



A Health Care Reform Primer

Why do we still need it?

WHY REFORM?

Why do we need health care reform? Because it is difficult to defend the claim that Americans have the best health care system in the world.

American citizens spend twice as much on health care as citizens of other industrialized nations. Our health care is the most expensive in the world.

On most measures of public health, the US is at or near the bottom of industrialized nations. Did you know that women in the US have a poorer chance of surviving pregnancy than women in 20 other countries? Did you know that American diabetics have over twice the chance of losing a foot to diabetes than diabetics in any other industrialized country?

Medical crises are the most common cause of personal bankruptcy and bad credit in the US. Most families ruined by medical debts had health insurance when the medical crisis began.

WHY IS HEALTH CARE REFORM SO CONTROVERSIAL?

Because it is so incredibly complex:

- One of every six dollars that Americans spend goes to health care.
- Health care does not obey conventional laws of Economics. As costs of health care go up, need for health care doesn't change.
- This means that many American families are just one hospitalization away from financial and medical ruin (even under the Affordable Care Act).

WHAT SHOULD HEALTH CARE REFORM ACHIEVE?

It's pretty clear. We need to:

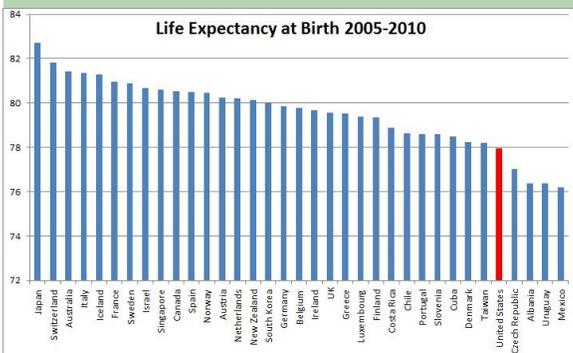
- Make sure our families have access to health care no matter how old, sick, poor, or unemployed we become.
- Reduce health care spending, including premiums, deductibles, co-payments and other out of pocket spending.
- Improve our health.

Every other industrialized country provides better care to more people for less money than we do in the US. What do they have in common?

- Every citizen enjoys the same set of benefits without discrimination against the sick.
- Financial obstacles to seeking care are removed.
- Health care financing is provided by publicly accountable, transparent, not-for-profit agencies.

KEY FACTS

- America leads the world in medical research and medical care, and for all we spend on health care, we should be the healthiest people on Earth.
- But by some of the most important indicators, like how long we live, we're not even in the top 25, behind countries like Slovenia.



OECD Health Statistics 2013

SINGLE PAYER SYSTEM

A Single Payer system (also called 'Medicare for All') applies all three principles but uses just one publicly accountable, transparent, not-for-profit financing agency.

Single Payer offers these advantages over conventional private insurance:

- By eliminating the administrative costs of private health insurance companies, a Single Payer system recovers more than enough funds to provide comprehensive health care to every Ohioan without spending more than we do now.
- Because Single Payer is a lifetime contract, investing in public health and early treatment is financially advantageous. Currently, Americans change insurance companies on average every six years; this discourages insurance companies from keeping patients healthy because the next insurance company will reap the financial savings.
- Patients can choose and keep their physicians no matter who their employer might be, and even when unemployed.
- Because every patient is covered, Single Payer means any physician can care for any patient without fear of low payment, or no payment at all.

HOW WILL OHIO FINANCE SINGLE PAYER HEALTH CARE?

Ohioans already pay more than is needed to provide comprehensive health care to everyone. Through progressive taxation, based on ability to pay, rather than regressive premiums and out of pocket spending, almost all Ohioans will see their discretionary income go up and their health care access improve.

Because Single Payer eliminates private insurance companies as middlemen between patients and providers, over \$350 billion nationally (about \$3 billion in Ohio) recovered in administrative costs can be diverted to medical care. This is more than enough added funding to provide comprehensive care to everyone, without deductibles or co-payments. But, the best benefit is that Ohioans will have the peace of mind knowing that they can access care when needed and not worry about how they will pay for it.



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