# **How Money Flows Through Government Healthcare**

And the Understanding Health Insurance

Friday January 10, 2025





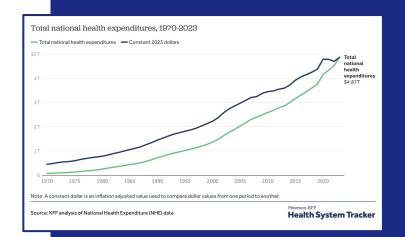


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#### Introduction

#### The Big Picture

- National Health Expenditures (NHE) grew 7.5% to \$4.9 trillion in 2023, or \$14,570 per person, and accounted for 17.6% of Gross Domestic Product (GDP).
- Federal healthcare programs (Medicare, Medicaid, CHIP) consume 25% of the federal budget.



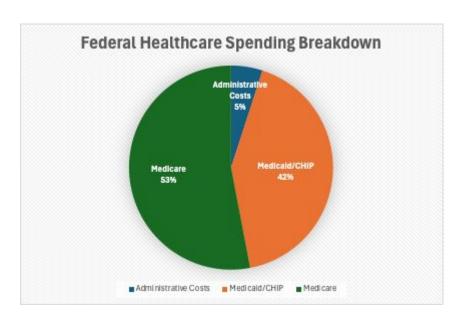


### Federal Healthcare Spending Breakdown

**Largest programs:** Medicare, Medicaid, CHIP **Sources of Funding:** 

- Income Taxes: General revenues
- Payroll Taxes: Dedicated to Medicare
- Borrowing: Covers budget shortfalls

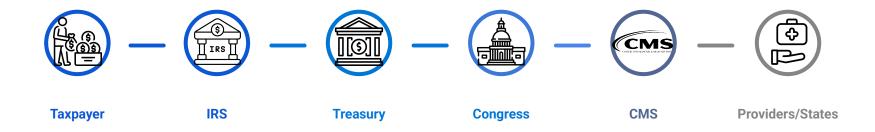
\$1.7 trillion annually spent on these programs





#### **How Taxes Fund Healthcare**

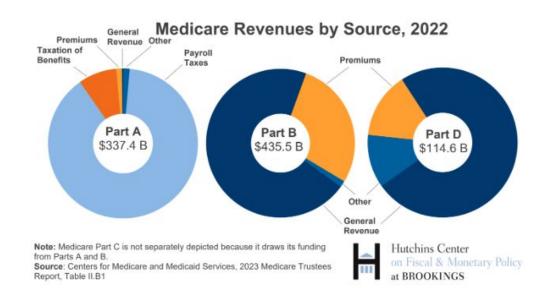
- 1. Taxes collected by the IRS (Income and payroll taxes).
- 2. Funds transferred to the U.S. Treasury.
- 3. Congress allocates money through budget appropriations.
- 4. Programs like CMS distribute funds to states, hospitals and providers.





#### **Medicare: How It's Funded**

- Part A: Funded by payroll taxes (trust fund).
- Parts B & D: Funded by general tax revenue and premiums.
- Spending areas:
  - **40%:** Hospitals
  - 25%: Physicians
  - 15%: Prescription drugs





### **Medicaid and CHIP Funding**

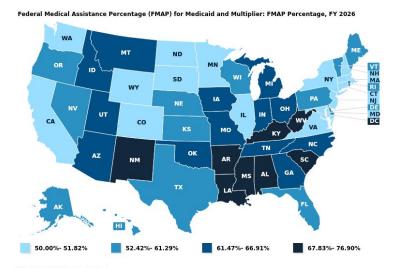
#### Medicaid:

- Joint federal-state program
- FMAP: Federal pays higher % for poorer states

#### CHIP:

- Covers children in low-income families
- Federally matched funds provided to states

Managed Care: 70% of Medicaid enrollees are in managed care.

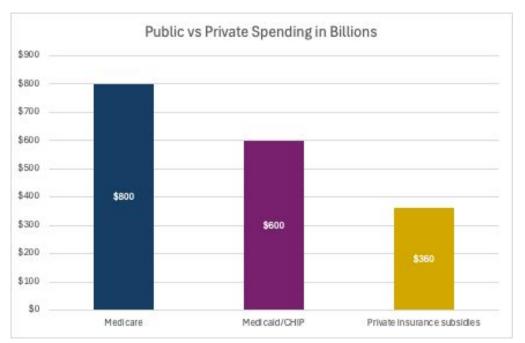


States like Mississippi receive **78**% federal match, while wealthier states like California receive **50**%.



### **How Taxpayers Support Private Insurers**

- Employer-sponsored insurance exclusion: \$300 billion/year in lost revenue.
- ACA subsidies: \$60 billion/year in premium assistance.
- Total: Taxpayer dollars heavily subsidize private insurance.





#### Private vs. Public Administrative Costs

#### **Private Insurers:**

• Administrative costs: **12-20**% of premiums.

#### **Medicare:**

Administrative costs: 2% of spending.

Eliminating private insurers would save \$500 billion annually in administrative costs.



### **How Does the U.S. Compare?**

- U.S.: \$12,000 per capita healthcare spending, with poorer outcomes.
- Canada: \$6,000 per capita, better outcomes, including life expectancy and infant mortality.
- U.S. spends more and achieves less.





Notes: Data from Australia, Belgium, France, Japan, Switzerland, and the U.S. are estimated. Data from Austria, Canada, Germany, the Netherlands, Sweden and the United Kingdom are provisional.

### Single-Payer System: Savings Potential

- \$500 billion saved annually in administrative costs.
- Lower drug prices: Negotiations under single-payer system.
- Canada spends 50% less on prescriptions.





## **Questions?**



#### References

- 1. Congressional Budget Office. (2023). The budget and economic outlook: Fiscal years 2023 to 2033. From <a href="https://www.cbo.gov">https://www.cbo.gov</a>
- 2. Kaiser Family Foundation. (2023). Explaining health care subsidies. From <a href="https://www.kff.org">https://www.kff.org</a>
- 3. Centers for Medicare & Medicaid Services. (2023). National health expenditure data. From <a href="https://www.cms.gov">https://www.cms.gov</a>
- 4. Medicaid and CHIP Payment and Access Commission (MACPAC). (2023). Managed care data. From <a href="https://www.macpac.gov">https://www.macpac.gov</a>
- 5. Tax Policy Center. (2023). *The tax exclusion for employer-sponsored health insurance*. From <a href="https://www.taxpolicycenter.org">https://www.taxpolicycenter.org</a>
- 6. American Medical Association. (2022). Private insurance administrative costs vs. Medicare. From <a href="https://www.ama-assn.org">https://www.ama-assn.org</a>
- 7. RAND Corporation. (2021). Prescription drug prices in the United States compared to other countries. From <a href="https://www.rand.org">https://www.rand.org</a>
- 8. Mercatus Center. (2018). The fiscal effects of Medicare for All. From <a href="https://www.mercatus.org">https://www.mercatus.org</a>
- 9. Urban Institute. (2020). The cost of health care reform: Comparing scenarios. From <a href="https://www.urban.org">https://www.urban.org</a>
- 10. Organisation for Economic Co-operation and Development (OECD). (2023). *Health spending and outcomes data*. From <a href="https://www.oecd.org">https://www.oecd.org</a>
- 11. Canadian Institute for Health Information (CIHI). (2023). Canada's health care system: Spending and outcomes. From https://www.cihi.ca
- 12. Health Resources & Services Administration (HRSA). (2023). COVID-19 provider relief fund distributions. From <a href="https://www.hrsa.gov">https://www.hrsa.gov</a>
- 13. Physicians for a National Health Program (PNHP). (2023). Single-payer research and resources. From <a href="https://pnhp.org">https://pnhp.org</a>
- 14. Centers for Disease Control and Prevention (CDC). (2023). *Public health emergency preparedness program*. From <a href="https://www.cdc.gov">https://www.cdc.gov</a>
- 15. National Academy of Medicine. (2013). Best care at lower cost: The path to continuously learning health care. From <a href="https://www.nationalacademies.org">https://www.nationalacademies.org</a>





Providing health care is like building a house. The task requires experts, expensive equipment and materials, and a huge amount of coordination.

Atul Gawande

American surgeon, Writer, & Public Health Researcher

