppose	76	8%
Strongly Oppose	127	13%
Don't Know / No Opinion	95	10%

71% support creating a M4A health system!



KFF Health Tracking Poll – January 2019: The Public On Next Steps For The ACA And Proposals To Expand Coverage

Ashley Kirzinger [Twitter](#), Cailey Muñana, and Mollyann Brodie [Twitter](#)

Published: Jan 23, 2019

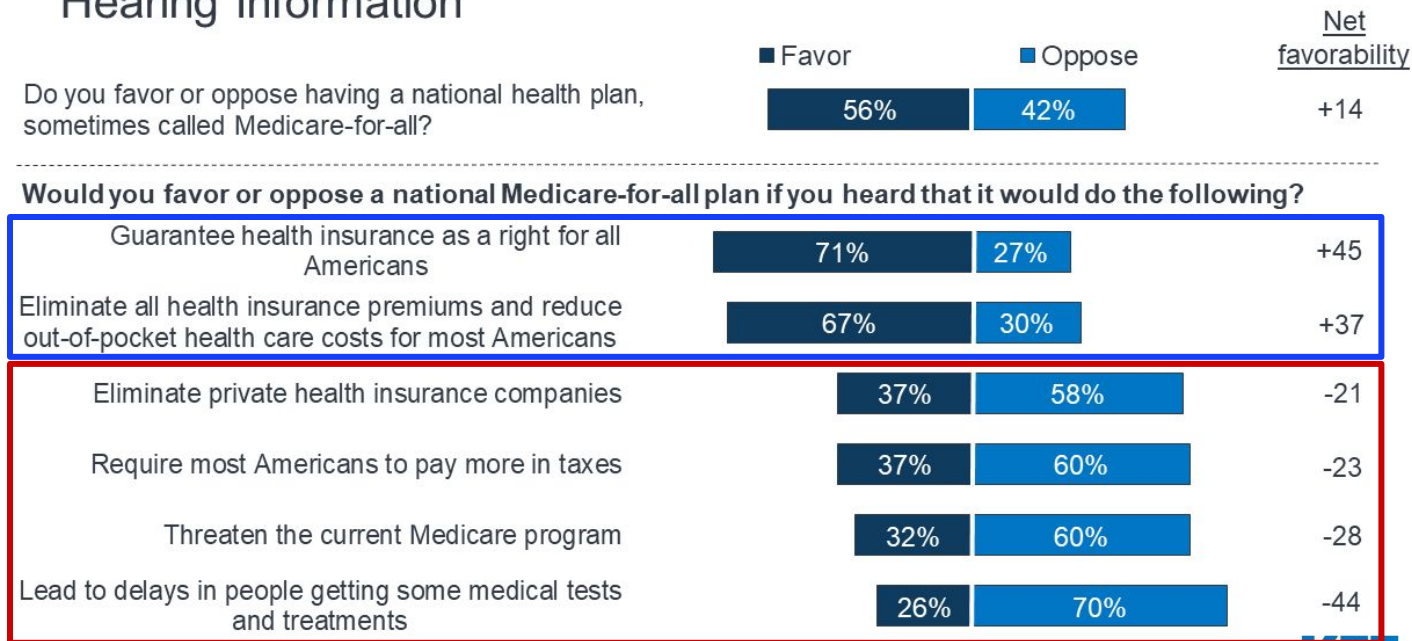
Key Findings:

- This month's KFF Health Tracking Poll continues to find majority support (driven by Democrats and independents) for the federal government doing more to help provide health insurance for more Americans. One way for lawmakers to expand coverage is by broadening the role of public programs. Nearly six in ten (56 percent) favor a national Medicare-for-all plan, but overall net favorability towards such a plan ranges as high as +45 and as low as -44 after people hear common arguments about this proposal.

But this picture gets more complicated when you dig into the details.

Figure 6

Public's Views Of Medicare-For-All Can Shift Significantly After Hearing Information



SOURCE: KFF Health Tracking Poll (conducted January 9-14, 2019). See topline for full question wording and response options.

AMERICANS DON'T UNDERSTAND MEDICARE FOR ALL



4/10

voters don't know much
or anything at all about
Medicare for All

MOST VOTERS

incorrectly believe
Medicare for All is:

"A system that ensures that all Americans have access to health care services and insurance through a mix of private health care and government programs such as Medicare and Medicaid."

1/10

just over 1 in 10
voters say they
know a lot

Fewer than
1/5 VOTERS
can correctly identify
Medicare for All as:

"A government-run health care system, financed by taxpayers that provides essential health care to all Americans and eliminates private health insurance plans, including those provided by employers."

AMERICANS WANT LOWER COSTS, NOT GOVERNMENT COVERAGE



Voters prioritize lowering
health care costs over
expanding coverage



3/4 VOTERS

would rather see Congress focus on
lowering health care costs for all
Americans rather than creating a new
government-run health care system.

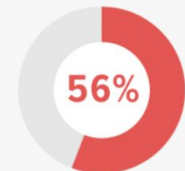
Voters would prefer Congress prioritize...



lowering health care costs
for all Americans



protecting guaranteed
health insurance for
Americans with
pre-existing conditions



ensuring all Americans
have access to health care
through a private or public
insurance option



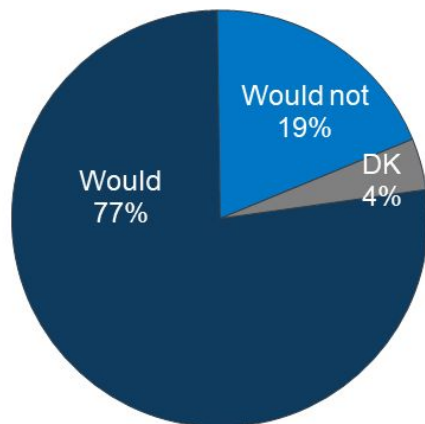
U.S. Chamber of Commerce

Figure 7

Most Are Aware Under Medicare-For-All They Would Pay More In Taxes, But Some Confusion If They Can Keep Current Coverage

Percent who think that, if a national health plan was put into place, they and their family would...

...have to pay more in taxes to cover the cost of health insurance



■ Favor
■ Oppose

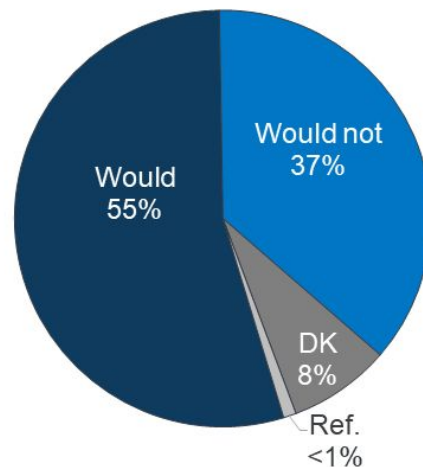
Require most Americans to pay more in taxes

37%

60%

-23

...be able to keep their current health insurance*



Eliminate private health insurance companies

37%

58%

-21



PNHP's Position:

“If the wealthy are forced to rely on the same health system as the poor, they will use their political power to make sure that the health system is well funded.”

Ranked Sectors

2018

Or pick an industry from an [alphabetical list](#)
or organized by [sector & industry](#) of all 121 profiled.

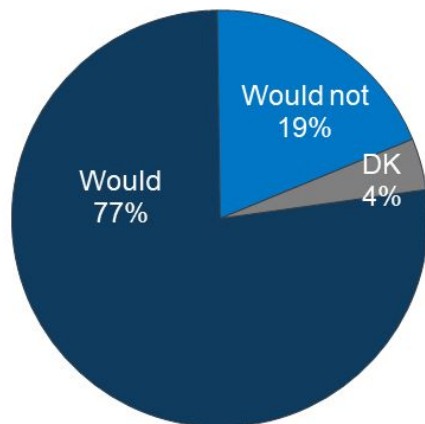
Sector	Total
Health	\$556,276,018
Finance/Insur/RealEst	\$532,130,410
Misc Business	\$512,422,840
Communic/Electronics	\$421,879,101
Energy/Nat Resource	\$320,677,319
Transportation	\$244,131,186
Other	\$234,983,260
Ideology/Single-Issue	\$143,584,068
Agribusiness	\$133,386,581
Defense	\$127,545,097
Construction	\$60,972,838
Labor	\$47,231,640
Lawyers & Lobbyists	\$18,456,520

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Require most Americans to pay more in taxes

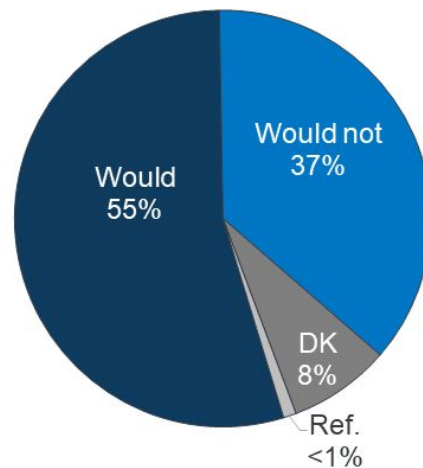
■ Favor
■ Oppose

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...be able to keep their current health insurance*



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37%

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The New York Times

Opinion

OP-ED CONTRIBUTOR

How We Think About the Deficit Is Mostly Wrong

By Stephanie Kelton

Population: "We need healthcare our people are dying"

US: "Creates Space Force"

Population:



"...When there's a deficit, some of that new money can be traded in for a government bond. **What's often missed in the public debate is the fact that the money to buy the bond comes from the deficit spending itself.**

What isn't missed is the fact that the government pays interest on those bonds. Lawmakers are obsessed with this line item in the budget, as if it's akin to a cable bill that keeps taking a bigger and bigger bite out of your household budget. It isn't. **Unlike a household, the government doesn't have to trim other parts of its budget to make ends meet. Congress can always create more room in the budget by adding rows or widening the columns to put more resources into education, infrastructure, defense and so on. It is purely a political decision.**

Of course, there are real limits to what can be done. No country can commit to large-scale infrastructure investment unless it has the available labor, machinery, concrete and steel. **Trying to spend too much will cause an inflation problem. The trick is to adjust the budget to make efficient use of the people, factories and raw materials we have.**

But all of this goes unrecognized on Capitol Hill, where the very words "debt" and "deficit" have been weaponized for political ends. They serve as body armor to politicians who would deny resources to struggling communities or demand cuts to popular programs."



THE PRACTICE OF MEDICINE HAS BEEN STOLEN.

The results are devastating:

- 51% of physicians are burned-out/abused
- 84% of healthcare costs are unrelated to patient care
- Less than ½ of physicians own their own practice
- 25% of physicians would choose a different career path
- 1 in 3 medical residents are depressed
- 400 physicians commit suicide each year leaving 920,000 Americans without their doctor
- \$190,000 is the average medical school debt



PART II: POLICY

Premise

A deeper understanding of **policy** can make you a more effective, confident, and strategic **advocate**.

What's the **hardest question** for you
to answer about **how Medicare for
All would work?**

Write it down!

Questions

#1: What does M4A cover?

#2: Will private insurance be eliminated?

#3: Can I keep my doctor?

#4: How will doctors and hospitals get paid?

#5: How much will it cost?

#6: How do we pay for it?

H.R. 1384 - “Medicare for All Act of 2019”

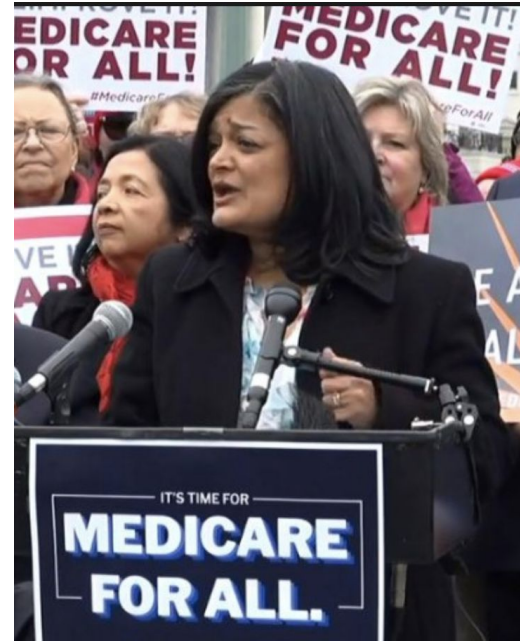
A BILL

To establish an improved Medicare for All national health insurance program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Medicare for All Act of 2019”.



Rep. Pramila Jayapal, Lead Sponsor

#1: What does M4A cover?

Comprehensive benefits

- Hospitals, physicians, drugs, ED, mental health and substance use
- Comprehensive reproductive care, including abortion
- Dental, vision, and hearing
- Long-term care

No cost-sharing

- No deductibles, no co-insurance, no co-pays

#2: Will private insurance be eliminated?

- Prohibits private health insurance that **duplicates** the benefits of M4A
- Allows the sale of insurance and employer-sponsored benefits that provide **supplemental** coverage

#3: Can I keep my doctor?

M4A covers services from **any** qualified doctor, hospital, or other healthcare facility

Just like Medicare today, almost all doctors will choose to participate in M4A, because it would cover the entire population

#4: How would doctors and hospitals be paid?

Physicians would be paid fee-for-service

- Reimbursement rates will be set by the Secretary of Health and Human Services, and “shall take into account” current Medicare rates

Hospitals would be paid a global budget to cover all operating expenses

What would happen to physician incomes?

If physicians were paid at uniform Medicare rates, the average fee per service would **decrease 7-9%**, according to two estimates

This fee decrease would be **counteracted** to some extent by:

- Administrative savings
- Increased volume of patients

Effect on income would **vary by specialty** and practice setting:

- Largest fee decrease: Surgical subspecialties, dermatology, radiology
- Less impact on medical specialties
- If you see more Medicaid patients, you'll benefit more from M4A

#5: How much will M4A cost?

Costs of Status Quo

Costs of Medicare for All

Costs of Status Quo



New Costs

1. Covering the uninsured
2. Eliminating out-of-pocket costs
3. Adding benefits



Costs of Medicare for All

Costs of Status Quo

Savings

1. Administrative costs
2. Drug prices
3. Hospital and physician prices

New Costs

1. Covering the uninsured
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Costs of Medicare for All

Costs of Status Quo

Savings

1. Administrative costs
2. Drug prices
3. Hospital and physician prices

14% - 19%

New Costs

1. Covering the uninsured
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3. Adding benefits

11% - 12%

Costs of Medicare for All

2-10% Net Savings

Costs of Status Quo

Savings

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14% - 19%

New Costs

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Note: Long-term care may add an extra 2-3% in new costs

Costs of Medicare for All

2-10% Net Savings

Costs of Status Quo

**~\$3.3 trillion
(2017)**

Savings

1. Administrative costs
2. Drug prices
3. Hospital and physician prices

14% - 19%

New Costs

1. Covering the uninsured
2. Eliminating out-of-pocket costs
3. Adding benefits

11% - 12%

Costs of Medicare for All

**~\$2.9 trillion
(2017)**

2-10% Net Savings

#6: How do we pay for M4A?

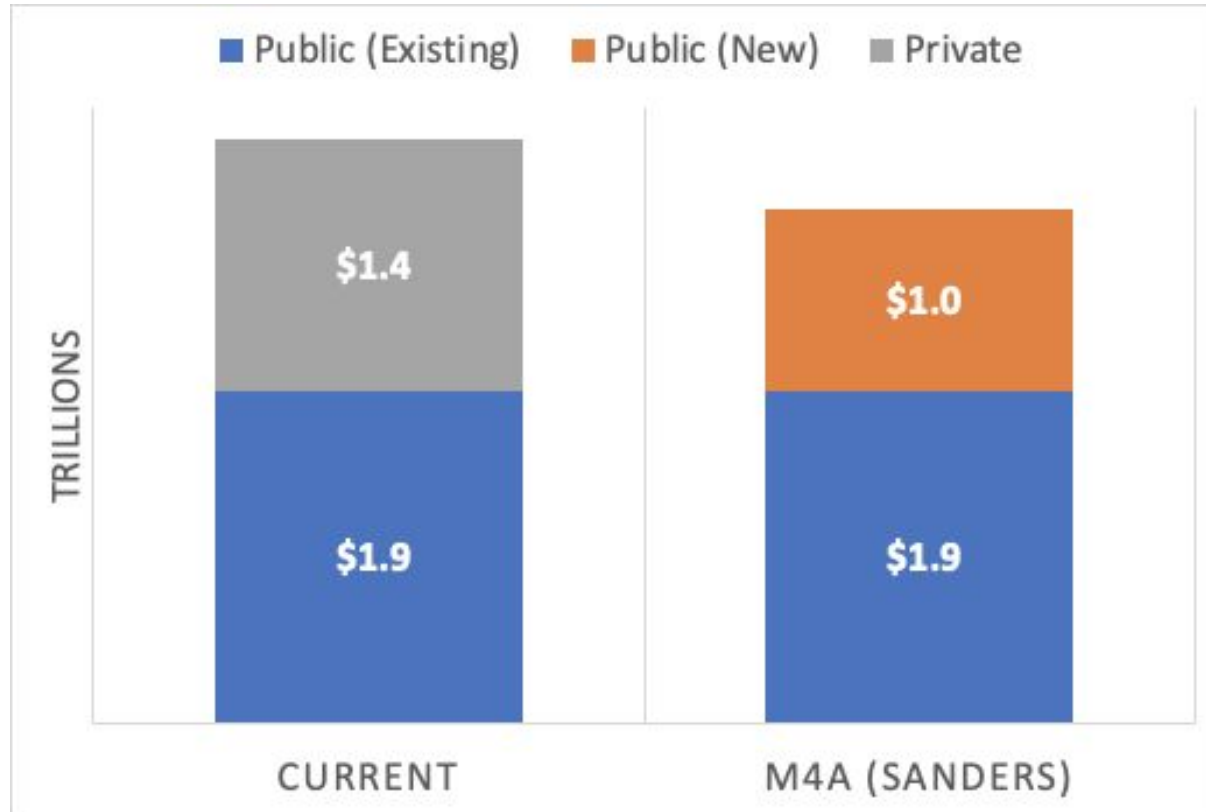
Pelosi on single-payer health care: 'How do you pay for that?' | TheHill

The Hill • today



Pay **less** than the current system, but pay **differently**

U.S. Healthcare Spending (2017)



Source: PERI

How do you raise \$1 trillion per year?

How do you raise \$1 trillion per year?

Tax the Wealthy?



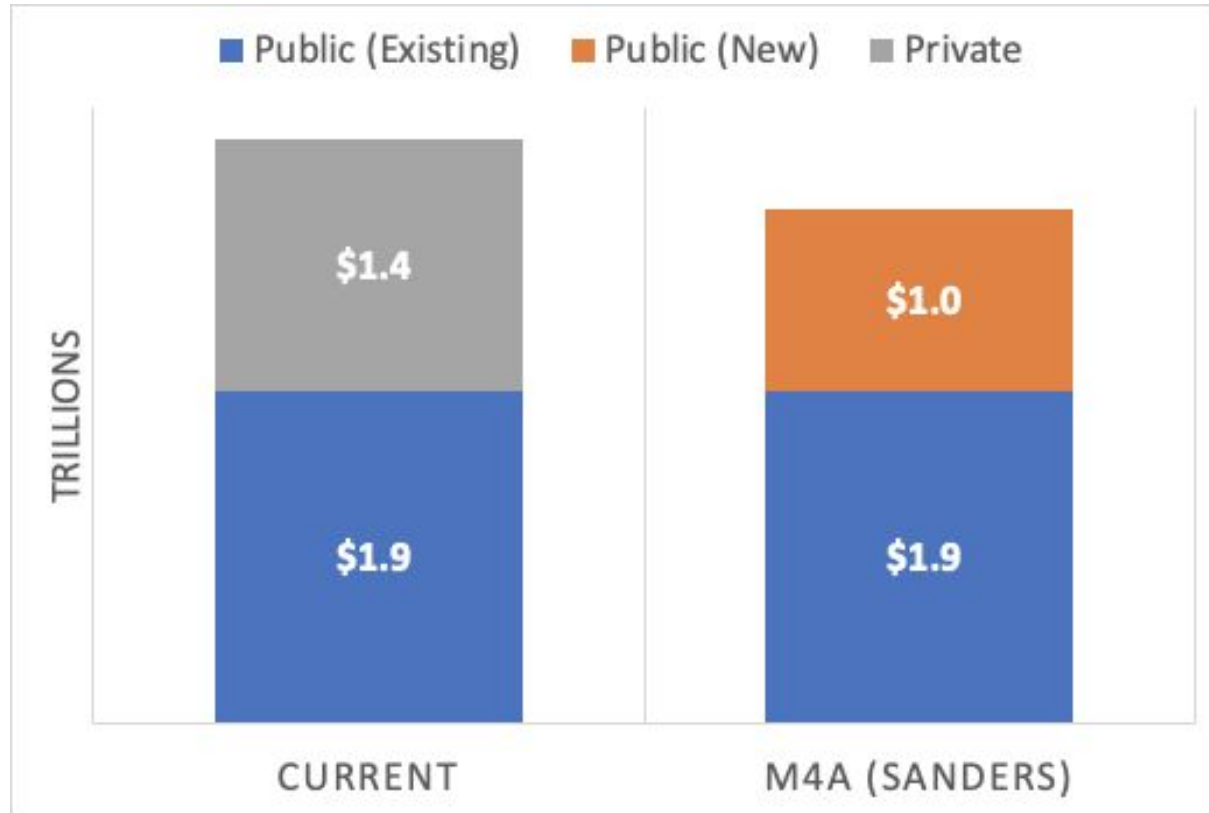
70% marginal tax rate on incomes over \$10 million: ~\$70 billion per year



2% tax on wealth above \$50 million; 3% tax above \$1 billion: ~\$200 billion per year

Ending GOP Tax Cut: ~\$200 billion per year

How do you raise \$1 trillion per year?



How do you raise \$1 trillion per year?

Turn **private** healthcare spending into **public** healthcare spending:

- Private health insurance: **\$1.2 trillion**
 - Businesses: \$669 billion
 - Individuals
- Out-of-pocket spending: **\$365 billion**

Examples of taxes:

- 8.2% payroll tax on businesses: **\$623 billion**
- 3.75% sales tax on individuals (non-necessities): **\$196 billion**
- Income tax on individuals?

Summary: How do we pay for M4A?

Existing public sources. Plus...

- *Option 1: Tax the Wealthy*
- *Option 2: Tax Businesses*
- *Option 3: Tax Individuals*
- *Option 4: Increase the Deficit*

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- Replaces current private spending

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- *Option 1: Tax the Wealthy*
- *Option 2: Tax Businesses*
- *Option 3: Tax Individuals*
- *Option 4: Increase the Deficit*

Replaces current
private spending

**Likely 2-3 of these options
in combination**

Exercise



PART III: ADVOCACY + MESSAGING

Advocacy

- to lawmakers
- to the AMA
- among fellow voters
- to healthcare providers



Political Actors

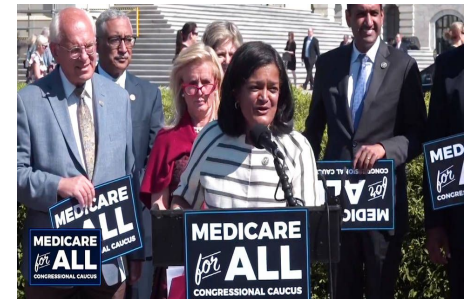
Where we are - support & promise

2018: (Pew Research)

- 88% oppose cutting Medicaid
- 85% R, 94% D: \geq Medicare spending

Economics actually favors M4A

Congressional Support Gap



Activity: Call Script Development

Request/Intro: state purpose; define your status as a stakeholder

Relatable Connection: what makes this real for you? Example(s)?

Statement of Concern: define the problem, the action, & consequence(s) of (in)action

Action Incentive: **KNOW THE FACTS** Benefits? Detriments of inaction?

- **what will your response be?**

Closing: brief pleasantries



PRESS RELEASE

KAISER POLL: “Democrats Want Democratic Lawmakers To Focus On ACA Rather Than Medicare-For-All”

January 23, 2019

Partnership for America’s Health Care Future (PAHCF)

- Affordability
- Options
- Access
- Quality
- Innovation

AMA Mission: to promote the art and science of medicine and the betterment of public health

Fellow Voters

Keeping provider; portability of coverage

Point-of-service/ episodic/ long-term costs

Rationing of care

Provider shortage*

**YOU HAVE TO
MEET PEOPLE
WHERE THEY
ARE.**

QUOTEHD.COM

Roniece Weaver

Communications Skills Review

1. Listen
2. Address their concerns
3. Summarize - It makes people feel heard and more receptive to what you're saying.

Discussing Single Payer with Physicians (And everyone else)

Disclaimer: These points are basically from my own personal experience talking to conservative physicians about single payer and are just some helpful things that I try to keep in mind.

1. Most physicians truly care about their patients. (Most people are genuinely concerned about others but they show it in different ways such as volunteering at food pantries.)
 - a. Often support expanding things like charity care rather than M4A so try and find common ground but address why charity care is not sufficient.
2. Most physicians are fed up with insurance companies and understand that they are gaming the system (Most people know they pay too much for healthcare)
3. Reservations often come from a deep mistrust of the federal government (nuff said)
4. How is this going to affect my reimbursement? (How is this going to affect my taxes?)
5. Other (but connected) issues often affect their opinions on single payer (e.g. abortion)
6. A lot of conservative physicians support M4A in theory. Try and show them it's practical too.

Activity

1. Partner up
2. Assign roles: One should be pro-single payer and the other should opposed/questioning single payer (This role can be as a physician questioning it or a non-medical person)
3. The goal of this activity is two-fold. We want you to try and put yourself in the shoes of someone who is opposed to single payer and understand why as well as practice discussing single payer and addressing some of these tough questions.

References

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