

Executive Summary of
The United States National Health Insurance Act (HR676),
("Expanded & Improved Medicare For All Bill")
Introduced by Cong. John Conyers, 108th Congress

(See text of bill at: http://www.pnhp.org/nhibill/nhi_bill_final.pdf)

Brief Summary of Legislation

The United States National Health Insurance Act (HR676) establishes a new American national health insurance program by creating a single payer health care system. The bill would create a publicly financed, privately delivered health care program that uses the already existing Medicare program by expanding and improving it to all U.S. residents, and all residents living in U.S. territories. The goal of the legislation is to ensure that all Americans, guaranteed by law, will have access to the highest quality and cost effective health care services regardless of one's employment, income, or health care status.

With over 42 million uninsured Americans, and another 40 million who are under insured, the time has come to change our inefficient and costly fragmented health care system. The USNHI program would reduce overall annual health care spending by over \$50 billion in the first year. In addition, because it implements effective methods of cost-control, health spending is contained over time, ensuring affordable health care to future generations.

In its first year, single-payer will save over \$150 billion on paperwork and \$50 billion by using rational bulk purchasing of medications. These savings are more than enough to cover all the uninsured, improve coverage for everyone else, including medication coverage and long-term care.

Employers who currently provide coverage for their employees pay an average of 8.5% of payroll towards health coverage, while many employers can't afford to provide coverage at all. Under this Act, all employers will pay a modest 3.3% payroll tax per employee, while eliminating their payments towards private health plans. The average cost to an employer for an employee earning \$35,000 per year will be reduced to \$1,155, less than \$100 per month.

95% of families will pay less for health care under national health insurance than they do today. Seniors and younger people will all have the comprehensive medication coverage they need.

Who is Eligible

Every person living in the United States and the U.S. Territories would receive a United States National Health Insurance Card and i.d number once they enroll at the appropriate location. Social Security numbers may not be used when assigning i.d cards. No co-pays or deductibles are permissible under this act.

Benefits/Portability

This program will cover all medically necessary services, including primary care, inpatient care, outpatient care, emergency care, prescription drugs, durable medical equipment, long term care, mental health services, dentistry, eye care, chiropractic, and substance abuse treatment. Patients have their choice of physicians, providers, hospitals, clinics, and practices.

Conversion to a Non-Profit Health Care System

Private health insurers shall be prohibited under this act from selling coverage that duplicates the benefits of the USNHI program. They shall not be prohibited from selling coverage for any additional benefits not covered by this Act; examples include cosmetic surgery, and other medically unnecessary treatments.

Cost Containment Provisions/ Reimbursement

The National USNHI program will annually set reimbursement rates for physicians, health care providers, and negotiate prescription drug prices. The national office will provide an annual lump sum allotment to each existing Medicare region, which will then administer the program. Payment to health care providers include fee for service, and global budgets.

The conversion to a not-for-profit health care system will take place over a 15 year period, through the sale of U.S. treasury bonds; payment will not be made for loss of business profits, but only for real estate, buildings, and equipment.

Funding & Administration

The United States Congress will establish annual funding outlays for the USNHI Program through an annual entitlement. The USNHI program will operate under the auspices of the Dept of Health & Human Services, and be administered in the former Medicare offices. All current expenditures for public health insurance programs such as S-CHIP, Medicaid, and Medicare will be placed into the USNHI program.

A National USNHI Advisory Board will be established, comprised primarily of health care professionals and representatives of health advocacy groups.

Proposed Funding For USNHI Program: \$1.86 Trillion Per Year

A payroll tax on all employers of 3.3%. Maintain employee and employer Medicare payroll tax of 1.45%. Implement a variety of mechanisms so that low and middle income families pay a smaller share of their incomes for health care than wealthiest 5% of Americans; i.e, a health income tax on the wealthiest 5% of Americans, a small tax on stock and bond transfers, and closing corporate tax shelters. A repeal of the Bush tax cut of 2001. For more details, see PNHP's "Financing National Health Insurance."

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