MEDICARE

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AS AMERICAN AS APPLE PIE

PROTECT
IMPROVE
EXPAND

THE BIRTH OF MEDICARE

1935

Midway through the Great Depression, President Roosevelt signed the Social Security Bill into law noting, "This law, too, represents a corner-stone in a structure which is being built, but is by no means complete." The original plan to include health insurance and medical care benefits was dropped under pressure from physicians and the insurance industry.

1945

President Truman's proposals for comprehensive national health insurance was defeated by the American Medical Association (AMA) — backed by the hospital, drug, and insurance industries.

1946 – 49

Truman and other supporters proposed expansion of Social Security and inclusion of national health insurance. Opponents, including the AMA and healthcare industry, killed the effort, brand-ing it — at the height of the Cold War — as "socialized medicine" in the most expensive public relations campaign in U.S. history to date.

1965

President Johnson signs Medicare and Medicaid into law on July 30, 1965. Medicare initially provided federal health insurance for the elderly (over 65) and for poor families. Within the first year, 19 million Americans enrolled.

MEDICARE AND CIVIL RIGHTS LAWS LEAD TO DESEGREGATION OF U.S. HOSPITALS

The 1964 Civil Rights Act made discrimination in federally funded pro-grams illegal, which meant that after Medicare was enacted, hospitals and other facilities that wished to receive Medicare reimbursement had to integrate. More than 1,000 hospitals opened their doors to black patients and extended physician privileges to black doctors in order to receive Medicare funding. Additionally, black medical and nursing students won access to physician and nurse training programs.


MEDICARE'S IMPACT ON WOMEN

The passage of Medicare marked a key milestone in women's economic security and a major contribution to reducing income equality in old age between men and women. Currently 56 percent of elderly Medicare beneficiaries are women.

MEDICARE TODAY

- Medicare provides health insurance coverage to more than 55 million Americans, roughly 17 percent of the population, including 46.3 million people ages 65 and older and 9 million people with permanent disabilities under age 65.

- Medicare is more cost effective than private health insurance. According to the *2013 Medicare Trustee's Report*, Medicare spends about 1.6 percent on administration and overhead while reports show that private insurance overhead and profits average 18 percent, about $185 billion a year. As much as one-fourth to one-third of private health insurance expenditures are for advertising, executive compensation, real estate, and Wall Street investments.

- Medicare contributes to higher life expectancy and dramatically reduced poverty among seniors.

- Medicare has wide public support; 60 percent of Americans polled say they do not want to see Medicare cut, compared to 70 percent who support some cuts in defense spending.
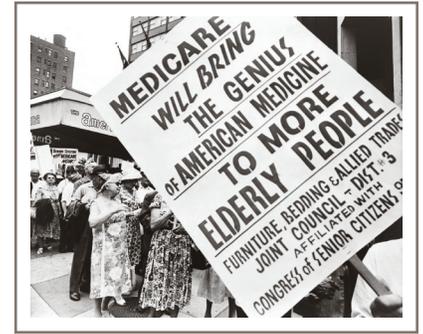
WHY WE NEED MEDICARE FOR ALL

- Despite passage of the Affordable Care Act (ACA), 30 million people will remain uninsured between 2016 and 2024.

- Since passage of the Affordable Care Act, 21 states have refused to expand Medicaid coverage, denying health coverage to 4.3 million people are eligible under the ACA.

- All other industrialized countries guarantee healthcare to their citizens, not just the elderly or disabled.

- The United States leads all countries in spending on healthcare, at an estimated $9,255 per person, but falls well behind other industrialized nations in access, cost to patients, and health outcomes. For example, the United States ranks 27th out of 36 Organisation for Economic Co-operation and Development (OECD) countries in life expectancy and number one in obesity.

- 62 percent of all personal bankruptcies in the United States are linked to medical bills or illness and three-quarters of those bankrupted had health insurance when they got sick.

LEGISLATION

Currently there are two bills pending that would dramatically expand access to healthcare in the United States: H.R. 1200, the *American Health Security Act of 2015*, introduced by U.S. Rep. Jim McDermott and H.R. 676, a bill to expand Medicare for All, introduced by U.S. Rep. John Conyers. Both bills would guarantee a full range of medical services, including primary care, dental, prescription drugs, mental health, and long-term care and place no restrictions on choice of physician or healthcare provider.

Paul Ryan's Plan to "Save" Medicare Would Kill It

Congressman Paul Ryan, chair of the powerful House Budget Committee, knows Medicare is a popular, public program so he's been careful to message his plan to dismantle it as a rescue. However, Ryan's proposals would so radically alter and reduce Medicare, it would die.

Ryan's scheme would:

- *Replace guaranteed Medicare with a voucher system that shifts more medical costs to patients*

- *Reduce coverage for many, including for preventive care and prescription drugs*

- *Shrink the pool of providers, leading to delays in care or possibly no care at all*

- *Raise the Medicare eligibility age from 65 to 67, leaving many 65- and 66-year-olds without health coverage, who would currently be covered*

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