

P O S I T I O N P A P E R

UNIVERSAL HEALTH AND DENTAL CARE

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I. STATEMENT OF POSITION

I SUPPORT SINGLE-PAYER MEDICAL AND DENTAL CARE FOR EVERY AMERICAN. NO EXCEPTIONS, NO INCOME THRESHOLDS, NO ELIGIBILITY HOOPS. YOU ARE A HUMAN BEING. THAT IS SUFFICIENT QUALIFICATION.

THE WEALTHIEST NATION IN THE HISTORY OF THE WORLD HAS THE RESOURCES TO PROVIDE EVERY CITIZEN WITH COMPREHENSIVE MEDICAL AND DENTAL CARE. THIS IS NOT A RADICAL IDEA. IT IS BASIC DECENCY. AND THE ONLY REASON IT HAS NOT HAPPENED IS THAT THE PEOPLE PROFITING FROM THE CURRENT SYSTEM HAVE SPENT DECADES AND BILLIONS OF DOLLARS MAKING SURE CONGRESS DOES NOT ACT. I HAVE THE COURAGE TO TAX THAT PROFIT AND USE IT TO FUND A SYSTEM THAT WORKS FOR EVERYONE.

II. I KNOW THE SYSTEM

I AM A VETERAN. I HAVE USED VA HEALTHCARE. I KNOW WHAT GOVERNMENT-PROVIDED MEDICAL CARE LOOKS LIKE WHEN IT FUNCTIONS – NOT PERFECTLY, BUT RELIABLY. CARE IS THERE WHEN YOU NEED IT. YOU DO NOT NEGOTIATE WITH AN INSURANCE COMPANY WHILE YOU ARE SICK. YOU SEE A DOCTOR.

I AM NOW ON SOCIAL SECURITY AND MEDICARE. THE SYSTEM WORKS FOR ME BECAUSE I EARNED MY WAY INTO IT THROUGH MILITARY SERVICE AND A LIFETIME OF WORK. BUT HERE IS WHAT I HAVE COME TO BELIEVE: HEALTHCARE SHOULD NOT BE SOMETHING YOU EARN. IT SHOULD NOT BE A REWARD FOR THE RIGHT SERVICE RECORD OR THE RIGHT EMPLOYER OR THE RIGHT ZIP CODE. IT IS SOMETHING YOU DESERVE BECAUSE YOU ARE A HUMAN BEING. THE VA AND MEDICARE PROVE THE MODEL WORKS. THE QUESTION IS ONLY WHETHER WE HAVE THE POLITICAL WILL TO EXTEND IT TO EVERYONE.

III. WHAT IS WRONG WITH THE CURRENT SYSTEM

THE UNITED STATES SPENDS MORE PER CAPITA ON HEALTHCARE THAN ANY OTHER DEVELOPED NATION ON EARTH. WE DO NOT GET BETTER OUTCOMES. WE GET WORSE ONES – HIGHER RATES OF PREVENTABLE DEATH, LOWER LIFE EXPECTANCY, WORSE MATERNAL MORTALITY, AND TENS OF MILLIONS OF PEOPLE WHO SIMPLY GO WITHOUT CARE BECAUSE THEY CANNOT AFFORD IT.

WHERE DOES THE MONEY GO? BEFORE IT REACHES AN ACTUAL DOCTOR TREATING AN ACTUAL PATIENT, IT PASSES THROUGH A GAUNTLET OF EXTRACTION:

- PRIVATE INSURANCE COMPANIES COLLECT PREMIUMS, DENY CLAIMS, AND RETURN BILLIONS TO SHAREHOLDERS WHILE EMPLOYING ARMIES OF PEOPLE WHOSE ENTIRE JOB IS TO FIND REASONS NOT TO PAY FOR CARE.
- PHARMACEUTICAL COMPANIES CHARGE AMERICANS PRICES FOR MEDICATIONS THAT ARE A FRACTION OF THE COST IN EVERY OTHER DEVELOPED COUNTRY, PROTECTED BY A PATENT SYSTEM AND A CONGRESS THAT HAS HISTORICALLY REFUSED TO ALLOW MEDICARE TO NEGOTIATE DRUG PRICES.
- HOSPITAL SYSTEMS OPERATE AS REGIONAL MONOPOLIES IN MANY PARTS OF THE COUNTRY, BILLING AT RATES THAT BEAR NO RELATIONSHIP TO THE COST OF CARE AND THAT ARE NEGOTIATED IN SECRET WITH INSURERS, LEAVING UNINSURED PATIENTS WITH THE HIGHEST BILLS OF ALL.
- PRIOR AUTHORIZATION REQUIREMENTS FORCE PHYSICIANS TO SPEND HOURS ON PAPERWORK AND PHONE CALLS SEEKING PERMISSION TO PROVIDE CARE THEY HAVE ALREADY DETERMINED THEIR PATIENTS NEED.

THIS IS NOT A HEALTHCARE SYSTEM. IT IS A PROFIT EXTRACTION SYSTEM WITH HEALTHCARE AS THE NOMINAL PRODUCT. THE HUMAN COST IS MEASURED IN BANKRUPTCIES, IN DELAYED DIAGNOSES, IN PULLED TEETH BECAUSE DENTAL CARE IS TREATED AS A LUXURY SEPARATE FROM THE REST OF MEDICINE, AND IN DEATHS THAT DID NOT HAVE TO HAPPEN.

IV. THE DENTAL CARE GAP

DENTAL CARE DESERVES SPECIFIC ATTENTION BECAUSE IT IS SO ROUTINELY EXCLUDED FROM HEALTHCARE CONVERSATIONS AND FROM COVERAGE. ORAL HEALTH IS NOT COSMETIC. UNTREATED DENTAL DISEASE CAUSES SYSTEMIC INFECTIONS, CONTRIBUTES TO HEART DISEASE AND DIABETES COMPLICATIONS, RESULTS IN LOST WORK AND LOST WAGES, AND IS A DIRECT DRIVER OF CHRONIC PAIN. THE FACT THAT MEDICARE DOES NOT COVER ROUTINE DENTAL CARE, AND THAT MILLIONS OF AMERICANS HAVE NO DENTAL COVERAGE AT ALL, IS A POLICY FAILURE WITH DOCUMENTED, MEASURABLE HUMAN CONSEQUENCES.

SINGLE-PAYER MEANS SINGLE-PAYER. MEDICAL AND DENTAL. TOGETHER.

V. HOW WE PAY FOR IT

THE ANSWER IS THE TAX CODE – THE SAME ANSWER THAT FUNDS THE REST OF THIS PLATFORM.

WE ARE ALREADY SPENDING THE MONEY. AMERICANS ALREADY PAY, THROUGH PREMIUMS, DEDUCTIBLES, CO-PAYS, OUT-OF-POCKET COSTS, AND TAXES FUNDING MEDICARE, MEDICAID, THE VA, AND CHIP, MORE PER PERSON THAN THE GOVERNMENTS OF CANADA, THE UNITED KINGDOM, FRANCE, GERMANY, JAPAN, AND AUSTRALIA PAY FOR UNIVERSAL SYSTEMS

THAT COVER EVERYONE. WE ARE NOT UNDERFUNDING HEALTHCARE. WE ARE MISDIRECING THE FUNDING INTO PRIVATE PROFIT.

A WELL-STRUCTURED SINGLE-PAYER SYSTEM, FUNDED THROUGH PROGRESSIVE TAXATION ON INCOME AND WEALTH, WOULD:

- **ELIMINATE PREMIUMS, DEDUCTIBLES, CO-PAYS, AND OUT-OF-POCKET COSTS FOR INDIVIDUALS AND FAMILIES.**
- **REMOVE THE ADMINISTRATIVE BURDEN FROM EMPLOYERS WHO CURRENTLY SPEND SIGNIFICANT RESOURCES MANAGING EMPLOYEE HEALTH BENEFITS.**
- **ALLOW THE FEDERAL GOVERNMENT TO NEGOTIATE DRUG PRICES DIRECTLY, AS THE VA ALREADY DOES, DRIVING COSTS DOWN DRAMATICALLY.**
- **ELIMINATE THE BILLING BUREAUCRACY THAT CURRENTLY CONSUMES AN ESTIMATED 30% OF EVERY HEALTHCARE DOLLAR SPENT IN THE UNITED STATES.**
- **BE FUNDED THROUGH THE PROGRESSIVE TAX REFORM I HAVE OUTLINED IN MY POSITION PAPER ON INCOME AND WEALTH INEQUALITY – ASKING THOSE WHO HAVE PROFITED MOST FROM THIS COUNTRY TO CONTRIBUTE THEIR FAIR SHARE TO THE SYSTEM THAT SUSTAINS IT.**

VI. WHAT I WILL FIGHT FOR

- **LEGISLATION ESTABLISHING A SINGLE-PAYER NATIONAL HEALTH INSURANCE PROGRAM COVERING ALL MEDICALLY NECESSARY SERVICES, INCLUDING MEDICAL, DENTAL, VISION, MENTAL HEALTH, AND PRESCRIPTION DRUGS, FOR EVERY AMERICAN RESIDENT.**
- **ELIMINATION OF PRIOR AUTHORIZATION REQUIREMENTS THAT DELAY AND DENY NECESSARY CARE.**
- **FEDERAL AUTHORITY TO NEGOTIATE PHARMACEUTICAL PRICES, BRINGING U.S. DRUG COSTS IN LINE WITH THE REST OF THE DEVELOPED WORLD.**
- **TRANSITION SUPPORT FOR WORKERS CURRENTLY EMPLOYED IN THE INSURANCE INDUSTRY, WHOSE JOBS WILL BE DISPLACED BY THE ELIMINATION OF PRIVATE HEALTH INSURANCE OVERHEAD.**
- **FULL INTEGRATION OF DENTAL CARE INTO THE NATIONAL HEALTH PROGRAM, ENDING THE ARTIFICIAL AND MEDICALLY INDEFENSIBLE SEPARATION OF ORAL HEALTH FROM GENERAL HEALTH.**
- **CONTINUED AND STRENGTHENED SUPPORT FOR THE VA SYSTEM AS THE MODEL AND PROOF OF CONCEPT THAT GOVERNMENT-DELIVERED HEALTHCARE WORKS.**

VII. CONCLUSION

YOU GET SICK. YOU SEE A DOCTOR. THAT IS HOW IT SHOULD WORK. NO NETWORK LOOKUP. NO PRIOR AUTHORIZATION. NO CHOOSING BETWEEN THE INSULIN AND THE ELECTRIC BILL. NO GOFUNDME FOR CHEMOTHERAPY.

EVERY OTHER WEALTHY DEMOCRACY ON EARTH HAS FIGURED THIS OUT. WE HAVE NOT – NOT BECAUSE IT IS IMPOSSIBLE, BUT BECAUSE THE PEOPLE MAKING MONEY OFF THE CURRENT SYSTEM HAVE MADE SURE CONGRESS STAYS BOUGHT. I AM NOT FOR SALE. THE MONEY EXISTS. I HAVE THE COURAGE TO TAX IT FROM THE PEOPLE PROFITING OFF HUMAN SUFFERING AND USE IT TO BUILD A SYSTEM WORTHY OF THE WEALTHIEST NATION IN THE HISTORY OF THE WORLD.

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