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### **Why Medicare for All, Not a Public Option, Is the Best Solution**

Americans know that our health care system is broken, but they are often misled by competing claims about which reforms would improve their health care without increasing their costs or exploding the country's health care spending. The reality is that Medicare for All is the only solution that guarantees care for everyone in the U.S., brings down costs for working families and generates savings for the country as whole.

#### **A public option would allow companies to continue profiting off the sick.**

Too many lesser reforms, including public options or buy-ins, would mean that millions would remain uninsured or underinsured and subject to unnecessary out-of-pocket costs, including copays and deductibles.

Public option proposals, including Medicare for America, would leave more than [100 million Americans](#) at the whim of private for-profit insurance corporations, meaning they would continue to face rising out-of-pocket costs and premiums, as well as narrowing networks and the constant fear of disruption when their employer changes plans or they lose or change jobs. Small businesses would also continue to struggle with whether they could afford to provide insurance to their employees.

Public option or buy-in plans would further entrench the power of for-profit insurers. Insurance works by including sick and healthy people in the same pool to spread the costs over everyone. If the for-profit insurers can cherry-pick healthier Americans through seemingly more favorable plans (while they are healthy), then the public option could become overly burdened and unsustainable.

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. Both the Partnership for America's Health Care Future and Coalition Against Socialized Medicine—which strongly oppose Medicare for All as well as a public option or Medicare buy-in—have shown they will not compromise on behalf of their corporate backers.

#### **A public option would leave millions uninsured or underinsured. Only Medicare for All would mean no GoFundMe for health care costs, no more debt from medical care and no more medical bankruptcies.**

More than [40 million Americans are underinsured](#), meaning they are unable to afford to use their for-profit insurance. Because of this, far too many Americans must depend on GoFundMe or other forms of public begging to afford lifesaving 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. A public option would leave millions still uninsured or unable to afford the care they need.

#### **For-profit insurance company waste would continue under a public option, but not Medicare for All.**

Unlike a public option or a Medicare buy-in, Medicare for All would eliminate the need for the wasteful and unnecessary insurance companies that are focused on profiting from illness instead of keeping enrollees healthy. Hundreds of insurance companies and plans spend time and resources on denying coverage for needed care. Patients, providers and hospitals fight to get care – even crucial cancer treatments – covered. This wasteful system is a key reason administrative costs in the U.S. are [more than double](#) the average in other wealthy countries, with between a quarter and a third of our health care dollars spent on [administrative functions](#). Under Medicare for All, doctors would provide the care a patient needs and then send the bill to Medicare. There would be no more patients or doctors haggling with insurers about what’s covered and what isn’t. Given that Medicare already has a track record for [keeping administrative costs down](#) – even as private insurance costs rise – Medicare for All could save [more than \\$500 billion a year](#).

**Coverage under Medicare for All would be guaranteed and more comprehensive than under a public option.**

Most Americans agree that we need major changes to our health care system. But a competing public option and buy-in proposals would leave more than a [100 million Americans](#) at the mercy of for-profit insurers. By building on the promises of the Affordable Care Act and incorporating the lessons learned from decades of public programs like Medicare and Medicaid, Medicare for All would ensure that everyone has access to the care they need, including primary care, reproductive health, mental health services, dental, vision and long-term care. Only Medicare for All can make that guarantee.

**Medicare for All would guarantee access to home and community-based care for everyone.**

Americans struggle to afford long-term care, especially for home-based services. Seniors who need long-term care are forced to prove they are already in poverty or must spend down their assets until they are in poverty to qualify for Medicaid, and many of states force Americans into nursing homes, limiting their choices and autonomy. Medicare for All would allow seniors and people with disabilities to get the care they need in the setting of their choice, without out-of-pocket costs. Coverage for long-term care varies under different public option proposals, but none would guarantee access without out-of-pocket costs.

**There would be no more price gouging by pharmaceutical companies under Medicare for All.**

Merely bringing U.S. prices in line with other rich countries – which Medicare would be able to do through price negotiations – would [save \\$200 billion annually](#) of the nearly \$500 billion total spent on pharmaceuticals annually. Too many Americans go without the medicine they need because drug companies constantly raise prices, extend patents unnecessarily and focus on extracting as much profit as they can get away with. [Recent studies](#) have found that Americans pay much more for the same drugs than consumers in other countries. For example, the price of [Lantus](#) (a medicine for treating diabetes), \$186 per month, was more than double the average price across comparable countries, \$78 per month. Similarly, [Advair](#) (a medicine to treat asthma) was \$155 per month, more than double the \$64 per month average for the other wealthy countries. Approaches to control drug prices vary across different proposals, but none ensure that all medically necessary drugs would be available without a copay, as Medicare for All would.

**Under Medicare for All, the U.S. no longer would be the only major country that doesn’t guarantee health care.**

[In 2016](#), the U.S. spent 17.8% of its gross domestic product (GDP) on health care, while the average spending level among all high-income countries was 11.5% of GDP. In fact, on a per capita basis, U.S. [public spending on health care](#) – Medicare, Medicaid, etc. – is higher than what nearly every other wealthy country pays for its *entire* universal health care system.

## **Conclusion**

[Nearly half of all Americans](#) report that they 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. Earlier treatment would reduce the need for more expensive care later.

All this is possible without paying more for health care than we currently do. Even the Koch-funded Mercatus Institute estimates that Medicare for All would [save \\$2 trillion](#) over a decade. 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](#).

Some additional taxes would be needed to pay for Medicare for All, but most Americans would [pay less](#) in such taxes than they currently do on health insurance premiums, copays, deductibles and out-of-pocket health care costs.

While a public option may sound “reasonable,” it wouldn’t come close to matching Medicare for All. Whether it is savings for families, savings for the country or ensuring that everyone in the country has guaranteed access to medically necessary care, only Medicare for All would create the health care system we need.

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