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

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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.

71% support creating a M4A health system!
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

Do you favor or oppose having a national health plan, sometimes called Medicare-for-all?

<table>
<thead>
<tr>
<th>Favor</th>
<th>Oppose</th>
<th>Net favorability</th>
</tr>
</thead>
<tbody>
<tr>
<td>56%</td>
<td>42%</td>
<td>+14</td>
</tr>
</tbody>
</table>

Would you favor or oppose a national Medicare-for-all plan if you heard that it would do the following?

<table>
<thead>
<tr>
<th>Description</th>
<th>Favor</th>
<th>Oppose</th>
<th>Net favorability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guarantee health insurance as a right for all Americans</td>
<td>71%</td>
<td>27%</td>
<td>+45</td>
</tr>
<tr>
<td>Eliminate all health insurance premiums and reduce out-of-pocket health care costs for most Americans</td>
<td>67%</td>
<td>30%</td>
<td>+37</td>
</tr>
<tr>
<td>Eliminate private health insurance companies</td>
<td>37%</td>
<td>58%</td>
<td>-21</td>
</tr>
<tr>
<td>Require most Americans to pay more in taxes</td>
<td>37%</td>
<td>60%</td>
<td>-23</td>
</tr>
<tr>
<td>Threaten the current Medicare program</td>
<td>32%</td>
<td>60%</td>
<td>-28</td>
</tr>
<tr>
<td>Lead to delays in people getting some medical tests and treatments</td>
<td>26%</td>
<td>70%</td>
<td>-44</td>
</tr>
</tbody>
</table>

AMERICANS DON'T UNDERSTAND MEDICARE FOR ALL

4/10 voters don't know much or anything at all about Medicare for All

1/10 just over 1 in 10 voters say they know a lot

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."

"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...

76%

lowering health care costs for all Americans

70%

protecting guaranteed health insurance for Americans with pre-existing conditions

56%

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

U.S. Chamber of Commerce
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
  - Would: 77%
  - Would not: 19%
  - DK: 4%

- Be able to keep their current health insurance
  - Would: 55%
  - Would not: 37%
  - DK: 8%
  - Ref <1%

Favor: Require most Americans to pay more in taxes
- 37%
- 60%
- 23

Favor: 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.”
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...

- Require most Americans to pay more in taxes
  - Favor: 37%
  - Oppose: 60%
  - Net: -23%

- Be able to keep their current health insurance
  - Would: 55%
    - Would not: 37%
    - DK: 8%
    - Ref. <1%
    - Net: -21
“...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 $\frac{1}{2}$ 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
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
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 \(14\% - 19\%\)

New Costs
1. Covering the uninsured
2. Eliminating out-of-pocket costs
3. Adding benefits \(11\% - 12\%\)

Costs of Medicare for All

\(2\%-10\% \text{ Net Savings}\)

Sources: PERI, Mercatus Center
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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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

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)

Sources: PERI, Mercatus Center

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

CURRENT
- Public (Existing): $1.9 trillion
- Public (New): $1.4 trillion
- Private: $1.9 trillion

M4A (SANDERS)
- Public (Existing): $1.0 trillion
- Public (New): $1.9 trillion

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?

- Current: $1.9 trillion
  - Public (Existing): $1.9 trillion
  - Public (New): $1.0 trillion
  - Private: $1.4 trillion

- M4A (Sanders): $1.9 trillion
  - Public (Existing): $1.9 trillion
  - Public (New): $1.0 trillion
  - Private: $1.4 trillion
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
Summary: How do we pay for M4A?

Existing public sources. Plus...

- **Option 1:** Tax the Wealthy
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Replaces current private spending
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

Likely 2-3 of these options in combination

Replaces current private spending
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: ≥ 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 pleasantry
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

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

January 23, 2019
Fellow Voters

Keeping provider; portability of coverage
Point-of-service/ episodic/ long-term costs
Rationing of care
Provider shortage*
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


http://www.pewresearch.org/fact-tank/2017/05/26/few-americans-support-cuts-to-most-government-programs-including-medicaid/