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## **How Would the Response to COVID-19 Differ Under Medicare for All?**

The broken, for-profit health care system in the U.S. puts us at a dangerous disadvantage in managing the threat posed by COVID-19, also called the novel coronavirus. With [87 million Americans](#) uninsured or underinsured, and high financial burdens to care even for Americans with insurance, too many Americans who become infected with the coronavirus may not be able to seek the care they need or will face financial hardship when they seek care. Unlike comparable countries, the U.S. system is much more fragmented, leaving significant potential for Americans to fall through the cracks. In addition, our broken health care system leaves Americans sicker than peer countries, which means they are more susceptible to COVID-19.

### **The U.S. Health Care System Creates Profit – Not Wellness**

Americans face higher hurdles to getting care than people living in countries with universal coverage systems. Already, a third of [Americans report](#) that they or a family member avoided going to the doctor when sick or injured in the past year due to cost, meaning that many Americans put off care rather than risk [medical debt](#) and even bankruptcy just to get the care they need.

Even once tests are widely available, [high out-of-pocket costs](#) mean that even if they test positive for COVID-19, they may not be able to afford necessary treatment, especially [hospitalization](#). Avoiding treatment due to cost could mean that some Americans wait until they are sicker before seeking treatment. Such delays could further spread the disease or increase the expense of seeking care.

With many hospitals and providers facing an overload of patients from COVID-19, it may be difficult for patients with COVID-19 or other conditions to get care from in-network providers as the pandemic worsens. This means that Americans face the risk of surprise bills from out-of-network providers. Some patients already have received surprise bills for thousands of dollars, just for COVID-19 testing.

### **Fragmentation Means Slower and Less Coordinated Response**

Because of the fragmented nature of the U.S. health care system, it is harder to track how rapidly coronavirus is spreading. Countries with a more unified system are better able to roll out testing, track the spread and intervene appropriately, as they aren't forced to negotiate with numerous private insurers, issue regulations or orders for multiple public insurance programs, or figure out how handle testing and treatment for the uninsured. By rolling out tests more quickly and ramping up to meet the crisis without requiring coordination of as many stakeholders, countries like Taiwan were able to react quickly and begin testing widely.

In addition, some crucial things, like ensuring Americans have sufficient medication, are slowed by our for-profit system. Private insurance companies are less willing to provide additional prescriptions to allow people to maintain a supply in case they need to self-isolate or quarantine.

Finally, even though COVID-19 treatments and vaccines [are being developed](#) with taxpayer money, the government might give pharmaceutical companies monopoly protections that enable them to price gouge and thereby impede people's access to the vaccine.

### **Countries With Universal Coverage Are Better Able to Manage Health Needs in a Pandemic**

Other countries are better able to manage crises because they have more control over the health resources of the country and are not forced to rely on private companies voluntarily reducing their profit margins to provide affordable care in a time of crisis.

In addition, many comparably wealthy countries have much more capacity to treat patients with serious COVID-19 symptoms. For example, while the average Organization for Economic Co-operation and Development (OECD) country has 5.4 hospital beds per 1,000 people, the U.S. only has around [half of that capacity](#) at 2.8 beds per 1,000 people. By comparison, some countries, such as Japan and Germany, have much higher capacity, with 13.1 and 8.1 per 1,000, respectively.

Our broken health care system means that Americans already are suffering worse health than citizens of comparably wealthy countries, meaning COVID-19 could exacerbate already poor health outcomes. Among the most concerning statistics, given the potential for COVID-19 to strike patients with respiratory illness particularly hard, the U.S. has much higher rates of [asthma hospitalizations](#) – nearly 90 hospitalizations per 100,000 people. This is double the average of comparable countries, around 42 hospitalizations per 100,000. Further, Americans already are significantly [more likely to die](#) of chronic respiratory disease, cardiovascular disease, diabetes or cancer than people in comparably wealthy countries with universal health care systems. The strain placed on the health care system by COVID-19 is likely to exacerbate those challenges.

And even in countries with universal coverage that have struggled to deal with growing cases of COVID-19, such as Italy, the problems have largely been because the country did not respond quickly enough to calls for social distancing, not because of particular problems with their health care system. While Medicare for All or any universal coverage system is not sufficient to stop COVID-19 or a future disease outbreak without a country also taking adequate measures to stop the spread of the disease, countries that guarantee health care are in a much better position to treat patients and ensure they do not face financial hardship or bankruptcy from getting the care they need. In addition, such health care systems are more focused on wellbeing than on profit.

### **Medicare for All Would End the Profit Motive in Health Care**

Whether we face a public health emergency or routine medical needs, a Medicare for All system would provide necessary treatments, including vaccines, to everyone regardless of their ability to pay. There would be no out-of-pocket costs or surprise bills that would get in the way of Americans receiving the care they need. In addition, under Medicare for All, Americans would have the freedom to choose a doctor or hospital to receive care wherever is most convenient during a crisis, instead of facing the additional burden of finding providers within narrow private insurance networks.

Medicare for All would prevent prescription drug profiteering and guarantee access to needed medication, including newly created vaccines, by using the full weight of the government to negotiate on behalf of the American people, while also using compulsory licensing to ensure fair negotiations.

Compulsory licensing would allow the U.S. to issue licenses to competitors if a company is unwilling to negotiate a fair price.

Medicare for All would ensure that the many hospitals, particularly rural hospitals, currently at risk of closure would have the funds they need to serve their communities. This would happen because the government would negotiate annual budgets with them.

Finally, Medicare for All would be better able to disburse funds in emergency situations and to purchase necessary machinery, such as ventilators or respirators, during a crisis and get them where they need to go in a timely manner. Unlike our current health care system, Medicare for All would include specific funding for dealing with pandemics or other health emergencies that could be distributed quickly without requiring additional legislation. The United States cannot be left unprepared for mass health risks like COVID-19. It is time to put in place Medicare for All and better protect the health of the American public.

Americans are quickly realizing we need free testing and treatment for the coronavirus as well as a free vaccine. But for any sick person, the challenges they face affording care are likely the same if they have COVID-19, cancer or diabetes. And although there is a more acute public health imperative with a highly infectious disease that is rapidly spreading, Medicare for All would ensure the broader imperative of ensuring everyone in the United States receives the treatment they need, regardless of the disease or illness.