Realizing Improved Medicare for All:

A Pivot Point for U.S. Healthcare Policy
Healthcare for All, Y’all

Advocating for Improved Medicare for All as the ONLY economically feasible way to deliver healthcare to everyone.

- based in Orange County, North Carolina
- organized in 2016
- volunteer-led leadership

GOAL: to EDUCATE and ACTIVATE ourselves, our peers, and our elected officials so that Americans can get the healthcare coverage they deserve
This Tweet Captures the State of Health Care in America Today

By The Editorial Board

Awful scene on the orange line. A woman’s leg got stuck in the gap between the train and the platform. It was twisted and bloody. Skin came off. She’s in agony and weeping. Just as upsetting she begged no one call an ambulance. “It’s $3000,” she wailed. “I can’t afford that.”

5:45 PM - Jun 29, 2018

772 Retweets 9,167 Likes 17,094 Reblogs
Cost

(We’re Already Paying for It...literally)
The U.S. healthcare system is **BAD FOR OUR COUNTRY**

- **BAD** for the health and personal finances of all Americans
- **BAD** for American businesses due to the high cost of employee healthcare
  * hurts the bottom line and hinders strategic planning
  * creates a competitive disadvantage in domestic and global markets
- **BAD** for our nation’s security, productivity, and economic stability

*Prominent business leaders say the current health system is **BAD for BUSINESS***

“Our cockamamie system gives our companies a big disadvantage in competing with other manufacturers.”

- Charlie Munger, Vice-Chairman, Berkshire Hathaway
The U.S. Healthcare System is the Most Expensive in the World

Per capita healthcare spending of top 19 countries

Source: OECD 2016
U.S. Healthcare Policy: PIVOT POINT #1

Health costs as % of GDP

19%  17%  15%  13%  11%  9%  7%  5%

USA

U.S. HMO Act Passed

Canada

Canadian Medicare fully implemented

Sources: Statistics Canada, Canadian Inst. for Health Inf., and NCHS/Commerce Dept.
Privatization has created a Bureaucratic Mess!

Understanding the critical flaws in U.S. healthcare — to build a better system

INEFFICIENT

The complexity of having dozens of government (public) services and private insurers results in high administrative costs.

The current system has **MULTIPLE PAYERS** that handle billing, causing ENORMOUS bureaucratic redundancy and cost. To cover all the paperwork, most hospitals and clinics have MORE ADMINISTRATIVE STAFF THAN CLINICAL STAFF.*

Privatization leads to Profit Motives and Profit Motives Lead to High Costs

Private insurers increase profits by denying care. In the process, they redirect BILLIONS of dollars away from healthcare services for:

- shareholders - executive salaries & bonuses -
- advertising - lobbying - campaign contributions

We are actually paying private insurers to restrict our access to care, standing in the way of provider and patient making decisions based on health!

Why are we allowing for-profit middlemen to come between us and our doctors??
Private Insurers Profiting off Public Dollars

For-profit insurers are managing more and more Medicare and Medicaid services.

Over a period of only six years, private insurers more than doubled their revenue from these public programs to the point where 59% of their total revenue comes from Medicare and Medicaid.

Public dollars intended for care is landing in insurance company profit margins.

NOTE: This number does not include federal and state employee health insurance plans or the ACA subsidies, which are also from public dollars.

Prices at monopoly hospitals are 15.3% higher than those at hospitals in areas with four or more hospitals, even after controlling for differences in cost in each area.

Source: http://www.healthcarepricingproject.org/papers/paper-1
Big Pharma is ripping us off!

Overpaying for Prescriptions
(no ability to negotiate drug prices.)

Soaring costs of insulin causing concern for diabetics

Outcomes
Our Expensive and Inefficient System Leaves Millions of our People Without Adequate Coverage

~30 Million people are UNINSURED

~41 million are UNDERINSURED and can’t get care when they need it either

24% of people with employer plans and 44% with individual or marketplace plans were underinsured in 2016, as were nearly half (47%) of disabled Medicare beneficiaries under age 65.

Having Insurance Isn’t Always Enough to Cover Costly Medical Expenses

More Than Half of Underinsured Adults Reported Medical Bill Problems, Close to Rate of Uninsured

- Light Blue = Insured All Year
- Dark Blue = Underinsured*
- Orange = Uninsured During Year

*Underinsured = insured all year but experienced one of the following:
1. out-of-pocket costs, excluding premiums, equaled 10% or more of income;
2. out-of-pocket costs, excluding premiums, equaled 5% or more of income if low-income (<200% of poverty);
3. Deductibles equaled 5% or more of income.

Data: Commonwealth Fund Biennial Health Insurance Survey (2016).
A significant portion of Americans forego care due to cost of health services

MORE THAN HALF of 18 to 44 year olds report not going to the doctor in the last year when they were sick or injured because of cost.

Note: Not going to the doctor when you are sick could then lead to costly ER visits, which taxpayers end often end up covering indirectly.

Source: West Health Institute/NORC poll conducted February 15-19, 2018, with 1,302 adults nationwide
Higher U.S. healthcare spending does NOT result in better care

The U.S. ranked last in OVERALL HEALTH SYSTEM PERFORMANCE among 11 countries, while still spending the MOST on healthcare

Critical health outcomes are significantly worse in U.S.

LOW LIFE EXPECTANCY:

The U.S. is the only developed country where the MATERNAL DEATH RATE is INCREASING.

LOW HEALTH EQUITY:

African American women are more than twice as likely to die than their white counterparts.

Maternal Deaths in U.S. vs. other OECD Nations (per 100,000 live births)

Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015 The Lancet

Source: OECD, 2016
Note: Data is from 2014, Canada not available, but other sources show 82.1 for same time period

Source: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm
How can we solve this?

**Improved Medicare for All**

- based on the popular and proven Medicare health plan enjoyed by millions of Americans
- builds on the current Medicare program, which is ALREADY FUNDED by public dollars
- adds MORE coverage like dental, vision, hearing, prescription drugs & medical devices
- ALL Americans are eligible for preventative care and evidence-based health services
"Improved Medicare for All" Is Simple

**Single Payer:** One entity is responsible for paying our medical bills.

Important medical decisions are left up to the health care provider and the patient.

**Multiple Payer:** Chaotic system that is filled with bureaucratic inefficiency and waste.

PRIVATE companies make decisions about our health care based on their bottom line, not medical necessity.
Two Federal Medicare for All Bills

**Expanded & Improved Medicare for All Act HR 676**
- Coverage from birth
- Participation REQUIRES hospitals convert to non-profit status
- Eliminates out of pocket costs
- Global budgets for facility operations
- Separate capital expenditures for facility construction/updates
- Long-term care included, prioritizing home health care when desired

**2017 Medicare for All Act S1804**
- Coverage from birth
- No mention of non-profit hospital requirement
- Limited out of pocket costs (some medications)
- No mention of global/capital budgets
- Long-term care: still provided via Medicaid - inconsistent eligibility dependent on state laws
- Ends Hyde Amendment

__Sponsors__
**Expanded & Improved Medicare for All Act HR 676**
- 122 Sponsors

**2017 Medicare for All Act S1804**
- 16 Sponsors
Myths about Improved Medicare For All

- **Myth:** Costs Too Much Money

  **FACT:** 100% of non-partisan studies (~25) found it keeps costs flat or they decline

  ***Even a Koch Brother-backed study found Improved Medicare For All SAVES money while expanding and improving coverage for everyone.***

That study going around on Bernie Sanders' 'Medicare for All' plan comes with a big catch — the US would actually be saving money overall on healthcare

- A new report from the libertarian Mercatus Center found that Sen. Bernie Sanders' "Medicare for All" plan would cost the federal government an additional $32.6 trillion over 10 years.

- But the Mercatus report also found that the national health expenditure - the total amount spent on healthcare in the US by the federal government, states, businesses, and individuals - would come in below current projections under Sanders' plan.

- So while the price tag for the federal government would increase, the total cost of healthcare would go down, and more than 30 million uninsured Americans would get access to healthcare, according to Mercatus' model.

HR 676 Cost Savings

Improved Medicare for All - builds on the administrative efficiency of the current Medicare program, whose overhead is 5-10X LOWER than those of private insurance companies (by their own estimates for some plans in the ACA Marketplace).

Immediate Cost Savings:
- Huge overhead/administrative cost reduction:
  * ONE agency processes all claims to eliminate current redundancy across multiple corporations and government agencies
  * No need for hospitals and clinics to have their own massive billing operations
- No advertising costs, shareholder payouts, exorbitant executive salaries

Long-term Cost Savings:
- Consolidation of services allows greater negotiating power for drugs, equipment, and medical devices
- Increased coverage of preventative healthcare rather than more expensive late-stage disease interventions

Source: http://www.pnhp.org/sites/default/files/Funding%20HR%20676_Friedman_7.31.13_proofed.pdf
Myths about Improved Medicare For All

- **Myth:** Poor Quality

  **FACT:** Current US health outcomes are WORSE than countries that have single payer. We currently have:

  - **LOWER** life expectancy
  - **WORST** Maternal death rate in the developed world
  - **HIGH** Infant Mortality Rates

  *Having Universal Coverage will give ALL our people access to preventative care that will actually improve health outcomes.*
Myths about Improved Medicare For All

- **Myth**: Long Wait Times
  
  **FACT**: There are already long wait times in our current system.  
  **FACT**: Wait times are caused by too few providers, not too few insurance companies.

- **Myth**: Government Takeover
  
  **FACT**: Providers, Hospitals, and Clinics remain private and providers and patients make decisions about care
  
  Improved Medicare For All will be PUBLICLY FUNDED and Privately DELIVERED.
Myths about Improved Medicare For All

● **Myth**: Elimination of Choice

  **FACT**: Creates MORE CHOICE and allows Patients the Freedom to choose providers appropriate for condition and location.  
  **FACT**: There will be no more no networks and HR676 crosses state lines.

● **Myth**: Rationing of Care

  **FACT**: The U.S. currently has the most rationed system in the developed world based on ability to pay and provider availability in areas with provider deserts. Improved Medicare For All ends this.
Myths about Improved Medicare For All

- **Myth**: The 2.5 million people who work for insurance companies will be left out in the cold

  **FACT**: HR 676 offers 2 years of severance plus re-training for health insurance workers losing jobs and MDs can return to treating patients

- **Myth**: Transitioning to Improved Medicare For All will be too difficult

  **FACT**: Right now, ~10,000 people are enrolled in Medicare each day. We will just add enrollees until all are enrolled and then it starts at birth, and have no more financial barriers to care!
  **FACT**: Every year those of us with health insurance have to choose at least one plan. Improved Medicare For All is **ONE** and **DONE**!
Myths about Improved Medicare For All

● **Myth**: Doctors will get reimbursed at such a low rate they won’t be able to make a living

  **FACT**: HR676 creates a commission made up mostly of doctors, who will set reimbursement rates, ensuring doctors get a fair deal.  
  **FACT**: Doctors in preventative care, like primary care doctors will most likely see an increase in reimbursements to incentivize more Doctors to go into primary care, as we turn our focus on prevention.
How do we pay for it?

Improved Medicare for All

1. Eliminates UNNECESSARY COSTS
2. LOWERS EXPENSES for equipment, drugs, and medical devices by negotiating bulk pricing
3. Uses the MONEY WE ALREADY SPEND

Most of U.S. healthcare spending ALREADY comes from public dollars:

CURRENT SPENDING

- Medicare
- Medicaid
- ACA
- Tricare
- Veterans
- CHIP
- IHS
- federal employees

HOUSEHOLD $:
- premiums
- copays
- deductibles
- coinsurance

Improved Medicare for All

- new public dollars (from payroll and other tax) that replaces what you ALREADY pay for private insurance

EVERYBODY gets healthcare AND overall spending is lower

95% of people will pay LESS for healthcare than they do now*

Improved Medicare For All will control costs and provide universal coverage; the Public Option will not.

**DRAWBACKS to the alternative plans:**

Preserving any aspect of private health insurance perpetuates the problems of a fragmented, multi-payer, for-profit system

- costs driven by profit motive to benefit shareholders and corporation heads
- still wasteful due to redundant billing systems across countless plans
- constantly changing rules for pre-authorization, facilities, and networks
- decentralization means no negotiating power for equipment, devices and pharmaceuticals

A public option similar to current Medicare would cover only about half of an individual’s total medical expenses, leaving significant costs with remaining co-pays

Neither type of buy-in program would effectively reduce the number of uninsured

- The CBO estimates only ~ 2 million will gain insurance with a public option, leaving 28 million still uninsured [www.cbo.gov/budget-options/2013/44890](http://www.cbo.gov/budget-options/2013/44890)

Moving from a multi-payer to a single-payer system is the ONLY way to achieve the cost savings needed to provide universal care that is efficient, equitable, and sustainable.

**IMPROVED MEDICARE for ALL - better healthcare coverage for ALL AMERICANS**
FACT is winning over MYTH: more Americans are seeing how they will benefit from a program like Medicare for All.
Why isn’t this policy already?

- In the years leading up to and following the passage of the ACA (2006-2012), the health sector spent **$3.4 billion on lobbying**
- A whopping **$709 million in campaign contributions** over that same time period.
  - $332 million to Republicans
  - $304 million to Democrats ($23 million to Obama in 2008)
The next PIVOT POINT for U.S. healthcare policy CAN be realized ...
but only if citizens and businesses outside the health sector DEMAND IT!

- Educate yourself and your community (join Healthcare for All Y’all!)
- Call and write to your members of Congress about supporting either HR676 or S1804
- Support and elect candidates who champion Improved Medicare For All
- Support and vote for candidates who reject corporate funding
- Create coalitions that can advocate together
- Meet with your Members of Congress as a coalition
- Organize town hall meetings, presentations to civic groups, and university symposiums
Talking Points Anyone Can Use

- We have incredible providers in the US, but too many of us can’t access them.
- Improved Medicare For All is good for U.S. businesses.
- We can’t predict when we will get sick or have an accident but when we do, we need care.
- Why are we paying insurance companies a lot of money to stand between us and our healthcare providers?
- Improved Medicare For All allows for free market choices of physicians and hospitals (no more “out of network” or cost barriers)
- More efficiency - One giant risk pool gives us negotiating power on drugs, services and medical devices
- Medicare overhead is 1.4% vs. private insurance overhead is 17.8% (by their own estimates)* for some plans in the ACA Marketplace
- Freedom from medical debt - no more financial burden or bankruptcy due to medical bills
- A healthy population leads to a more productive society
- Concrete solutions exist (HR676/S1804) to address our healthcare crisis - We can fix this!

With all the money we spend we could have a healthcare system our country can be proud of!

Appendix
“If we can send a man to the moon, we can have Medicare for All… This is our health, and this is not about political affiliation or who somebody votes for. This is really about our humanity and our moral commitment to one another, and how as Americans we want to best invest our money. We’re paying for people who are underinsured or uninsured right now. We just don’t see it because it’s indirect.”

— Nina Turner
# Two Federal Medicare for All Bills

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“Of all the forms of inequality, injustice in health care is the most shocking and inhumane (inhuman) because it often results in physical death.”

- Dr. Martin Luther King, Jr.
Transition to Expanded & Improved Medicare for All

Employees:
- ~2.5 million people nationwide work for private insurance
- HR 676 offers 2 years of severance plus re-training for health insurance workers losing jobs and MDs can return to treating patients

 Patients:
- Right now, ~10,000 people are enrolled in Medicare each day
- Increase additions until all are enrolled and then it starts at birth

Every year those of us with health insurance have to choose a new plan. Improved Medicare For All is ONE and DONE!
Improved Medicare For All will control costs and provide universal coverage; the Public Option will not.

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<th>Single Payer</th>
<th>Public Option</th>
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<tr>
<td>Guaranteed coverage for all U.S. residents?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Eliminates co-pays and deductibles?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Covers all necessary care?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Ensures choice of doctor?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Controls costs without compromising access to care?</td>
<td>Yes</td>
<td>No</td>
</tr>
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</table>

www.pnhp.org/publicoption

Did you know? Even if a Public Option (or Medicare buy-in) were implemented today, fewer people would gain insurance than if Medicaid were expanded in all states.
Even a Koch Brother-backed study found Improved Medicare For All saves money while expanding and improving coverage for everyone.

That study going around on Bernie Sanders' 'Medicare for All' plan comes with a big catch — the US would actually be saving money overall on healthcare

Bob Bryan  🕒 Jul 30, 2018, 4:19 PM ET

- A new report from the libertarian Mercatus Center found that Sen. Bernie Sanders' "Medicare for All" plan would cost the federal government an additional $32.6 trillion over 10 years.
- But the Mercatus report also found that the national health expenditure - the total amount spent on healthcare in the US by the federal government, states, businesses, and individuals - would come in below current projections under Sanders' plan.
- So while the price tag for the federal government would increase, the total cost of healthcare would go down, and more than 30 million uninsured Americans would get access to healthcare, according to Mercatus' model.
HR 676 Cost Savings

- Improved Medicare For All saves money; and stops healthcare costs from escalating each year
  - Eliminating insurance company bureaucracy and extra costs from advertising, executive salaries, shareholder dividends, etc.
  - Negotiating costs: federal government gets lower prices on prescription drugs, medical equipment, and services (imaging, etc)
  - Global budgets
  - Emphasizing low-cost preventive care to avoid high-cost emergency room care
- Saves over $500 billion per year, which is more than enough to cover all uninsured.

Source: http://www.pnhp.org/sites/default/files/Funding%20HR%20676_Friedman_7.31.13_proofed.pdf
**Comparison: HR 676 vs ACA/Obamacare**

**HR 676**
- Everyone covered at birth
- Freedom of choice: doctor and hospital
- Coverage for all medically necessary care
- Redirects $500 billion in administrative waste to care, resulting in no net increase in U.S. health spending.
- Large-scale cost controls (negotiated fee schedule, bulk purchasing of drugs, hospital budgeting, capital planning, etc.)
- 95% of American households will pay less for care than they do now with progressive income and wealth taxes to top 5% of earners

**ACA/Obamacare**
- In 2017 over 30 million uninsured and another 41 million underinsured
- Insurance companies continue to deny and limit care
- Insurers continue to strip down policies and increase patients' premiums, co-payments and deductibles
- Preserves a fragmented system incapable of controlling costs
- Continues unfair financing of health care whereby costs disproportionately paid by middle- and lower-income Americans and families facing acute or chronic illness.

[http://www.pnhp.org/sites/default/files/HR676vsACAvsAHCA.pdf](http://www.pnhp.org/sites/default/files/HR676vsACAvsAHCA.pdf)
“Is this for real?!?”

Expense
- 17.9% of GDP and rising is spent on Healthcare according to Centers for Medicare & Medicaid Services

Outcomes
- Productivity - stuck in jobs for the health insurance while missing entrepreneurial opportunities; one of the largest budget items for companies
- Primary care deserts/Disparities based on race and socioeconomic status
- Patient stress/Household bankruptcy due to medical costs

Waste & Inefficiency
- Multiple payers (Gov’t, Private Insurers, etc.) = bureaucracy from redundancy
- Provider time and money spent on billing and insurance rather than providing care
- Sick people’s time spent on the phone and filling out forms rather than healing
- Billions spent lobbying Congress instead of reducing prices on those in need of care

Now what?
- The People **Understand It and Demand It!**
Wait Times & Quality of Care

We already have long wait times and access issues for the un/underinsured that are built into our for-profit system.

- As long as there is the requisite investment in the number of physicians, nurses and facilities we can receive optimal and quality care without long waiting lines.

Create Quality Assurance Mechanism

- Established by State Directors
- Minimizes both underutilization and overutilization to assure that all providers meet high quality standards
2017 findings reveal trust in healthcare is dismal across the board, and trust in health plans is at an all-time low.

The survey represents the first 360-degree view of trust in healthcare – digging into consumer, physician, health plan, and health system executives’ views of each other – showing the industry as a whole has a long way to go.

Source: http://thinkrevivehealth.com/topic/2017-trust/#webinar_reveal
Plurality of Voters Strongly or Somewhat Favor Medicare for All

![Figure 12](image)

Larger Shares, Across Party Identification, Favor Medicare-for-All Option for Anyone Who Wants It

Percent who favor the following proposals:

- A national health plan, or Medicare-for-all, in which all Americans would get their insurance from a single government plan
- A national Medicare-for-all plan open to anyone who wants it but people who currently have other coverage could keep what they have

<table>
<thead>
<tr>
<th>Total</th>
<th>59%</th>
<th>75%</th>
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By Political Party ID

<table>
<thead>
<tr>
<th>Party</th>
<th>Favoring Medicare-for-All</th>
<th>Favoring Specific Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democrats</td>
<td>75%</td>
<td>87%</td>
</tr>
<tr>
<td>Independents</td>
<td>58%</td>
<td>74%</td>
</tr>
<tr>
<td>Republicans</td>
<td>36%</td>
<td>64%</td>
</tr>
</tbody>
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NOTE: Don't know/Refused responses not shown.
SOURCE: KFF Health Tracking Poll (conducted March 8-13, 2018)
“Vermont Senator Bernie Sanders, former Democratic Presidential candidate, recently introduced a bill commonly referred to as “Medicare for All.” Essentially, the bill would make the government the single payer of healthcare costs for all Americans – to be phased in over time. Do you support or oppose Senator Sanders’ proposal?”

45% Total Support
32% Strongly Support
12% Somewhat Support

46% Total Oppose
10% Somewhat Oppose
37% Strongly Oppose

9% Don’t Know/ Need More Information
Chief Financial Officers Agree Healthcare Costs are Burdening Businesses

Nearly all CFOs value the importance of providing employees with relevant, credible healthcare information:

- Feel employers need more information about healthcare quality: 97%
- Feel employers need more information about healthcare pricing: 96%

If CFOs had the ability to decrease their company's healthcare budget by 30%, the money saved would likely be used to invest more in:

- Better technology: 49%
- Salaries for employees: 50%
- New products or services: 49%

Most CFOs acknowledge the strain healthcare costs place on their companies and the country:

- Healthcare costs drain company resources that could be better used for other purposes: 81%
- They feel powerless when it comes to managing their company's healthcare spending: 80%

Source: Harris Poll of 137 U.S. CFOs at companies with 1,000 or more employees that currently provide health insurance to their employees, conducted between May 14 and May 20, 2014 for Castlight Health. For more details, contact press@castlighthealth.com.

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Where is the Money Going?

Overpaying for Prescriptions

Source: Washington Post

Medicare drug prices soar at 10 times rate of inflation, report says

By Wayne Drash, CNN

Updated 5:41 PM ET, Mon March 26, 2018

Health Insurance Company CEOs’ Total Direct Compensation in 2016

David Cordani, Cigna
$21.9 million ($84,017 per day)

Stephen Hemsley, UnitedHealth
$31.3 million ($119,918 per day)

Michael Neidorff, Centene
$32.2 million ($123,225 per day)

Mark Bertolini, Aetna
$41.7 million ($159,647 per day)

Bruce Broussard, Humana
$17.0 million ($65,208 per day)

Joseph Swedish, Anthem
$17.1 million ($65,356 per day)

Median earnings of full-time wage and salary workers in 2016: $43,264

Annual CEO compensation includes salary, non-equity incentive pay, other compensation, and value of stock options exercised and stock awards that vested.
In addition, these CEOs were given stock and option awards totaling $78.6 million (in aggregate) this year, which will provide value in future years.

PHYSICIANS FOR A NATIONAL HEALTH PROGRAM / WWW.PNHP.ORG
In the years leading up to and following the passage of the ACA (2006-2012), the health sector spent $3.4 billion on lobbying.

A whopping $709 million in campaign contributions over that same time period.

- $332 million to Republicans
- $304 million to Democrats ($23 million to Obama in 2008)

On July 26, 2016, the Office of the Inspector General (OIG) issued a report “Army General Fund Adjustments Not Adequately Documented or Supported”. The report indicates that for fiscal year 2015 the Army failed to provide adequate support for $6.5 trillion in journal voucher adjustments…While the documents are incomplete, original government sources indicate $21 trillion in unsupported adjustments have been reported for the Department of Defense and the Department of Housing and Urban Development for the years 1998-2015.”