

**Prepared remarks of Dr. Robert Zarr, president of Physicians for a National Health Program, on the Physician's Proposal for Single-Payer Health Care
The National Press Club, May 5, 2016**

Good afternoon! I would like to extend a warm welcome to our distinguished speakers, our audience, and to those of you who could not make it here in person. My name is Dr. Robert Zarr, and I serve as president of Physicians for a National Health Program, a 20,000-physician member organization founded almost 30 years ago this summer by Dr. Steffie Woolhandler and Dr. David Himmelstein.

Physicians for a National Health Program is an organization committed to one issue, albeit an issue that deeply affects every American. We believe everyone has a human right to health care, and PNHP is committed to establishing a single-payer national health program for all Americans. As the late Dr. Quentin Young often chanted, "Everyone in, Nobody out."

As a pediatrician, I am tired of seeing families postpone medical care because they're afraid of the bill. I see children under-immunized for diseases that are easily preventable. I see my patients forced to change their doctor because their new insurance is no longer accepted. Sadly, this is not uncommon. Could it really be that a trusting relationship between my patient and me is severed because every American does not have the same insurance card?

These are my personal reasons why I feel it is long overdue for our country to embrace single-payer national health insurance, otherwise known as Expanded and Improved Medicare for All.

Currently, we spent \$3.4 trillion on health care, more than \$10,500 per capita, more than any other country in the world. Despite this spending, Americans do not live longer, do not see their doctor more often, and many suffer from a condition I call "medical bankruptcy."

About 14.6 percent of that \$3.4 trillion is administrative waste, a direct result of for-profit private insurance companies. Private insurance is inefficient, and beholden not to patients, but to its shareholders.

In contrast, traditional Medicare runs at an overhead of 2 percent. This is the main reason we would save \$500 billion annually when we expand Medicare to all. This is more than enough money to guarantee every American lifelong, comprehensive, and portable health insurance, while eliminating premiums, deductibles, co-pays, and out-of-pocket expenses.

The employer payroll tax of 6.2 proposed to finance single-payer is not in addition to, but instead would replace what we currently pay, minus all the cost-sharing. Ninety-five percent of Americans would pay less than they pay now, and in return would receive lifetime, comprehensive care, without ever having to see the bill.

(over, please)

Today, May 5, the American Journal of Public Health publishes “Beyond the Affordable Care Act: A Physician’s Proposal for Single Payer Health Care Reform” endorsed by over 2,200 physicians.

The proposal outlines the removal of all financial barriers to medical care. The fact is that the majority of American physicians support establishing national health insurance. We physicians are spending more of our time trying to get the simplest of things done, like writing a prescription, or making a referral. Up to 16 percent our time is spent dealing with insurance companies, an industry expert at denying care in order to decrease its medical loss ratio. I see burnout and frustration in my colleagues because of the exhausting task of finding ways to provide care to their uninsured and under-insured patients.

Even though the numbers do in fact add up on single-payer, proponents of status quo posit that implementing single-payer would be too much of a transformation. But that hasn’t been the case here or abroad. In 1965, 19 million seniors (95 percent of all seniors) were enrolled in Medicare in less than a year. Thirty years later, Taiwan, a country of 21 million, implemented a single-payer program in 9 months.

Single-payer directly affects the finance of health care, and positively affects the delivery of health care. Single-payer simplifies the process by which doctors, hospitals, and pharmacies get paid, and it expands opportunities for entrepreneurship. Millions of Americans are in job lock for fear of losing their employer-based health benefits. Single-payer injects a healthy dose of freedom for patients to seek care from whomever and wherever they choose, and for physician entrepreneurs to freely practice medicine without having to worry about whether their patients can afford their advice.

Quite often, the simplest advice is the best advice. Single-payer is the least complicated, most equitable, most efficient, and by far the most realistic and practical approach to health care reform. Where else can we find a proposal that achieves universal comprehensive affordable lifetime coverage, while honoring the freedom of choice to provide and receive health care as we see fit?

Every 16 minutes, an American dies as a direct result of un-insurance. After implementation of the Affordable Care Act, 30 million Americans are still uninsured. Another 31 million Americans are under-insured, causing millions more to forgo needed care.

I, for one, believe we can do better. Not only do we have five successful decades of experience with Medicare, majority public and physician opinion can see no other solution to our health care crisis, except by extending and improving Medicare to all. We can neither turn back the clock nor accept status quo. We must accept the inevitable, single-payer, so we can get on with our lives and start living without the ever looming threat of medical and financial disaster.

Dr. Robert Zarr is president of Physicians for a National Health Program. He is a board-certified pediatrician in Washington, D.C., where he cares for a low-income and immigrant population. He also holds adjunct professorships at Children's National Medical Center and George Washington University. An energetic advocate of single-payer national health insurance, he has frequently met with members of Congress and national civic and union leaders about the best way to bring it about.