Putting The “+”
In Single Payer +

Both the House and Senate versions of The Medicare For All Acts of 2019 are in need of improvement.

In this PDF I will raise two fundamental issues and suggest a number of amendments to the Jayapal bill that could lay the foundation for the “+” portion of Tulsi Gabbard's Single Payer+

Also included are a number of questions and concerns.

James Roguski
310-619-3055
James.Roguski@gmail.com

FUNDAMENTAL ISSUES:

A. CONGRESSIONAL RESPONSIBILITY AND OVERSIGHT

Too much power is vested in the Secretary of Health and Human Services. Congress should do their job and accept more responsibility by offering a far more detailed piece of legislation that is not open to manipulation by Democratic and Republican administrations.

It is unacceptable that a detailed list of services and reimbursement rates is not included in the Act prior to passage. Congress must accept their responsibility for actually writing the details into law and MUST NOT ABDICATE ITS AUTHORITY AND RESPONSIBILITY TO AN EVER-GROWING AND OVERLY AUTHORITARIAN EXECUTIVE BRANCH.

The Representatives OF the People must stand up FOR the people and listen to the comments and suggestions made BY the people PRIOR to the passage of any health care bill. They refused to do that with the Affordable Care Act. It will not be acceptable for Nancy Pelosi to say that we will have to pass the bill and wait for the Secretary of Health and Human Services to get back with us a year later to determine what will be covered and how much it will cost. It was contemptible behavior when they did that with the Affordable Care Act, and it is still unacceptable.

The current versions of M4A place far too much power in the hands of an appointed bureaucrat (Secretary of Health and Human Services). That position usually changes with each administration and the ever-increasing powers given up by Congress to the executive branch must be regained and retained by Congress. Can you even name the current Secretary of Health and Human Services?

Congress must insist that all rules and regulations created by the Secretary of Health and Human Services be submitted to Congress as ADVICE, and then Congress must accept its obligation to represent the will of the people and vote on whether or not those regulations can be implemented and enforced as positive law.

These details must be attended to FIRST so that the necessary information is available in order for all of us to even be able have a serious discussion regarding the enactment of the bill.

QUESTIONS AND CONCERNS:

1. To the best of our knowledge, no economic analysis has been done (specifically) on the M4A House bill. That is unacceptable. When will this occur?

B. LACK OF DETAILED COST ANALYSES

Many papers and reports have been published regarding previous bills and proposals, but they have been relatively vague and were based on systems and assumptions that are fundamentally different than the system described in H.R. 1384.

The PERI analysis estimated that the federal government would need to raise an additional $1.05 trillion dollars per year. The Mercatus Center estimated that the federal government would need to raise an additional $32.6 trillion dollars over 10 years and the Urban Institute estimated that the federal government would need to raise an additional $32 trillion dollars over 10 years. The vast differences in these estimates points to the need for additional analyses.

All of the existing studies have been done on vague generalities. None of the studies have actually been done using hard estimates that are based on detailed information starting with a list of goods and services to be covered, prices to be paid, global budgets to be implemented on hospitals and institutions, specific drug prices, etc.

While it is true that properly billing the numerous plans that patients may utilize is complex, the cost of administration also includes properly documenting the type of care given. Under most future budgeting projections, estimates of the administrative cost savings associated with the use of AMA copyrighted Current Procedural Terminology (CPT) codes appears to be dramatically over optimistic. The complexity of documenting the type of care given to each patient will continue, and since millions of currently uninsured patients will be added to the system, it is actually possible that additional administrative costs will be incurred. The use of the copyrighted CPT coding system is the primary source of funding for the AMA.

I believe that the March 2019 Hopbrook Institute's report by Gerald Friedman (and others) made a fundamental error on page 27 by mistakenly counting the administrative savings by independent providers as a savings that would also acrue to the entire system. This error ignores the fact that administrative costs are not directly “billable” to the M4A system and would only contribute to provider profitability, not to overall system-wide savings.

QUESTIONS AND CONCERNS:

1. The M4A House bill states that provider reimbursement rates will not be determined until long after the bill has been passed. Without a complete list of goods and services that will be covered along with the reimbursement rates that M4A will pay to providers (hospital “chargemaster”, CPT codes), how is it even possible to accurately estimate the potential cost of the M4A proposal? How could any doctor possibly support or oppose the bill? How can anyone possibly do a detailed cost analyses without first specifying what individual goods and services will be covered and how much money will be paid to providers for those goods and services?

2. The 2019 M4A Senate bill includes long term care and a number of other categories of coverage that were not included in the 2017 version. To our knowledge, no financial analysis of the 2019 M4A Senate bill has never been done, but politicians continue to reference financial details that are only applicable to the 2017 bill. This is deceptive. It is unacceptable and must be stopped immediately.

H.R. 1384 is a starting point, but it is VERY incomplete and before anyone should accept and support The Medicare For All Act of 2019, I would like to suggest the following amendments:

+AMENDMENTS:

1. Limited Powers of the Secretary of Health and Human Services
2. Funding (taxes)
3. Transparency
4. Global Budgets - Involve the States
5. Freedom of Choice
6. Tax Deductible Health Insurance Accounts
7. Reducing Profit Incentives
8. Personal Control of Private Health Data
9. Addressing Health Care Provider Incomes and shortages of skilled professionals overall and regionally
10. Overuse and abuse of prescription drugs.
11. Review the costs of Long Term Care
12. Fraud Prevention
13. Eminent Domain

ADDITIONAL ISSUES THAT MAY NEED TO BE LEGISLATED SEPARATELY:

- Remove subsidies for industrial practices that tend to harm health
- Stop subsidizing bad farming practices.
- Legalize cannabis and incorporate it into health protocols.
- Strengthen the Environmental Protection Agency and increase its funding
- Strengthen the Clean Air and Clean Water Acts.
- Increase subsidies for nutritious school breakfasts and lunches.
- Label GMOs
- Study the dangers of EMF pollution (5G)
- Subject Concentrated Animal Feeding Operations (CAFO) to much stricter regulations
- Prohibit the marketing of overly-processed and sugary foods to children.
- Prohibit direct-to-consumer advertising of pharmaceutical drugs.
- Focus first on non-pharmaceutical (nutritional) protocols to address mental health.
- Treat drug addiction as a mental health issue, and not as illegal activity. Take the money we spend on the War on Drugs and spend it on rehabilitation.

.

+AMENDMENT #1
Limit the Powers
of the Secretary of Health and Human Services
to an Advisory Role

The Secretary of Health and Human Services should NOT be the final decision maker and should be required to submit all the rules and regulations necessary to facilitate the details of this bill to Congress for approval into positive law. Congress must not abdicate its authority and responsibility to represent the will of the people that they are supposed to represent.

QUESTIONS AND CONCERNS:

1. An enormous amount of power is being legally bestowed upon the Secretary of Health and Human Services. What checks and balances are included in the law to ensure that dramatic shifts will not occur when administrations and Secretaries change?

2. What mechanisms are in place to prevent crony capitalism from influencing the “global budgets” paid to hospitals and other health related institutions?

+AMENDMENT #2:
FUNDING (TAXES)

Replace the 1.45% Hospital tax (Medicare) with the following PROGRESSIVE tax:

0-$24,999 - 0% employee, 15% employer
$25K - $49,999 - 2.5% employee, 12.5% employer
50K - $74,999 - 5% employee - 10% employer
$75K - $99,999 - 7.5% employee - 7.5% employer
$100K - $249,999 - 10% employee - 10% employer
$250,000 - $499,999+ 12.5% employee - 12.5% employer
$500K+ - 15% employee - 15% employer

To encourage self employed entrepreneurs, independent sole proprietors will only pay the employee portion.

This PROGRESSIVE tax will encourage employers to pay employees more in order to lower the employers' health care burden and also discourage employers from paying exorbitant wages to executives. Large corporations may want to focus on the "sweet spot" by paying the majority of their employees $75K- $99,999K.

Basing the funding of such an enormous entitlement program on just one type of taxation seems less secure than diversifying the tax base with a variety of revenue streams.

Excise taxes should be imposed on the following health damaging items:
- Alcohol
- Tobacco
- Firearms and ammunition
- Sugar (high-fructose corn syrup)
- Plastic containers
- Hydrogenated Oils
- Pesticides, Herbicides, Fungicides
- Food additives (Flavorings, Colorings, Sweeteners, Preservatives)
- GMOs
- Hormones, antibiotics and other drugs administered to livestock
- Particulates and aromatic compounds from fossil fuels (Oil, Natural Gas, Coal)
- Chemicals used in fracking

QUESTIONS AND CONCERNS:

1. EXACTLY what taxes will be increased to pay for the system?

2. Why do we refuse to admit that our current federal "health care" system is woefully underfunded and is the source of both yearly budget deficits and the entire National Debt? The "Health Insurance" tax of 1.45% generates only $275 billion dollars per year but the federal government spends nearly $2 trillion dollars per year, which is essentially paif for by deficit spending.

+AMENDMENT #3:
Transparency

A. Include a complete list of covered goods and services in the bill BEFORE passage.
The complete list of all goods and services covered by this act must be made available to the general public at least 3 months in advance of the passage of this bill and must be open for public discussion and financial analysis prior to the passage of the bill. Currently the list of products and services to be included is very vague and does not document the specific procedures nor does it document the number of visits or therapeutic sessions to be included per year.

H.R. 1384 leaves these details to be determined by the Secretary of Health and Human Services AFTER the bill has been passed – this is unacceptable.

B: Provider Reimbursement Rates
The dollar amount related to each item covered by this act that is to be reimbursed to health care providers must be made available to the general public 3 months in advance of the passage of this bill and must be open for public discussion and financial analysis prior to the passage of the bill.

H.R. 1384 also leaves these details to be determined by the Secretary of Health and Human Services AFTER the bill has been passed – this is also unacceptable.

QUESTIONS AND CONCERNS:

1. What goods and services will be covered? (not stated in generalities - detailed specifics)

2. What fees will be paid to providers as reimbursement for their services?

3. What is the time frame in which doctors and other practitioners will be reimbursed once they have submitted an invoice/bill to the M4A administrator? 30 days? 60 days?

+AMENDMENT #4:
Global Budgets - Involve the States

NOTE: The House version of M4A includes global budgeting for hospitals and other institutions. The Senate version utilizes a Fee-For-Service model.

The Jayapal bill calls for “Regional Directors” to make numerous decisions. This is vague and seems to add a layer of federal bureaucracy on top of what should be handled on a state and local level.

Health care systems in many foreign countries (Canada, Denmark, etc.) decentralize decision making and control and concentrate it at the state or even municipal level.

We should all be concerned that crony-capitalism will influence the details of these global budgets and we should not allow these decisions to be made by an all-powerful appointed bureaucrat in Washington D.C.!

Detailed anti-corruption measures (anti-crony-capitalism) to ensure that global budgets are determined according fair, transparent and honest methods must be added to the bill before passage.

Global budgets should be determined on a per-capita basis and block grants should be made from the Federal Government to the individual states. The states should then be allowed to disburse the funds to hospitals and other institutions that provide health care to the public.

It is fundamentally impossible to even begin to discuss M4A without detailed answers to the issues in the first FOUR amendments above.

QUESTIONS AND CONCERNS:

1. What mechanisms are in place to prevent crony capitalism from influencing the “global budgets” paid to hospitals and other health related institutions?

+AMENDMENT #5:
Freedom of Choice (different opinions)

If health care is to be seen as a right, then people have a right to choose the type of health care that suits their personal needs and desires. One's right to the freedoms of speech and religion are not limited to government approved speech and religions, so why should freedom of health care be limited by a government mandate to only support the monopolistic Medical, Hospital, Pharmaceutical Industrial Complex?

In general, payments in our health care system are based upon fee-for-service, rather than being based upon achieving the desired positive health outcomes. Our current insurance system has granted a near monopoly to providers who offer "relief of symptoms" and prolonged "disease management" that costs dramatically more than other, less expensive healing methods that identify, address and remove the causes of disease.

Freedom of choice is an important aspect of health care that can dramatically improve the likelihood of positive health outcomes that are lacking in our current system in which disease care enjoys an unfair monopoly.

Informed consent requires that a patient truly be informed.
Every person should have the opportunity to seek a second, third and fourth opinion regarding the TYPE of care that they might choose to pursue. At least one yearly hour-long consultation with each of the following natural health practitioners should be added to and included in the Medicare For All Act of 2019:

Naturopathic Doctor
Acupuncturist
Chiropractor
Oriental Medical Doctor
Constitutional Homeopath
Ayurvedic Doctor
Dietitian
Certified Nutritionist

Additional natural health products and services should also be included in the basic coverage offered to all people AS A RIGHT.

QUESTIONS AND CONCERNS:

1. The American Medical Association's monopoly and lobbying power effectively squeezes out these affordable natural health options. Why doesn't M4A include the relatively INEXPENSIVE options of naturopathic care, chiropractic, acupuncture, homeopathy and nutritional and dietary counseling and other health enhancing methods?
https://anh-usa.org/amas-government-protected-monopoly-squeezes-out-alternative-medicine/

2.

+AMENDMENT #6:
Tax deductible self-insurance account for natural and supplemental care

If health care is to be seen as a right, much like food, then health care goods and services should also be free from sales taxes and money spend on health care should be tax deductible.

Individuals should be able to save an unlimited amount of their income in personalized savings accounts that would effectively enable them to expand their freedom of choice and insure themselves in the manner of their choice.
Younger individuals who begin saving at a young age will have funds available to spend on the natural healing methods of their choice as a means of preventing or addressing their personal health issues.

Employer contributions to employee self-insurance accounts should also be tax deductible.

The savings in these accounts may also be used for upgraded services that may not be covered by the M4A Act such as private hospital rooms or additional visits and care beyond that which is covered by the Act.

QUESTIONS AND CONCERNS:

1.

+AMENDMENT #7:
Non-Profit and B-Corporations

Remove the profit incentive from portions of the industry and expand non-profit and b-corporation involvement.
In many countries, insurance, hospitals and other aspects of the health care system are managed by non-profit organizations.

In many other countries, portions of the health care system are nationalized. That may be too far of a step for Americans to accept, but portions of the health care industry should have the incentive for profit completely removed.

Many segments of the health industry such as testing centers (blood pressure, blood analysis, urine, stool), imaging services (x-rays, MRI, CT-scans, thermography) and care that is generally considered vital, but is also considered basic and routine (physical therapy, kidney dialysis), can and should be operated by non-profit organizations whose primary fiduciary duty is to the overall good of the community, not to the enrichment of their stockholders.

QUESTIONS AND CONCERNS:

1.

+AMENDMENT #8:
Personal Control of Private Data

Our current system is dysfunctional in that everyone's personal health data is controlled by practitioners, institutions and insurance companies when it should be considered to be absolutely private information that should be controlled by the individual.

Regulations should be implemented to bring individual health data under the control of the individual and set penalties and fines for misuse and abuse of this private information.

QUESTIONS AND CONCERNS:

1. Why is our health related data owned and controlled by industry and not by the individual? Why don't we have a safe, secure, private Electronic Personal Health Records system in which each "patient" has direct control and ownership of their complete health and treatment history?

+AMENDMENT #9:
Health Care Providers
Income and Personnel Shortages

In general, doctors and nurses in America are paid much more than their counterparts in other countries. They are also subjected to much more stressful workloads and working conditions that are causing many of them to suffer from higher and higher levels of stress-induced illnesses and even increased rates of suicide. It is also causing many of them to leave the profession to pursue other lucrative and less stressful occupations.

Many of the estimates and projections done by financial analysts seem to think that lowering health care costs is simply a numerical debate. They seem to think that, as a country, we can just pay providers at the lower Medicare rates and save a lot of money. This ignores the human costs that are associated with making fewer and fewer people work harder and harder for less and less money. That may sound good on a financial analysis, but it ignores the human element.

Before M4A can be passed, details regarding the manner in which significant cost reductions may cause doctors, nurses and other health professionals to be even more severely overworked and underpaid need to be addressed.

Shortages of providers may be universal or localized to inner cities, rural locations or by medical specialties. Any legislation needs to address these issues BEFORE it is enacted into law.

QUESTIONS AND CONCERNS:

1. Some experts project a shortage of doctors and nurses in the upcoming decade. It seems that lower wages and heavier workloads are in store for the industry. What steps will be taken to avoid a severe shortage of skilled professionals and/or the overworking of current professionals?

2. Under the M4A House bill, doctors and other practitioners will NOT be legally required to accept M4A patients. What if a large number of doctors decide to opt out and set up practices that are designed to cater to wealthy patients who can pay out of pocket with cash or credit cards?

+AMENDMENT #10:
Overuse and abuse of prescription drugs.

The United States has become a nation of addicts. The prospect of UNLIMITED free drugs for all Americans with ZERO out of pocket cost to the consumer is fraught with dangers beyond imagining.

There needs to be a far better system of checks and balances to ensure that drugs are not over-prescribed and over-consumed. Expanded use due to the lack of any cost-sharing constraints (premiums, co-pays, deductibles) could actually lead to a financial windfall for pharmaceutical companies even if dramatically lower prices are negotiated.

Regulatory systems must be put in place to prevent the over-prescribing and over-consumption of pharmaceutical drugs.

QUESTIONS AND CONCERNS:

1. Overuse of prescription drugs is already a problem. One of the only reasons limiting some people from taking even more drugs is the fact that they cannot afford to pay for them. If everyone can get unlimited prescription drugs without any form of co-payment or cost sharing, what is going to stop people from over-consuming drugs.

2. How do we plan to address opioid and other drug addictions?

3. Why don’t we pass a simple targeted bill to institute lower drug prices?

+AMENDMENT #11:
Long Term Care

Long term care was NOT included in Bernie Sanders' Medicare For All Act of 2017. Long term care and a number of additional categories were added to the 2019 version and are also included in H.R. 1834.

A number of cost analyses have been based on the 2017 bill, but those reports are outdated and it is inappropriate to utilize their conclusions to the 2019 versions of these bills.

Long term care is extremely expensive. It has been included as if it is just another line item, but the potential for this type of care to bankrupt the country is enormous.

QUESTIONS AND CONCERNS:

1. The costs of long term care alone could reach trillions of dollars. Why has there not been even one analysis of the costs associated with the House version of M4A that includes long term care?

https://www.aarp.org/caregiving/financial-legal/info-2017/long-term-care-calculator.html

+AMENDMENT #12:
Fraud prevention

Needless to say, a multi-trillion dollar industry will attract fraud and abuse. Funds must be budgeted to review all expenditures and root out fraud and abuse. In many cases, this type of expense results in savings that exceed the money spent. A dollar spent in fraud protection can often result in far more than a dollar recovered. This should be set up on both a Federal and state by state level.

QUESTIONS AND CONCERNS:

1.

+AMENDMENT #13
Eminent Domain

It would be a financial and health catastrophe for the bill to pass, be enacted into law and THEN be ruled to be unconstitutional.

The Constitutionality of nationalizing and effectively eliminating the vast majority of the privately held health insurance industry and the multi-billion dollar costs that would be associated with doing so under the right of eminent domain, as well as caring for the more than one million employees who would need to seek new employment must be addressed in far greater detail before the passage of M4A should even be considered.

QUESTIONS AND CONCERNS:

What would prevent health insurance companies from disbanding immediately after the passage of Medicare 4 All? Corporate executives have a fiduciary duty to seek the highest profits for their stockholders. What would prevent companies from firing all of their employees, liquidating all of their assets, distributing the funds to their stockholders.

QUESTIONS AND CONCERNS:

1. Before and during the two year phase-in period, what legal mechanisms are in place to prevent health care insurance companies from declaring bankruptcy, selling off all of their assets, terminating their employees and closing down their business?

2. What if an aggrieved health insurance company wins a Supreme Court case nullifying the M4A law years after the program has been implemented?

Additional Questions and Concerns

1. Will all government health care related health care programs be eliminated and incorporated into “Medicare For All?”

Medicare
Medicaid
Veterans Administration
Tricare
CHIP

2. What is to prevent doctors and other health care providers from deciding to NOT participate in the Medicare For All system and open private practices that accept only direct payments from patients who are wealthy enough to pay directly for health related goods and services?

3. It seems like there is no connection whatsoever between payments/funding for health care and positive health outcomes? What in the M4A bill is designed to actually help improve health?

4. How can the M4A House bill even be considered since absolutely no provisions whatsoever are included regarding how the proposed care would be funded?

5. What will happen to the Medicare Trust Fund? Will tax revenue that is collected be deposited into the Fund in advance of implementation of the program?

6. Estimates of up to more than one million people in the health insurance industry are expected to lose their jobs. Additional administrative staff members within health care providers’ businesses are also expected to lose their jobs. What provisions are in place to support so many people through what will be a very stressful transition for them?

7. It is likely that coverage of and payment for abortions and the removal of the Hyde Amendment by M4A will be a “political football.” Why was this included?

8. Will vaccines be mandated or patient’s/parent’s choice?

9. Will everyone have access to care, or just citizens who are paying into the system?

10. Will foreign visitors be covered? Will Americans be covered when they travel overseas?

11. Should unlimited health care services be available with no cost-sharing (no premiums, deductibles or co-payments) at the point of access, or should cost-sharing be implemented as a necessary tool to help limit over-use and abuse of the system?

Coverage Questions

Will coverage for the following items be included in M4A?

Private hospital rooms
Private nursing care
Circumcision
Orthotics (foot)
Dental:
  Dentures
  Oral surgery
  Dental Implants
  Gum surgery
  Emergency dental services
Orthodontia (braces)
Power-operated vehicles
Vericose vein removal
Bone density tests
Weight loss programs
Surgery for obesity (Gastric Sleeve, Gastric Bypass, Duodenal Switch, LAP-BAND®,Gastric Balloon, AspireAssist)
Sagging skin surgery
Breast alterations
Scar treatments
Infertility treatments
Dermatology
Laser hair removal
Off-label use of drugs
Eyeglasses
Sterilization reversal
Travel vaccines
Medical care while travelling outside the U.S.
Lasik
Preventative testing
  PSA
  Vitamin D
All pharmaceutical drugs?
Cannabis (medicinal marijuana)
Nursing home care
Assisted living care
Hospice care
Mental Health Care
  Phychiatry consultations
  Psychology consultations
  Child psychiatric services
  Alcohol and drug abuse counseling
  Marriage counseling
  Family counseling
Gender reassignment counseling, treatments and surgery
Custodial care
Cosmetic surgery