

Health Care for the Homeless Mobilizer

The National Health Care for the Homeless Council

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What if we threw Medicare a birthday party and everybody came?

The time is right to expand America's most efficient health insurer

Culminating twenty years of debate – sparked by President Truman's recommendation for a national health insurance program – Medicare was born on July 30, 1965. (When President Johnson finally signed the limited measure into law as part of his "Great Society," Truman was fittingly its first enrollee.) This month we commemorate the program's four decades of remarkable efficiency at guaranteeing health coverage to the elderly and disabled. In continuation of our work to realize the ultimate goal of a comprehensive and universal national health insurance program, the National Health Care for the Homeless Council urges *Mobilizer* readers to advocate for the inclusion of all Americans in Medicare in celebration of its 40th birthday.

Building upon a successful model

Administrative simplicity is one way in which Medicare exemplifies the merits of a "single-payer" financing mechanism. Everyone contributes payroll taxes to and draws benefits from the same pool of resources. Therefore risk is thinly spread across the program's millions of enrollees, administrative costs are significantly reduced, and the government (as the "single-payer") may utilize massive bargaining leverage for bulk purchasing of pharmaceuticals and medical equipment. More importantly, the structure saves money. Private insurance costs have soared by 46% since 2000, yet the growth of Medicare expenditures has been limited to only 31% over the same time period.¹ This disparity be partially attributed to administration, which consumes 15—20% of the money spent by private insurers but only 2% of Medicare dollars.² Researchers for the Lewin Group have found that the implementation in California of a universal system similar to Medicare would save the state \$8 billion in the program's first year alone.³ Considering the clear potential for savings and improved health outcomes, our elected officials would be remiss not to explore the expansion of this model to include all Americans.

Uninsurance and underinsurance

One cannot overstate the value of the Medicare entitlement, as it currently provides health security for nearly 42 million senior citizens and disabled individuals. Nonetheless, the breadth of this coverage is sadly overshadowed by the number of people in the United States lacking any health insurance whatsoever – 45 million individuals (15.6% of the population), including more than 8 million children. In every year since 2000 our uninsured population has grown by one

¹ Project California. 13 July 2005. (<http://www.projectcalifornia.org>)

² Center for Medicare Advocacy. 16 February 2005. (<http://www.medicareadvocacy.org>)

³ The Lewin Group. 19 January 2005. (<http://www.healthcareforall.org/studies.html>)

million. The Institute of Medicine estimates that uninsurance leads to roughly 18,000 unnecessary deaths annually.⁴ Harvard researchers have also determined that medical expenses are a key factor in half of all personal bankruptcies in the United States, the majority of such cases afflicting people who were actually insured but whose coverage was insufficient.⁵ Clearly, our health care system is failing us, and Americans deserve an earnest discussion of comprehensive reform.

Mobilizing the silent majority

Appreciation of the need for a national health insurance program spans the political spectrum, yet it has not found a place among other wedge issues that dominate Washington. In a recent national Pew survey, 65% of respondents (including 59% of “social conservatives” and 73% of “conservative Democrats”) favored government health insurance for everyone, even if it required an increase in taxes!⁶ On the 40th birthday of Medicare, health reform advocates have an opportunity to redouble their efforts to achieve universal access to comprehensive, high quality, affordable health insurance for all Americans.

ACTION:

Send a birthday card to your Member of Congress: Assert the need for universal health insurance in the United States in a memorable way by sending your Representative or Senator a birthday card for Medicare. Include a note with stories and statistics and refer specifically to H.R. 676 – the United States National Health Insurance Act – as a solution. Write to Hon. [Your Representative], US House of Representatives, Washington DC 20515 or to Hon. [Your Senator], United States Senate, Washington DC 20510.

Learn more about single-payer financing for universal health insurance. Many resources are offered by Physicians for a National Health Program (www.pnhp.org) and Health Care Now (www.healthcare-now.org), and a medical student uses clever animation to demystify the concept of “single-payer” on his blog at www.grahamazon.com/sp.

Engage in health care conversations – anywhere, anytime, with anybody. Members of Congress tend not to ignore a steady buzz amidst their constituents, especially when they are discussing an issue as significant as the health care crisis. Ask your friends, family, and co-workers about their experiences with insurance bureaucracies and their opinions on systemic reform. Encourage them to communicate with their elected representatives. Most importantly, spread the word about single-payer and the Council’s work to advance it!

Call for support: For questions, additional information, or to discuss ways to Mobilize others in your community toward comprehensive health reform, contact David Johnson, the National Council’s Health Policy Specialist at 410/837-5533 (ext. 395) or djohnson@hchmd.org.

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Please pass this on to your colleagues, clients, and Board of Directors.

⁴ Institute of Medicine. 14 January 2004. (<http://www.iom.edu/report.asp?id=17632>)

⁵ Health Affairs. 2 February 2005. (<http://content.healthaffairs.org/cgi/content/full/hlthaff.w5.63/DC1>)

⁶ The Pew Research Center. 10 May 2005. (<http://people-press.org/reports/display.php3?ReportID=242>)