

Research by Physicians for a National Health Program

Over the past two decades, PNHP research has influenced health policy and focused debate on the need for fundamental health care reform.

- Administrative costs consume 31 percent of US health spending, versus 16.7 percent in Canada. The US could save enough on administrative expenses (nearly \$400 billion annually) with a single payer to cover all the uninsured.
- Medical bills contribute to more than 60 percent of all bankruptcies. Three-fourths of those bankrupted had health insurance at the time they got sick.
- Nearly 45,000 Americans die each year for lack of health insurance. Those most in need of preventive services are least likely to receive them.
- Taxes already pay for over 60 percent of US health spending, when tax subsidies to private insurance and the benefit costs of public employees are factored in. Americans pay the highest health care taxes in the world. We pay for national health insurance, but don't get it.
- Despite spending far less per capita for health care, Canadians are healthier and have better access to health care than Americans.
- Private employers pay less than 20 percent of our nation's health bill. It is a myth that our health system is "privately financed" (60 percent is paid directly or indirectly by taxes and the remaining 20 percent is out-of-pocket payments).
- Investor-owned hospitals, HMOs and nursing homes have higher costs and score lower on quality measures than their non-profit counterparts.
- Immigrants and emergency department visits by the uninsured are not the cause of high and rising health care costs.
- Computerized medical records and chronic disease management have not saved money.
- Alternative proposals for "universal coverage" can't simultaneously expand coverage and contain costs.

Full text and citations for each finding are available on our web site at www.pnhp.org/research.