The US National Health Insurance Act - HR.676
Expanded, improved Medicare for All

**A brief summary of the legislation**

- The United States National Health Insurance Act establishes an American-styled national insurance program. The bill would create a publicly financed, privately delivered health care program that uses the already existing Medicare program by expanding and improving it to all US residents, and all residents living in US territories. The goal of the legislation is to ensure that all Americans, guaranteed by law, will have access to the highest quality and cost effective health care services regardless of one employment, income, or health care status.
- With over 45-75 million uninsured Americans, and another 50 million who are under insured, it is time to change our inefficient and costly fragmented health care system.
- Physicians For A National Health Program reports that under a Medicare For All plan, we could save over $286 billion dollars a year in total health care costs.
- We would move away from our present system where annual family premiums have increased upwards to $9,068 this year.
- Under HR.676, a family of three making $40,000 per year would spend approximately $1600 per year for health care coverage.
- The USNHI would allow the United States to reduce its almost $2 trillion health care deficit and that was backed by 77 of his Congressional colleagues, including eight out of ten from Massachusetts.
- Introduced by: Reps. John Conyers, Dennis Kucinich, Jim McDermott and Donna Christensen

**Nurses’ guide to single-payer reform**

**The MNA has been a staunch supporter of health care reform and has diligently maintained support of universal single payer efforts over the years. As front line care givers, and as members of a collaborative health care team, we, as patient advocates, have first-hand knowledge of the failures of the American health care system.**

- It could improve and address the concept of quality healthcare delivery from the perspective of unionized caregivers—a unique perspective to consider because unionized nurses voices are protected from employer abuse.
- We bargain over wages, hours and working conditions. We have a voice at work and can use that voice in society, too. We need to, because society—especially legislatures—also have a say over our working conditions. Good working conditions for hospital workers directly translate into good patient care.
- Registered nurses in Massachusetts have lobbied for legislative and regulatory reforms that would mandate a minimum nurse-to-patient ratio in Massachusetts hospitals. This campaign has been waged for many years, buoyed by the multitude of peer-reviewed studies that show that poor outcomes, such as pneumonia, urinary tract infections, injuries due to falls, and even hospital deaths are preventable by reducing the workload of nurses.
- The Institute of Medicine and JCAHO, reported that med errors, responsible for 98,000 deaths a year, are directly attributable to poor nurse staffing. And surveys of nurses in Massachusetts also show that many RNs would return to hospital work if guaranteed reduction in workload, thus filling the existing vacancies. So the data is clear.
- Quality of care can certainly be measured and there are dozens of reporting tools and mechanisms in place. However, the real issue for Americans is the lack of access to care, and the lack of equitable delivery. Unions have played an aggressive role in advocating against strategies employed by hospitals to reform care delivery.
- The protections unions give to workers allow its members to be whistleblowers and to counter the expensive publicity campaigns hospitals find necessary to invest in to remain competitive in the market. The competitive marketplace has produced outrageous spending of your health care dollars on union busting consultants and anti-union law firms, lobbying efforts to fight legislating a nurse to patient ratio bill which would improve quality of care and reduce inpatient days.
- Registered nurses have played an aggressive role in advocating for a non-profit health care system with a single payer guaranteeing access for our patients.
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- “You have your choice of a weekly pay check or health insurance.”

**Patricia Healey’s testimony**

“Good Afternoon. My name is Patricia Healey, and I’m a registered nurse employed by Brigham and Women’s Hospital, which is a Partners facility.

“I live here in the Pioneer Valley, and I’ve provided nursing care in intensive care units in Massachusetts hospitals for 29 years. I’m a member of the Massachusetts Nurses Association, the largest nurses union in the northeast, and I sit on that organization’s Board of Directors. I am also president of the Western Mass Regional Council of the MNA.

“The MNA has been a staunch supporter of significant health care reform and has diligently maintained support of universal single payer efforts over the years. As front line care givers, and as members of a collaborative health care team, we, as patient advocates, have first-hand knowledge of the failures of the American health care system.”

“Conversion to a non-profit health care system.

*You have your choice of a weekly pay check or health insurance.*

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