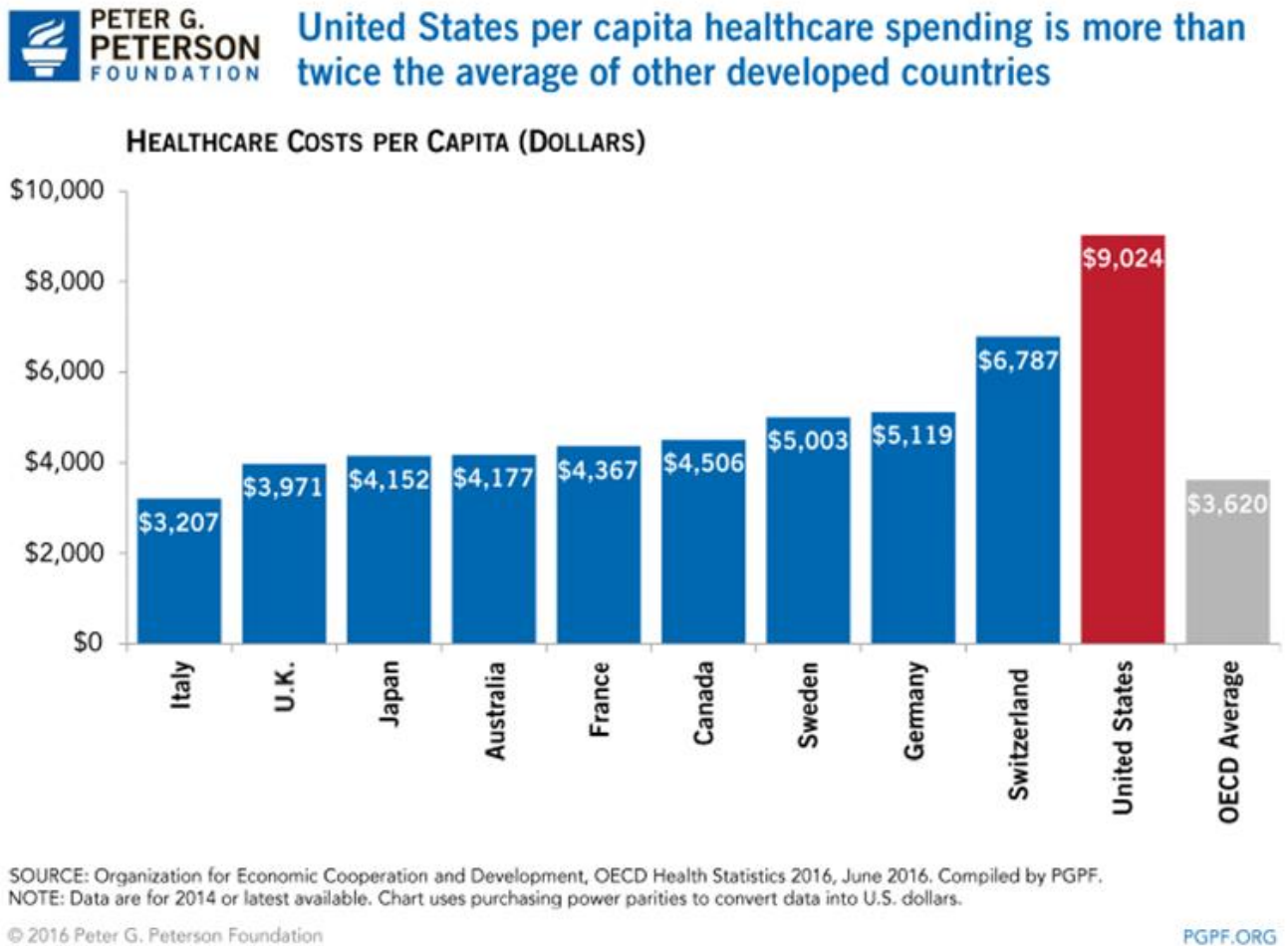


**Section 1: Costs, financing, affordability**

**Q: How can we afford a universal healthcare system? Who pays for it?**

**A:** The chart below shows that publicly financed universal systems save money. All the other countries have such systems. We could more than pay for the expansion of coverage to everybody out of the estimated \$1 trillion of waste in the current system.



In Maine, 43% already get their healthcare from public systems: Medicare, MaineCare, and VA Benefits\*. A universal system is tax-based rather than having premiums, co-pays and deductibles paid by individuals and businesses. Publicly financed systems have much lower administrative costs. Many insurance companies are for-profit whereas government-run coverage is not. Medicare spends 3% on administration while private insurance companies spend 20%. Payment would be centralized, without the costly expenses of actuary departments and denials & appeals from a myriad of plans. With the whole state involved, prices can be negotiated for services and drugs.

Economist Gerald Friedman, who has written universal healthcare financing plans at both state and national levels says, “We can’t afford NOT to do this.”

*\*Kaiser Family Foundation, June 2017*

**Q: Why should my tax money be used to pay for other people's care?**

**A: Because it benefits you.** You will have the peace of mind of knowing that health care will always be there for you and your family, no matter what unpredictable health crisis befalls you. Over half of U.S. bankruptcies are due to medical expenses and with this system, there will not be any. There will be no more fighting with insurance companies or figuring out which hospitals and doctors are in-network. We will all be included in the same system, secure in the knowledge that all of our doctors are working in our best interests, rather than generating profits. Universal coverage is fairer, more efficient, and leads to an overall healthier nation. We use our taxes to fund many other services that are at some time needed by everyone: fire departments, education, roads, police, libraries, the courts and legislature. We pay for them by pooling our resources and use them when needed; medical resources could also be funded this way.

If you have medical insurance, **you are already paying for other people's care.** When uninsured people need urgent care, it is given at hospitals and clinics and those with insurance are charged more to cover the additional costs. When people do not have money for preventive healthcare, they end up needing critical care instead, which is much more expensive. Often they use the emergency room as their doctor's office. Payment for that comes out of the hospital budget or from those of us who do pay for such services.

**Q: Will this affect the high cost of prescription prices?**

**A:** Because the whole state will be involved, we should be able to effectively negotiate for lower prices – just like they do in all other countries, which have universal plans. The Veterans' Administration already gets a 40% discount on drugs because of its buying power.

**Section 2: Effects on business and workforce**

**Q: Won't this hurt businesses?**

**A:** Small businesses and their owners will be helped because they cannot afford to provide medical coverage for themselves and their employees without huge costs and deductibles. Other businesses will spend less time concerning themselves with the ever-changing options for this common need. They will enjoy greater predictability and less hassle. Removing the burden of providing health care from businesses will also allow them to be more competitive.

**Q: How many Maine people will lose their jobs because of this approach to health care?**

**A:** We envision a shift in jobs, not a loss. There will be an increase in demand for medical services and therefore an increase in need for additional providers. Clinics will be used more than hospitals. People will get trained for the transition, just as has happened in the past when society moved from say horse and buggy to automobiles, etc. In our economy, many people change jobs throughout their working careers. With known anticipation, plans can be made.

Workers will be freed from being tethered to jobs they may dislike and may be ill-suited for, just to retain coverage for health care. This will boost entrepreneurship and the economy as a whole throughout the state, especially in rural areas.

**Section 3: How care will be provided—freedom and choice****Q: Will I be limited to specific hospitals and doctors?**

**A:** No. Everyone will be in and no one will be out. You will be able to go to any hospital, see any doctor and follow your doctor's advice without concern. People have much more restrictions now with networks, PPO's, etc. If you go out of state, you will pay and need to get reimbursed by the state later. Under the proposed publicly funded system, there will be less intrusive ways to restrain costs than limiting patients' choice of doctors and hospitals, as in the current system.

**Q: Will there be rationing, like in Canada?**

**A:** We have rationing already in the United States and in Maine. If you don't have health insurance, you don't get the care you need and deserve. If your deductible is unaffordable, you can't access care. Unlike in our state, zero people die every day in Canada as a consequence of their inability to pay for covered care.

**Q: Will drug companies stop doing research and development if we negotiate lower prices?**

**A:** Actually much basic medical research is currently funded by the National Institutes of Health. There is no reason to suggest the country would not continue this support. Drug companies already spend much more on marketing than basic research.

**Section 4: What is Maine AllCare doing, plan to do, and how will it follow through?****Q: What is MAC working for? A bill in the legislature? A referendum? Something else?**

**A:** We are an organization that promotes a simpler, less costly, more inclusive system of health care for all Mainers. We educate people about how health care spending works now and how it could be better. This education will make it easier for the legislators to enact more effective legislation. We will demonstrate to them the support in the community for a more inclusive, less costly system. Ideally we will pass a bill in the legislature, but failing that, we will have a referendum and the people will vote, just like they did for Maine Care expansion.

**Section 5: Effects on providers****Q: How will this affect providers' salaries?**

**A:** Overall provider salaries won't change. Many doctors in Canada, which has a system similar to the one we are advocating, make more than American doctors. There would probably be a shift in resources from specialists to primary care providers, where the need is greater. All providers will save money on administrative costs.

**Q: Will all the health care specialists leave the state?**

**A:** In a program where everybody is in and nobody is out, there will be a focus on Primary Care. With healthier people, we may see a reduction in the need for specialty care. Also with this system, local hospitals will get full reimbursement and a new lease on life, preventing closures.

**Section 6: Why should I care? I don't want to lose what I've got.**

**Q: What if I already have great coverage from my workplace? I like what I have.**

**A:** Most people will have the same or better coverage and will be paying the same or less, as all care providers, clinics and hospitals will be part of the plan. There will be no more worry about whether your choice for provider is in or out of network. And costs will be lower because of the savings of a single-payer system. Your employer will be spending less on employees' health care, which will make the business more competitive in the global economy, and enable employers to increase cash compensation. The saved money could also go for other benefits for you. You won't be tied to a specific job anymore because of the fear of losing your insurance; you could even start your own business and still have health care. People will have the freedom to work at what they want. With this in place, more businesses, entrepreneurs, and people who work from home will be attracted to live in Maine. It could grow our population and economy.

**Q: I have Medicare / MaineCare / VA. Why should I care?**

**A:** Everyone should have the same advantages. In order to finance your care now, a lot of people who are not eligible for that care are paying for it. It is fairer to include everyone in the same system, under the same rules. You will see a more efficient use of your tax dollars with less waste. And we envision improved coverage, for example having prescriptions included automatically. With positive economic impact, we will all benefit. Having a single, universal system will strengthen political support for that system (as is the case for Medicare) and eliminate the divisive and destructive political conflict that characterizes the current system.

**Section 7: Fairness****Q: What will keep people from moving to Maine to take advantage of this system?**

**A:** This system will be open only to established Maine residents. We will use a phase-in process to limit fraudulent use. We may also be able to recruit new people to jumpstart Maine's economy, workforce, and tax base, especially those with young families, which would support our aging population. If use is determined to be fraudulent, people will be billed.

**Q: How does this compare to Obamacare?**

**A:** Obamacare (The Affordable Care Act) was a good start, but we are moving away from its goal of providing universal, affordable healthcare. Individuals are paying increasing premiums to insurance companies. For example in 2018, a family of four in Hancock County earning \$98,500/year will be charged 32% of that income for a mid-level plan – plus a \$5000 deductible and \$14,300 max-out-of-pocket.

More than 30,000 Mainers have no health insurance and the Congressional Budget Office estimates that 50,000 more Mainers will not be insured in 2018 because of the repeal of the individual mandate. The healthy will forego premiums and opt out. Rising premiums will prohibit others from signing up. Out of pocket payment (co-pays and deductibles) will continue to rise to increasingly unaffordable levels, increasing the number of people who are underinsured. Maine hospitals are going broke with unpaid claims from people who have insurance but cannot pay their deductibles.

A major problem is that the ACA is based on private insurance coverage with the added costs of administrative overhead and profits. Also, the Federal government is paying big subsidies to insurance

companies for ACA policies. Shifting that money to a public fund and allowing centralized negotiation of hospital, provider and drug costs will provide affordable care for everyone.

**Q: Why is this better than a free market system?**

**A:** A free market system for healthcare does not work. This is recognized by every other country in the developed world, each of which spends half as much or less per capita on healthcare than we do, covers all of its people, and has better health outcomes. There is a lot of waste in our free market system: profit making at every level and an enormous amount of middlemen and bureaucracy to manage the extremely complex system of plans and benefits, none of which contribute anything to people's healthcare. There is a conflict of interest when profit is involved in healthcare, as exemplified by health insurance companies that deny care to people in order to increase their profits. The sole mission of a single payer system is to deliver healthcare. It is a much more ethical system, as it treats everyone fairly and equally, according to need only, no matter the income level, health or employment status. As it is prepaid via a fair tax system, everyone can be secure in the knowledge that the health care system is there for you, no matter what, without the fear of financial ruin due to medical treatment. Coverage is not dependent on employment. Everybody will contribute to the costs of the system and everyone will benefit.

Everyone is in; no one is out.