

Medicare for *All*

**NOTHING
LESS!**



Our Medicare for All advocacy is built around five simple principles:

Medicare for *All*

A SINGLE HEALTH PROGRAM: Everyone will be covered by one health insurance program, administered by the federal government, and have equal access to all medical services and treatments.

COMPREHENSIVE COVERAGE: All services requiring a medical professional will be fully covered. You go to the doctor of your choice. Dental, vision, mental health, and pharmaceuticals are all included.

FREE AT THE POINT OF SERVICE: All healthcare costs will be financed through tax contributions based on ability to pay: no copays, no fees, no deductibles and no premiums. Ever.

UNIVERSAL COVERAGE: Coverage for all United States residents – non-citizens included.

JOBS: A jobs initiative and severance for those affected by the transition to government-run healthcare.

All

The Single Payer Bills

The two Medicare for All bills—one in the Senate and one in the House—are both true pieces of single-payer legislation. As written, they would enroll every American resident in a single, national insurance plan. Healthcare would be delivered free at the point of use and the program would be funded through progressive taxation, meaning no more copays or deductibles.

Both bills prohibit private insurers from offering competing benefits. Given that the bills offer comprehensive benefits—including things like dental, vision, and hearing (the House bill even covers long-term care)—this would effectively eliminate private insurance companies from their role in the healthcare system, thereby democratizing over one-sixth of the US economy.

Single-payer legislation like this will have real staying power. By covering every single American, the program will carry with it a universal constituency. There will be no envy of other plans and it will be in everybody's common interest to continue to improve it.

Medicare for All is a crucial stepping stone for advancing socialist politics—but it's vital that nobody waters it down. Compromising on any one of our campaign's five principles will weaken the program and cause it to fail in its pursuit of eliminating financial barriers to care.

Unfortunately, the broad political center is attempting to do just that. Currently there are four notable public option bills designed to protect the private insurance industry from single-payer legislation. We're going to go over each of the major health reform bills in detail below—starting with the two Medicare for All bills and moving on to the public options—weighing each against our campaign's five principles.

The Single Payer Bills

The Medicare for All Act of 2017

Senate

Sponsors: Sen. Bernie Sanders, with senators Baldwin, Blumenthal, Booker, Franken, Gillibrand, Harris, Heinrich, Hirono, Leahy, Markey, Merkley, Schatz, Shaheen, Udall, Warren, and Whitehouse.

Is it a single, public program?

Yes. It eliminates competing insurers and combines all public plans into a single insurance program that covers the entire population.

Is it universal?

Yes. Every single American resident is covered—undocumented people included. The rich are not allowed to opt out.

Is it comprehensive?

Yes. It greatly expands Medicare to include things like mental, dental, vision, hearing, maternal, and pediatric care. It also repeals the Hyde amendment and fully covers reproductive care, including abortion. It does, however, lack long-term care coverage, which will continue to be administered through a revamped Medicaid.

Is it free at the point of use?

Yes. The \$200 max annual copay for prescription drugs aside, all care is delivered completely free at the point of use.

Is there a jobs program?

Yes. The bill provides five years of temporary worker assistance to impacted workers. This includes wage replacement, retirement benefits, job training, and education benefits.

The Medicare for All Act of 2019

House

Sponsors: Rep. Pramila Jayapal (recently introduced — it replaces Rep. Ellison's House bill, which had 124 cosponsors)

Is it a single, public program?

Yes. It eliminates competing insurers and combines all public plans into a single insurance program that covers the entire population.

Is it universal?

Yes. Every single American resident is covered—undocumented people included. The rich are not allowed to opt out.

Is it comprehensive?

Yes. It greatly expands Medicare to cover dental, vision, hearing, and more. Unlike the previous House bill, it covers reproductive care; and unlike the Senate bill, it also covers long-term care.

Is it free at the point of use?

Yes. All care is completely free at the point of use. No deductibles, no premiums, and no copays—even for prescriptions.

Is there a jobs program?

Yes. It provides five years of temporary assistance to impacted workers. This includes wage replacement, retirement benefits, job training, and education benefits.

The Public Option Plans

The public option is a pretty self-explanatory idea: basically, the government would allow people to “buy in” to public health insurance, whether that be through Medicare, Medicaid, or a public plan on the Affordable Care Act market.

Public option plans are inferior to single-payer in several ways — they maintain prohibitive out-of-pocket costs; they leave millions under the coercive coverage of employer-sponsored insurance; and they keep people on narrow provider networks, denying them choice in doctor and hospital. But the key thing to keep in mind is that public option plans are not universal, and thus lack the mass constituency necessary to remain politically viable.

There are currently four noteworthy public option proposals on the table. They vary greatly, and some are much more attractive than others, but all fall short of living up to our campaign’s five principles.

	Single Health Program	Comprehensive Coverage	Free at the point of service	Universal Coverage	Jobs
Medicare for All (Senate)	✓	✓	✓	✓	✓
Medicare for All (House)	✓	✓	✓	✓	✓
Medicare for America	✗	✓	✗	✗	✗
Choose Medicare Act	✗	✗	✗	✗	✗
Medicare X	✗	✗	✗	✗	✗
Medicaid Option	✗	✗	✗	✗	✗

The Public Option Plans

Medicare for America

Sponsors: Reps. Rosa DeLauro (CT) and Jan Schakowsky (IL)

Of all public option proposals, Medicare for America represents perhaps the biggest threat to Medicare for All. By billing itself as a step to single-payer, it stands a chance to win over Medicare for All supporters as a “pragmatic” alternative that goes much further than the other public options on the table.

Based on centrist think-tank Center for American Progress’s brazenly named “Medicare Extra for All” proposal, the plan expands and even mandates enrollment for huge chunks of the population — and it has by far the most generous benefits of the public option plans. It also eventually provides the option of enrolling to people who receive insurance from their employer, rather than just those on the individual marketplace.

It does all of this while stealing the language of single-payer activists in an intentional effort to muddy the waters between itself and Medicare for All. (The name even steals Medicare for All’s popular acronym).

But despite its efforts to masquerade as a single-payer plan, it doesn’t lay out the steps toward eradicating private insurance, and thus never will. It preserves tiered healthcare—allowing people to privilege themselves with higher-quality coverage—and it also preserves employer-sponsored coverage, a huge obstacle to winning single-payer.

Don’t be fooled by DeLauro’s or Schakowsky’s rhetoric. This bill is not going to take profit out of healthcare, it’s not going to divorce healthcare from employment, and it’s not going to bring us single-payer.

Is it a single, public program?

No. It's an additional public program in our multi-payer system. Under this plan, employer-sponsored private insurance will remain intact, as will Medicare Advantage plans. In other words, the plan won't mend our fragmented system.

Is it universal?

No. Its authors bill this as a plan that will eliminate uninsurance and underinsurance, but it won't. As long as tiered care exists—where there are higher standards of care for certain people—underinsurance will persist. And as long as financial barriers to care exist, people will go without treatment.

Is it comprehensive?

Yes. The plan does indeed provide generous benefits compared to other public options. In addition to current Medicare benefits, it will cover dental, hearing, vision, reproductive services, and long-term care. However, as you can see in the bullet below, financial barriers to care will still exist.

Is it free at the point of use?

No. It includes means-tested premiums, copays, and deductibles. Premiums can reach 9.69% of a person's income. Deductibles range from \$350-\$500; out-of-pocket maximums range from \$3,500-\$5,000. This is all in addition to a sugar and alcohol excise tax. All of this will be a regular drain on working people's income and could indeed be financially devastating.

Is there a jobs program?

No. Medicare for America will likely impact private insurance companies, leading to layoffs. But it offers no severance or jobs training to help the workers it displaces.

The Public Option Plans

Choose Medicare Act

Sponsors: Senators Jeff Merkley and Chris Murphy, with senators Harris, Booker, Baldwin, Schatz, Shabean, Heinrich, Blumenthal, Udall, and Gillibrand.

Jeff Merkley's and Chris Murphy's Choose Medicare Act is more of a pure public option than Medicare Extra for All—it doesn't automatically enroll anyone and it doesn't set limits on private insurers. And unlike the CAP's plan, it's an actual senate bill with 11 cosponsors. Note that a few of the cosponsors are also cosponsoring S1804—including Merkley himself. This should worry us, as it makes clear that certain high-profile S1804 cosponsors would be more than willing to chisel the popular single-payer bill down into a broken shell of what it is now.

The Choose Medicare Act would create “Medicare Part E,” which individuals and employers would be able to purchase on the insurance marketplace (note that this plan and the CAP plan are the only public option proposals that allow employers to participate). It doesn't substantially improve upon Medicare—it offers the program's current benefits plus the “essential health benefits” of the ACA. While it would lower healthcare costs somewhat, it maintains prohibitive cost-sharing and highly tiered coverage.

The bill will also attempt to bolster the ACA's market-centered approach by extending premium subsidies to everyone who earns up to 600 percent of the FPL (they currently stop at 400 percent). Also, subsidies will be boosted to let people purchase “gold plans” rather than “silver plans.”

Basically, Merkley and Murphy—and all of their cosponsors—think the ACA's approach could work with some improvements. We don't.

Is it a single, public program?

No. It's a Medicare plan that exists within the ACA marketplace. Private insurers—and other forms of public insurance—would remain indefinitely. In fact, people currently covered by Medicare and Medicaid would be prohibited from enrolling. This bill sets no limits on what private insurers can offer, meaning it will be competing directly against them.

Is it universal?

No. It will do nothing to eliminate uninsurance or underinsurance. It still forces people to purchase coverage, and it maintains financial barriers to care through copays, premiums, and deductibles.

Is it comprehensive?

No. It covers what Medicare currently covers, plus the ACA's essential health benefits and abortion. That means vision, dental, hearing, and long-term care will not be covered.

Is it free at the point of use?

Not even close. It attempts to lower out-of-pocket costs by setting an annual deductible limit, but the limit it chooses is a potentially devastating \$6,700 per year. It also means-tests copays and expands subsidies for premiums—but as the numbers haven't yet been run on the bill, it's not clear what these costs will be.

Is there a jobs program?

No.

The Public Option Plans

Medicare X

Sponsors: Tim Kaine (D-VA) and Michael Bennet (D-CO)

Next we have Tim Kaine’s and Michael Bennet’s “Medicare X” plan. In a clear dig at the congressional single-payer bills, Kaine argues that people want “more choices, not less.” This bill takes a market-based approach and aims to preserve all existing forms of health insurance. It just gives “consumers” a slightly more reasonable option by creating public plans in the “gold” and “silver” range to compete on the ACA exchange.

Medicare X has an extremely slow rollout. In the first year, it would only be made available in areas with one or zero plans selling on the ACA marketplace. In year four it would expand to the entire country, and in year five it would allow small businesses to enroll. At no point does it allow large businesses to buy into the plan, meaning for millions of people healthcare will remain tied completely to employment.

It’s more or less a watered-down version of Merkley and Murphy’s Choose Medicare Act—it has the same approach, but with a slower and smaller rollout. In other words, this is Kaine’s and Bennet’s desperate effort at pulling the leftward-shifting healthcare debate back as far as they can to the right. Note that their bill has no other cosponsors.

Is it a single, public program?

No. It's a public option that works hard to preserve all currently-existing forms of insurance.

Is it universal?

No, and it doesn't even attempt to be. It creates yet another option that people can't afford to buy.

Is it comprehensive?

No, although it improves on Medicare's coverage slightly by including maternal and pediatric care.

Is it free at the point of use?

No, and it doesn't even really try to lower costs for people.

Is there a jobs program?

No, and no need for one as it preserves our existing healthcare infrastructure.

The Public Option Plans

Medicaid Option

Senator Brian Schatz, with Senators Booker, Harris, Heinrich, Sanders, Cortez Masto, Whitehouse, Gillibrand, Klobuchar, Franken, Markey, Warren, Leahy, Merkley, Reed, Baldwin, Hirono, Murphy, and Udall.

Brian Schatz introduced a public option bill to the Senate in October of 2017—but unlike the other public option bills, his works through Medicaid instead of Medicare.

This means that instead of providing a public option to the entire country, the Medicaid option will only be available to people in states that choose to participate. We've already seen what happens with this kind of approach: 17 states refused to expand Medicaid after the passage of the ACA, denying health insurance to millions of Americans. It's likely that a similar number of states would refuse to implement the Medicaid option.

The Medicaid option will charge a premium to people who are not currently eligible for Medicaid coverage—and since the bill will raise Medicaid payment rates to doctors and hospitals, it's likely that the premium will be fairly large and will thus deter people from enrolling.

Schatz' bill has considerable legislative support—20 senators, including Bernie Sanders, have cosponsored. It seems that many see this bill as a politically feasible, short-term approach while the fight for Medicare for All wages on. But this is a mistaken approach. Tweaks to Obamacare will not bring us one inch closer to single-payer.

Is it a single, public program?

No. It follows Medicaid's fragmented structure and will exist as dozens of different programs in different states. The private insurance industry and employer-based insurance will remain fully intact.

Is it universal?

No. People in states that choose not to participate will not be eligible. Additionally, the premiums required to join will prove prohibitive for some people. Like the ACA, this bill will expand coverage while proving structurally incapable of achieving universal coverage.

Is it comprehensive?

No. It will offer slightly different benefits than the current version of Medicaid, modeled after the ACA's "essential health benefits." Dental, vision, prescription drugs and the like will remain uncovered.

Is it free at the point of use?

No. Like the current Medicaid, the Medicaid Option will have a strict cap on cost-sharing, theoretically keeping out-of-pocket costs from being too devastating. But any copay is a deterrent to care. Also, people who opt-in will have to pay a premium.

Is there a jobs program?

No, and like other public options, there's no real need since the plan does nothing to significantly disrupt the private insurance industry.



DEMOCRATIC SOCIALISTS FOR

Medicare for *All*

“Illness is neither an indulgence for which people have to pay, nor an offence for which they should be penalised, but a misfortune, the cost of which should be shared by the community.”

Aneurin Bevan, chief architect of the NHS



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