Medicare for All Talking Points

Toplines:

- Democratic [voters](#) [overwhelmingly](#) [support](#) Medicare for All. Medicare for All is the inspiring, bold approach that resonates with the activist base of the party and will help get out the vote.

- Americans are [demanding relief](#) from [skyrocketing out-of-pocket costs](#) and drug prices from ruthless for-profit companies who make billions off their suffering while paying their CEOs tens of millions a year in compensation. Medicare for All would finally put patients before profits.

- Medicare for All would improve access for everyone – including current Medicare enrollees – by guaranteeing comprehensive health care.

- A Medicare for All system would mean all doctors and hospitals would be in-network

- Only Medicare for All can bend the cost curve for the entire health care system, as other approaches continue the current fragmented system of hundreds of plans and payers.

- Transitioning to Medicare for All would be less disruptive for Americans, and would even be easier than transitioning to Medicare at age 65

- The truth is that disruption of coverage is extremely common in our current health care system

- Medicare for All would free up providers to focus on care, instead of on billing hundreds of different plans

- U.S. wait times are [comparable to other nations](#). However, our unmet health care needs due to health care costs are [much higher](#) than other comparable nations

- Though the ACA allowed millions of Americans gain access to coverage, it also highlighted that coverage does not always ensure access to care

- Public option proposals, including Medicare for America, would leave over 100 million Americans at the whim of private for-profit insurance

- In addition, a public option would further entrench the power of for-profit insurers

- The companies that profit off our health care system have shown they are just as opposed to the most basic public option proposal as they are to Medicare for All

Talking Points with Additional Detail:

- **Democratic [voters](#) [overwhelmingly](#) [support](#) Medicare for All**. No other plan has even a fraction of the strong grassroots and group support of Medicare for All. For example, more than 75 groups having [endorsed Medicare for All](#), including national groups like the NAACP, Indivisible, MoveOn, Public Citizen, PCCC, Daily Kos, Our Revolution. And over 100 state and local groups and labor have also gotten involved in the fight, for example the South Carolina AFL-CIO, Minnesota nurses, Iowa grassroots organizers, and Black Leaders Organizing for Communities in Wisconsin. **Medicare for All is the inspiring, bold approach that resonates with the activist base and will help get out the vote**.

- **Americans are [demanding relief](#) from [skyrocketing out-of-pocket costs](#) and drug prices from ruthless for-profit companies who make billions off their suffering while paying their CEOs tens of millions a year in compensation. Medicare for All would finally put patients before profits.**

- **Medicare for All would improve access for everyone – including current Medicare enrollees – by guaranteeing comprehensive health care.** By improving Medicare and expanding it to everyone in the U.S., Medicare for All builds on the foundation of one of the most popular and politically insulated health care programs in the country. Coverage would include primary care, specialists, dental, vision, reproductive, and long-term care, all without deductibles or co-pays. Medicare for All would also reduce prescription drug prices and eliminate the risk that enrollees would choose the wrong drug plan, because the government would negotiate fair prices directly with pharmaceutical companies. Medicare recipients would no longer have to choose a prescription drug plan – and risk choosing the wrong one, if their needs change – or need to enroll in supplemental coverage.

- **A Medicare for All system would mean all doctors and hospitals would be in-network,** providing much broader choice to Americans than current for-profit private insurance system, which locks people into narrow provider networks.

- **Only Medicare for All can bend the cost curve for the entire health care system, as other approaches continue the current fragmented system of hundreds of plans and payers.** We are already spending around [18 percent of GDP](#) on health care and that is anticipated to rise to [nearly 20](#) percent by 2027. With the greying of America, particularly the retirement of baby boomers, spending will rise unsustainably unless we take action to control costs. Medicare for All is unique among Democratic proposals in being able to wring out wasteful spending and limit further growth of health care costs, the way other countries and our own Medicare program does. For example, traditional Medicare spending has [grown much more slowly](#) than private health insurance spending, even though private insurers generally serve a younger and healthier population.

- **Transitioning to Medicare for All would be less disruptive for Americans, and would even be easier than transitioning to Medicare at age 65**. Medicare already has the necessary infrastructure for enrolling beneficiaries and engaging with physicians and has been successfully doing both for more than 50 years.
  - **The truth is that disruption of coverage is extremely common in our current health care system.** Nearly 30 percent of Americans with employer-sponsored care [experience a disruption](#) in their health care coverage in a given year under the for-

profit health care system as they changed or lost jobs, their employer changed insurers or plans, or as the quality of their insurance declined while the cost increased. Further, the average American worker will change jobs frequently throughout their lives – prior to their eligibility for Medicare – nearly all of which would require a [change in 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.

- **Medicare for All would free up providers to focus on care, instead of on billing hundreds of different plans**
  - Medicare for All would ensure hospitals have the resources they need to serve their communities while wringing out wasteful spending through the use of global budgets, which would be negotiated between program administrators and hospitals. Rural hospitals and hospitals that serve a disproportionate number of people who are uninsured or unable to afford care would benefit most and would no longer constantly be at risk for going out of business.
  - Given the huge reductions in [administrative](#) [burden](#) under Medicare for All, many providers would be able to spend less time and money on administration, meaning they would have more resources to expand their capacity to provide care.
- While the specter of wait times is often raised, it is a red herring because **U.S. wait times are [comparable to other nations](#). However, our unmet health care needs due to health care costs are [much higher](#) than other comparable nations.** These unmet needs are also the reason that we have the [highest rate of deaths](#) that could be prevented with proper medical care.
- **Though the ACA allowed millions of Americans gain access to coverage, it also highlighted that coverage does not always ensure access to care.** More than [40 million Americans are underinsured](#), meaning they unable to afford to use their for-profit insurance. Too many Americans are having to depend on GoFundMe or other forms of public begging to afford life-saving care. Further, around [30 million Americans remain uninsured](#), meaning they likely have unmet health care needs and face the risk of medical debt or bankruptcy when they get sick.
- **Public option proposals, including Medicare for America, would leave over 100 million Americans at the whim of private for-profit insurance**, meaning they will continue to face rising out-of-pocket costs and premiums and narrowing networks. Employers would continue to struggle with whether or not they can afford to provide insurance to their employees.
- **In addition, a public option would further entrench the power of for-profit insurers.** Similar to Medicare Advantage, insurers could profit off of healthier enrollees while ensuring that sicker enrollees remain covered by public programs, threatening their solvency.
- In terms of political feasibility, there is the perception that less comprehensive reforms could have an easier chance of passing. However**, the companies that profit off our health care system have shown they are just as opposed to the most basic public option proposal as they are to Medicare for All.** Having formed both the Partnership for America's Health Care Future and Coalition Against Socialized Medicine, they have shown they will not compromise on behalf of their corporate backers and, therefore, that we must not compromise on behalf of the American people