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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, most of it unnecessary. 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.
- Taxes already pay for over 60 percent of US health spending. 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 and residents of other developed countries are healthier and have better measures of access to health care than Americans.
- The Obama health plan and other proposals for "universal coverage" do not work. State health reforms contain the key elements of the Obama plan have failed to reduce the number of uninsured.
- Computerized medical records and chronic disease management do not save money. The only way to slash administrative overhead and improve quality is with a single payer system.
- Business pays less than 20 percent of our nation's health bill. It is a misnomer that our health system is "privately financed" (60 percent is paid by taxes and the remaining 20 percent is out-of-pocket payments).
- For-profit, investor-owned hospitals, HMOs and nursing homes have higher costs and score lower on most measures of quality than their non-profit counterparts.
- Immigrants and emergency department visits by the uninsured are not the cause of high and rising health care costs.
- Nearly 45,000 Americans die each year for lack of health insurance. The uninsured do not receive all the medical care they need – they live sicker and die younger. Those most in need of preventive services are least likely to receive them.
- The US could save enough on administrative costs (over \$400 billion annually) with a single payer to cover all the uninsured.

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