



Top Message

- Everyone deserves access to the health care they need to survive and thrive. But today, everyday Americans are forced to choose between paying for their prescriptions or paying their mortgage. The for-profit insurance companies should not control whether we get the care we need when we are sick. No one should be reduced to begging on GoFundMe to afford a life-saving surgery and or choose between paying their mortgage or filling their prescription. We need guaranteed, comprehensive, high-quality medical care for every person at every hospital and doctor's office. And that means Medicare for All.
- Health care is a human right. Money should never determine whether someone receives care. We need a health care system built to deliver affordable, high-quality health care, instead of a system built to deliver obscene profits for insurance corporations and Big Pharma.

Isn't Medicare for All too expensive?

- Our current system is what's expensive. Last year alone the U.S. spent around [\\$3.6 trillion](#) – more than \$10,000 per person – on health care, according to the Centers for Medicare and Medicaid Services (CMS), but we still have some of the worst health outcomes among developed countries. Our health care spending is estimated to continue rising and will reach [nearly \\$6 trillion a year by 2027](#), meaning we will spend around [\\$47 trillion](#) on health care over the next decade.
- Study after study shows that Medicare for All will save lives and save money. A recent study in the respected scientific journal [The Lancet](#) found that Medicare for All will save \$450 billion and 68,000 lives every year. A study from the Political Economy Research Institute (PERI) at the University of Massachusetts Amherst found the U.S. could reduce total health spending over a 10-year period by more than [\\$5 trillion](#) dollars. PERI found that Medicare for All spending would be approximately \$37.8 from 2017 to 2026, compared with the CMS estimates of the current U.S. health care system costing \$42.9 trillion during that same period.
- The U.S. has by far [the highest health care spending in the world](#), per capita, and spends much more than other comparably wealthy nations. Per capita [public spending on health care](#) in the U.S. – which accounts for nearly two-thirds of all U.S. health care



costs – is higher than what nearly every other wealthy country pays for its *entire* universal health care system. In other words, if our health care system was as efficient as the systems in these other countries, the [health care costs](#) currently paid by federal, state and local governments would be sufficient to provide universal guaranteed health care without adding a penny of additional spending.

- One thing is perfectly clear: we can't afford our current health care system. Big pharma CEOs and shareholders are lining their pockets while millions of people go without health care. Medicare for All gets rid of wasteful spending and makes sure no more lives are lost because people can't access health care.

How do you pay for Medicare for All?

Note: We recommend pivoting back to the cost of our system now (see above talking points). However, if you want to get into payment, see below.

- It's important to understand that we are paying the price for our system now - a system that's lining the pockets of giant for-profit insurance companies and pharmaceutical companies. The US government is already providing two-thirds of current health care costs through Medicare, Medicaid, and federal subsidies for private insurance.
- What about the other third? Well, the American people and employers are the ones footing the bill! \$1.3 TRILLION is being poured into private insurance premiums, co-pays, and deductibles, yet we still have so many millions uninsured or underinsured.
- When employers are footing so much of the bill, that means that wages stagnate. That's why private insurance costs are rising at two times the rate of wage increases.
- So, instead of Americans pouring all that money into private insurance premiums, we would instead have just a part of that money they are already spending go into public funding for health care. Instead of spending trillions in sky high premiums, co-pays and deductibles while running the risk of crippling medical bills at any time, we'll get reliable, high-quality health care for everyone.
- Instead of the families that are struggling the most drowning in medical debt, Medicare for All would make sure that the wealthy are finally paying their fair share and helping to cover Medicare for All. [Middle-class Americans would pay less](#) in taxes than they currently spend on their health care in premiums and out of pocket costs.



- [Specific mechanisms](#) that could be used to make sure the wealthy pay their fair share and fund Medicare for All for everyone including:
 - Taxing Wall Street trades;
 - Applying a wealth surtax on billionaires and millionaires;
 - Increasing the corporate tax rate, removing incentives to outsource investments, and taxing excess corporate profits;
 - Raising the top tax rates for wealthy individuals;
 - Strengthening the estate tax; and
 - Bolstering the [payroll tax](#), while ensuring it is progressive by including exemptions for low-income households.

Isn't this going to kick people off their health insurance? What about people who love their private insurance?

- No one loves their insurance company. People love their doctors and they are afraid of losing the care they have now. But Medicare for All means every doctor and hospital is in-network and that everyone has access to health care no matter where they work, where they live or what their income is. Those with employer-sponsored insurance would no longer have to deal with rapidly rising premiums and out-of-pocket costs and narrowing provider networks that limit their ability to find a doctor.
- Americans would also no longer face the risk of a surprise bills could send them into medical debt or even bankruptcy or stay in a dead-end job to keep their health insurance. Transitioning everyone in the U.S. to Medicare for All would end the constant churn of health care coverage and the stress and administrative waste that it creates.

Won't people lose their choice in their health care?

- Our current system denies people choices at every turn. Your employer chooses your plan. Your insurer restricts what doctors you can see and what treatment you can get. Right now, we are all at the mercy of a for-profit insurance system that denies claims and cuts corners on life-saving care to line their pockets. The only real choices we have are heartbreaking choices like do you pay for life-saving treatment or pay your rent? Or, do you beg for help on Go-Fund-Me or go bankrupt? Or, do you stay in a job you hate to keep your health care or pursue your dreams? Those aren't choices. Medicare for All creates more choices for everyday Americans, not less.



- [Polls](#) show us that the choice Americans actually care about is their doctors, not insurance plans. Medicare for All gives Americans more choice than before by ensuring that there are no out-of-network doctors.

Won't people lose the ability to choose their doctor?

- The opposite is true. Under Medicare for All, Americans would finally get to choose their own doctor and hospital because every provider would be in-network. There would no longer be narrow networks with out-of-network providers or facilities. This would also mean that there would be no more surprise or balance bills for patients. Every doctor and every hospital would be “in-network.”

How does this impact doctor's pay?

- Today, doctors spend much of their time jumping through bureaucratic hoops to make insurance companies pay their claims. On average, doctors spend nine hours a week on billing and administration instead of caring for patients. Medicare for All will eliminate all of this administrative burden for doctors, saving practices tens of thousands of dollars a year.
- Medicare for All opponents are trying to pit doctors against patients. In our current health care system, the only winners are the insurance company executives and shareholders. Medicare for All will set fair reimbursement levels for doctors and make sure that they can focus on the reason they got into medicine: caring for patients.

Wouldn't this undermine the efforts of Labor Unions in fighting for health care for their members?

- Not at all, this would help labor unions fight for their workers. That's why you saw so many culinary union members vote for Bernie Sanders despite their union criticizing Medicare for All.
- Right now, unions are fighting tooth and nail to save health benefits and keep health costs from rising for their members. If you only have a dollar to negotiate with - and 60 cents goes toward health care, you aren't left with much to bargain with. If everyone had access to quality health care through Medicare for All, employers couldn't use cutting of health care as a punishment and unions could focus on fighting for other things like fighting for higher wages and safer workplaces.



- Just look no further than the recent GM strike. General Motors used cutting off health care benefits to punish striking workers and try to force the union to take a bad deal. Medicare for All will mean better health care for everyone, including union members. If we had Medicare for All, companies wouldn't pour money into expensive health and when union members strike, their health care would NOT be in jeopardy.
- Union members know better than anyone that the rising costs of insurance premiums are directly related to stagnating wages. More and more, the pressure of those costs hurts worker power at the bargaining table. That's why we have built the largest coalition of unions in support of Medicare for All than ever before.

Won't it cause rural hospitals and safety net hospitals to close down?

- No. In fact, Medicare for All will actually help rural hospitals and hospitals that care for mostly poor and low-income patients. Medicare for All levels the playing field and makes sure that everyone gets care, not just the wealthy. That means that the hospitals that care for the poorest patients today would actually get more income in many cases because everyone would have health insurance. Today, these hospitals often cannot collect anything for the care they give to low-income and uninsured patients and simply have to absorb these costs.
- Rural and safety-net hospitals are closing at alarming rates under our current system. [Between 2010 and 2016, 72 rural hospitals shut down](#) leaving thousands of people without local access to the care they need. These hospitals are in crisis NOW. The Medicare for All bill contains special provisions to help rural hospitals and critical safety net hospitals stay open and begin to thrive again.

Won't this result in health care rationing?

- Not at all. Medicare for All would build on the success of Medicare, which has an admirable track record of providing timely access to care. In fact, currently many Americans experience rationing and excessive wait times either because their insurance companies block access to the care they need or have such narrow networks that it is nearly impossible to get care.



But hasn't single-payer been a failure in places like Canada and the UK? Why would we want to repeat that?

- No. Every other wealthy country, including Canada, has a health care system that costs less than ours while delivering guaranteed health care and having better health outcomes. Each year, other high-income countries are improving their health at a much faster rate than the United States. The United States currently ranks lowest on a variety of health outcome measures, especially those related to unmet health care needs or deaths that could have been prevented with access to proper medical care.
- U.S. workers have to compete against workers in other wealthy countries where the government provides health care. Our failure to create guaranteed public health coverage puts our workers at a disadvantage in the global economy.

Isn't this going to jeopardize seniors' health care?

- Medicare for All would actually improve and expand seniors' access to health care by providing better access to vision, dental, mental health care, and long-term care. Seniors would also no longer face premiums or out-of-pocket costs, leaving more money in their pockets, particularly important for seniors on a fixed income.

What would happen to workers in the health insurance industry?

- Medicare for All would include funding to provide training and transition support for insurance company workers to help them retrain and transition into other careers. The bill says at least 1% of total health care spending could be spent on this just transition.