

Campaigning for National Healthcare – HR 676

The Expanded & Improved for Medicare for All

Summary of HR 676

Introduced by Rep. **John Conyers Jr.** on February 3, 2015. HR 676 currently has 44 co-sponsors.

The Expanded & Improved Medicare For All Act establishes a unique American national universal health insurance program. The bill would create a publicly financed, privately delivered healthcare system that uses the already existing Medicare program by expanding and improving it to all U.S. residents, and all residents living in U.S. territories. The goal of the legislation is to ensure that everyone will have access, guaranteed by law, to the highest quality and most cost effective healthcare services regardless of their employment, income, or healthcare status. With over 40 million uninsured in the United States, and another 50 million who are under-insured, the time has come to change our inefficient and costly fragmented non-healthcare system.

Who is Eligible?

Every person living or visiting in the United States and the U.S. Territories would receive a United States National Health Insurance Card and ID number once they enroll at the appropriate location. Social Security numbers may not be used when assigning ID cards.

Healthcare Services Covered

This program will cover all medically necessary services, including primary care, inpatient care, outpatient care, emergency care, prescription drugs, durable medical equipment, long term care, mental health services, dentistry, eye care, chiropractic, and substance abuse treatment. Patients have their choice of physicians, providers, hospitals, clinics, and practices. No co-pays or deductibles are permissible under this act.

Conversion To A Non-Profit Healthcare System

Private health insurers shall be prohibited under this act from selling coverage that duplicates the benefits of the USNHI program. Exceptions to this rule include coverage for cosmetic surgery, and other medically unnecessary treatments.

Those who are displaced as the result of the transition to a non-profit healthcare system are the first to be hired and retrained under this act.

The conversion to a not-for-profit healthcare system will take place over a 15 year period, through the sale of U.S. treasury bonds.

HR 676 Would Spend Our Resources Wisely

Our fragmented current administration consumes 31.0 percent of U.S. health spending, double the proportion of Canada (16.7 percent). Average overhead among private U.S. insurers was 11.7 percent, compared with 1.3 percent for Canada's single-payer system and 3.6 percent for Medicare. Streamlined to Canadian levels, enough administrative waste could be saved to provide

compressive health insurance to all Americans.

Proposed Funding for HR 676*

Maintain current federal and state funding for existing healthcare programs; employer payroll tax of 3% on incomes less than \$53,000, an employer payroll tax of 6% on incomes more than \$53,000, in addition to the already existing 1.45% for Medicare; establish a 6% health tax on the top 5% of income earners with incomes > \$225,000; and a 1/2 of 1% stock transaction tax,

*This proposal is put forward by single-payer advocates as one example of a funding system, though HR 676 doesn't propose a funding program.