



## "FIX IT, Healthcare at The Tipping Point"

...is a powerful new documentary that reaches across the political and ideological divide to expand support for major healthcare reform.

It delves deeply into the heart of the current healthcare crisis. Despite recent reforms, Americans remain vulnerable to economic catastrophe with a serious illness or injury – the insured and uninsured alike. Many families are forced to make the horrible choice between needed drugs or treatment and food. America's healthcare providers are saddled with a huge administrative burden while trying to focus on patient care.

**Fix It** provides a solution to America's runaway healthcare costs. That solution is a single-payer system.

The film was two years in the making, with more than forty voices advocating for reform, including: activists, health policy experts, economists, physicians, nurses, patients, business and labor leaders.

This documentary takes an in-depth look into how our dysfunctional health care system is damaging our economy, suffocating our businesses, discouraging physicians and negatively impacting on the nation's health, while remaining un-affordable for a third of our citizens.

Fix It is a must-see documentary for all Americans

### **Birth of a Documentary**

Richard Master is the founder and owner of MCS Industries, a world leader in the picture frame and decorative mirror business. Like most US companies, he faces relentless annual cost increases to provide health insurance for his employees.

He decided to tackle the problem of healthcare using best business practices... doing an in-depth analysis, finding the right diagnosis and then determining the fix.

**Fix It**, the movie, is a result of his journey to find a solution to the dysfunctional US healthcare system

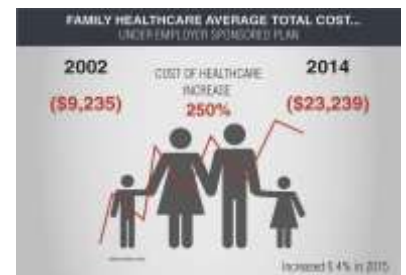
### **Get Involved - Making Reform Happen**

Every single person is important to making change happen. No matter the level of involvement, every action becomes part of the force that eventually creates change. Remarkable, seemingly impossible things, have happened throughout history when the perfect storm opened a door of opportunity. Every action, no matter how small, potentially helps open that door to change. There are no actions that are too small. Only doing nothing ensures that change will never happen.

### **Economics of Healthcare**

The economics of our dysfunctional healthcare system makes it a problem that transcends the normal political and ideological boundaries. It requires a fresh look at how healthcare defies many of the normal "rules" of economic framing.

The system needs to deliver the highest quality care for the most people at the lowest cost. That must be at the heart of any reform.



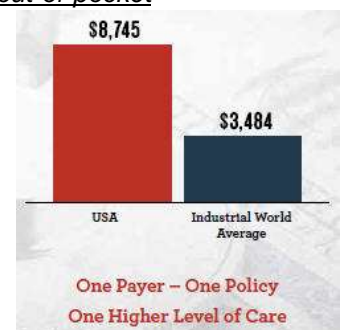
### **Single-Payer FAQ's**

Simply put, single-payer is health insurance. A public agency organizes all healthcare financing. Delivery of care remains private. The confusion of thousands of insurance policies, manuals, and uncertainties about coverage will be ended. *A single-payer system could eliminate deductibles, co-pays, and out-of-pocket expenses (at the point of care), while providing healthcare for all Americans.*

Savings anticipated in the US: \$504 billion a year.

All Americans would be covered for all medically necessary services. Patients would regain choice of doctor and hospital, and doctors would regain autonomy over patient care.

*Americans spend over twice as much per capita on health care as the average developed country.*



**Q? How will it be funded?**

A. First, recognize that approximately 50% of US healthcare is currently funded through taxes – and 50% through business and household pockets.

A single-payer system would be financed through a transfer of money that Americans and the country's employers currently pay insurance companies. The premiums we and employers now pay insurers would be transferred to a federal program, which would be the single-payer for health care services. The cost to all of us – either through taxes or out-of-pocket expenses goes way down, with savings of over \$700 billion per year, including negotiation for prescription drugs, a unified fee schedule, and greatly reduced administrative expense.

It's important to keep in mind that approximately 50% of U.S. healthcare is currently publicly financed.

**Q? What will be covered?**

A. All medically necessary care would be funded through the single-payer system, including doctor visits, hospital care, prescriptions, mental health services, nursing home care, rehabilitation services, home care, vision, and dental. Alternative care that is proven effective in clinical trials would also be covered.

**Q? How will we keep drug prices under control?**

A. When all patients are under one payment system, the payer wields a much more clout. The VA gets a 40% discount on drugs because of its buying power.

With a single-payer system, the ability to negotiate drug prices will once again be part of the American healthcare system. These savings will be passed on to consumers.

**Q? How does single-payer affect doctors and hospitals?**

A. Single-payer eliminates the need for hospitals to absorb the cost of charity care for the uninsured because everyone is insured. Single-payer also reduces needless administrative expenses and bureaucracy, substantially lowering costs.

**Q? Won't this just be another bureaucracy?**

A. The United States has the most bureaucratic healthcare system in the world – with 30-35% of every healthcare dollar going to paperwork and overhead. Our current system is extremely complex and fragmented due to the thousands of different insurance plans.

In a single-payer system, the bureaucratic burden would be cut in half, resulting in \$500 billion in net savings for America.

**Q? Who will run the healthcare system?**

A. There is a myth that with national health insurance the government will make medical decisions. In a publicly financed, universal health care system, healthcare delivery is private, not government owned. Medical decisions are left to patients and doctors, as they should be. This is true in countries like Canada, Germany, France and Spain where financing is public and delivery of care remains private. Cost containment measures are publicly managed. The total budget for healthcare is set through a public, democratic process, while clinical decisions remain a private matter between doctor and patient.

**Q? Is single-payer job-based?**

A. No. A single-payer universal system frees you from job-based insurance and frees employees from spending ever-increasing amounts on healthcare. Coverage is not tied to employment.

**Q? Won't this raise my taxes?**

A. The nickel-and-dime system of co-pays, deductibles, and out-of-pocket expenses will be eliminated. This could be replaced by employer payroll tax and individual flat tax similar to the current Medicare system, or the U.S. or state government could sell insurance. For 90% of Americans (both employers and employees), healthcare costs would be decreased.

**Q? Are there advantages for school districts and municipalities?**

A. Many school districts and municipalities would see the cost for healthcare drop substantially. Public employers could save up to 25-50% of current costs, in some cases changing municipal deficits into surplus. These savings could greatly reduce many indirect costs, including property and school taxes.

## Q? Is Single-Payer Socialized Medicine?

A. No. Socialized medicine is a system in which doctors are government employees and hospitals are government owned – the Veteran's Administrations (VA) and the Armed Services hospitals are good examples of this system. In a single-payer system, the financing is public while the delivery of care remains private.

The term "Socialized Medicine" is often used as a scare tactic to conjure up images of government bureaucratic interference in medical care. In fact, with a single-payer system, there will be more individual choice and freedom for both patients and medical professionals.

## Brochure

**Fix It** is a documentary that goes deeply into the heart of the current healthcare crisis. Despite recent reforms, Americans remain vulnerable to economic catastrophe with a serious illness or injury – the insured and uninsured alike. Many families are forced to make the horrible choice between needed drugs or treatment and food. America's healthcare providers are saddled with a huge administrative burden while trying to focus on patient care. **Fix It** provides a solution to America's runaway healthcare costs. That solution is a single-payer system.

Did you know? ... the U.S. healthcare bill flew past \$3 trillion last year?

**THE RESULTS** We have the most expensive healthcare in the industrialized world. 600,000 American families (affecting 1.4 million people) file for medical bankruptcy each year.

**The Problem:** Too many Americans can't afford the copayments, deductibles, payroll deductions and denials that are at the heart of our current healthcare system. Many routinely skip their prescription medications and avoid going to the doctor because they simply don't have the money to cover the deductibles. Of the 1.4 million Americans who file for medical bankruptcy each year, 75% have health insurance.

**The Fix:** A single-payer system could operate without high deductibles and co-pays.

## World Health Organization Rankings:

**#1 - France #2 - Italy #10 - Japan #18 - U.K. #36 - Costa Rica #37 - U.S.A #39 - Cuba #41 - New Zealand**

## **The Problem:**

- Insurance companies have not been able to control healthcare costs.
- 21% of drug prescriptions are not filled because Americans cannot afford to pay for them.
- We spend more on healthcare than any other country but get far less in return.

## **The Fix:**

- A single-payer system would immediately cut hundreds of billions in costs, returning that money to American communities, businesses, and families.
- Coverage will no longer be tied to a job.