



PUBLIC CITIZEN

THE CASE FOR MEDICARE-FOR-ALL

Medicare-for-All Would End Fear of Medical Bills or Losing Coverage

Even counting those who are currently covered by health insurance, too many Americans face unnecessary challenges and complexities getting the health care they need. For instance, Americans with private insurance and employees insured through their employers face [rapidly growing](#) premiums and the risk of [massive surprise bills](#), leaving them with medical debt or facing bankruptcy. Medicare-for-All would eliminate these deep defects of our fragmented health care system—both reducing costs for consumers while increasing efficiency.

It would also make improvements in coverage for Americans already enrolled in existing government programs, including Medicare and Medicaid. For example, by eliminating premiums and [out-of-pocket costs](#), Medicare-for-All would leave more money in Medicare beneficiaries' pockets, which is particularly important for seniors on fixed incomes. Medicaid enrollees would no longer face frequent [disruptions in coverage](#) as Medicare-for-All would mean have guaranteed access to care throughout a person's life. Medicare-for-All would also improve access to mental health, dental, and vision care, which many Americans struggle to access.

[Unaffordable](#) or insufficient coverage under current health care plans are a source of chronic anxiety for many Americans and leave families on the hook for huge costs. Under Medicare-for-All, Americans would finally have peace of mind because they can get the care they need without having to navigate complicated plans or [narrow provider networks](#), which leave patients with too few choices and puts them at risk for surprise bills. Medicare-for-All would also end the fear of that an [unexpected medical bill](#) could leave them in debt or bankrupt



them completely. Health care would no longer be a constant source of worry in their day-to-day lives.

Here are some of the ways Medicare-for-All would be an improvement even for Americans who already receive coverage:

Protect Americans from Rapidly Rising Premiums

As of 2016, about half of Americans were [insured through an employer](#). Most workers with employer-sponsored insurance face [rapidly rising](#) premiums and find themselves paying an ever-larger share of those premiums. A recent survey found that between 2006 and 2016, the average cost of employer-sponsored family coverage rose from around \$11,500 a year to more than \$18,000 a year, a [58 percent increase](#) and clearly an unsustainable trend given that wages have not concurrently risen. Furthermore, employers frequently find themselves [having to decide](#) between keeping up with rising premiums or providing fair raises to employees. This has led to [fewer employers providing insurance](#) or employers switching to plans with [inferior coverage](#), [narrower networks](#), or [less stability](#). Medicare-for-All would finally ensure that everyone in the U.S.—regardless of occupation—would finally have guaranteed access to the health care they need.

Prevent Devastating Surprise Bills

Many Americans face the risk of massive unexpected bills that can devastate their finances and even send them into bankruptcy through no fault of their own. Even patients who are vigilant and try to ensure they are being treated by in-network providers may have trouble avoiding surprise bills when undergoing surgery or other complex procedures because certain providers within a facility that is considered in-network may not actually be included in their insurer's network. These surprise billing charges can be much more expensive than what insurers or [Medicare would typically pay](#) for the same service. By eliminating the opaque and essentially unnavigable rules of in-network versus out-of-network treatment, Medicare-for-All would put an end to devastating surprise bills.

Give Employees and the Currently Uninsured Peace of Mind and Flexibility

One-in-four working age adults report fears about [affording](#) medical bills. Another major concern for many Americans is that losing their job could also mean the loss of affordable coverage. Losing insurance means being [unable to access needed care](#), especially given how expensive [private plans](#) can be. Medicare-for-All's comprehensive and consistent coverage would finally put an end to anxiety around losing coverage and being unable to afford care. Medicare-for-All would also promote entrepreneurship since Americans would be able to start new businesses or pursue the career they want in the community of their choice because their insurance would no longer be tied to their job.

Strengthen and Expand on the Existing Medicare Program

Medicare provides access to high-quality services

for enrollees more efficiently than private insurance. Medicare-for-All would build upon this success, rather than starting from scratch. Improvements would include better access to dental and vision services and eliminating premiums and out-of-pocket costs, which prevent many Americans from [seeking needed care](#). By [eliminating out-of-pocket spending](#), Medicare-for-All would leave Americans with more disposable income and better protect retirees on fixed incomes. And enrollees would have improved choice of providers and hospitals, especially for those currently enrolled in Medicare Advantage, who often face [narrow networks](#), limiting their choice of providers.

Improve Access to Care and Reduce Coverage Transitions for Medicaid Enrollees

Incorporating Medicaid, which is the second largest source of coverage in the United States, into a Medicare-for-All system would alleviate many of the gaps and challenges current Medicaid enrollees face. Current Medicaid enrollees frequently

experience [changes in coverage](#), which can be disruptive and [dangerous](#) for people with chronic health conditions such as diabetes, increasing the likelihood of health complications and need for expensive care. A transition to Medicare-for-All would ensure that everyone in the United States would finally have access to the care they need, including current Medicare and Medicaid enrollees, as well as those with employer-sponsored or other private plans—but also the millions of Americans who are currently without coverage.

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