



PHYSICIANS FOR
A NATIONAL
HEALTH
PROGRAM



29 East Madison Street, Suite 602
Chicago, Illinois 60602-4404
Telephone 312.782.6006
Fax 312.782.6006
info@pnhp.org www.pnhp.org

Background fact sheet: Single-payer national health insurance

1. **Over 45.7 million Americans lacked health insurance in 2007.** (Source: U.S. Census Bureau.)
2. **More than 18,000 adults die from lack of health insurance coverage annually.** (Institute of Medicine of the National Academy of Sciences.)
3. **At least 25 million Americans are underinsured,** meaning they are insufficiently protected from financial distress in the event of a serious illness or injury. (Health Affairs, June 2008.) Some estimates place the actual figure at twice that number. Millions more lack adequate coverage for prescription drugs, long-term care or mental health services.
4. **After a lull in the mid-1990s, health care costs are again rising steeply.** Health spending was \$2.4 trillion in 2009, and continues to climb rapidly. Spending is expected to hit \$4.3 trillion, or 19.5 percent of the gross domestic product, by the end of 2017. (Centers for Medicaid and Medicare Services.)
5. **Every other developed nation has some form of national health insurance,** yet U.S. health spending is far higher – 56 percent higher than in Switzerland, which has the world’s second most expensive health care system, and 83 percent higher than in Canada. (Organization for Economic Cooperation and Development Health Database, 2008.)
6. **U.S. government spending on health care is higher than total spending on health care in Canada.** (Health Affairs, 2002).
7. **Single-payer national health insurance (NHI) would save at least \$350 billion annually on paperwork and administration, enough to cover all of the uninsured, to eliminate all co-pays and deductibles, and to upgrade coverage for Medicare enrollees.** Studies by the Congressional Budget Office, the General Accounting Office and several private consulting firms all agree that NHI could assure universal, comprehensive coverage without increasing total health spending.
8. **No other reform can slash administrative costs.** Assertions that computerization or patchwork reforms will cut bureaucratic costs are not credible. Most health insurance claims are already computerized. Private insurers keep a big share of their premiums in overhead in every nation. Allowing them to continue playing a big role in health care guarantees high administrative costs.
9. **Surveys show surprisingly strong support for single-payer NHI, even among groups that have previously opposed it.** A survey published in the April 2008 Annals of Internal Medicine showed that 59 percent of U.S. physicians support national health insurance. Polls have long shown that a majority of Americans favor some form of NHI.
10. **The current economic downturn strengthens the case for NHI.** With savings from its streamlined administration, bulk purchasing and global budgeting, NHI would relieve financial pressures on state and city governments, workers, unions and businesses.