



PARTNERSHIP FOR AMERICA'S HEALTH CARE FUTURE

Explaining The Facts On Medicare For All

With so much discussion of new government-controlled health insurance systems like Medicare for all, it can be tough to cut through the clutter. Here are some key facts to keep in mind.

When politicians say “Medicare for all,” they are talking about a **one-size-fits-all system** that would:

- **Slam working families with unaffordable tax hikes.**
- Subject Americans to **longer wait times and a lower quality of care.**
- **Take away the choice and control** Americans enjoy under our current system, where market-based coverage and government programs *work together* to cover roughly 90 percent of Americans.
- Push everyone off their current plan, into a **single, government-controlled health insurance system run by politicians.**

Here's what others have to say...

Medicare For All Would Force Americans To Pay More...

Independent analysts [estimate](#) the cost of Medicare for all could be more than **\$32 trillion** over 10 years, and the nonpartisan Committee for a Responsible Federal Budget (CRFB) [finds](#) that even a low-end estimate of \$30 trillion over a decade “**would mean increasing federal spending by about 60 percent (excluding interest)**” and “**require the equivalent of tripling payroll taxes or more than doubling all other taxes.**”

- “According to a study from the Urban Institute (and a follow-up paper), **Medicare-for-all would still add \$32.6 trillion to national health spending over 10 years.** The study goes on to state that **Sanders’s proposed tax increase would be insufficient and that additional revenue would be needed.**” (Atthar Mirza, “Would Bernie Sanders’s Medicare-for-all save Americans money?” [The Washington Post](#), 6/3/19)
- “[F]or many [Americans], higher taxes would exceed any savings ... [T]he **181 million taxpayers with employer-sponsored coverage could miss out on the benefits** of the Sanders plan, and **even those receiving Medicaid could pay more, according to health-care policy experts on both sides of the political spectrum ... payroll taxes and income tax increases would necessarily have**

to be part of the plan ... Many of the 181 million taxpayers with **employer-sponsored coverage are likely to see their taxes go higher than their current health care spending**, because about 56% of their medical costs are covered by their company ... Those on **Medicaid**, the government-sponsored insurance program for the poor, **are likely to see their tax burdens rise far beyond their current health spending.**” (Laura Davison, “Bernie Sanders Predicts His \$10,000 Tax Hike Will Save You Money. Watch The Fine Print,” [Bloomberg](#), 7/2/19)

- **CRFB’s Marc Goldwein: “There’s no possible way to finance [Medicare for all] without big middle class tax increases.”** (Jeff Stein, “Democrats’ 2020 Policy Proposals Almost Certainly Require Middle-Class Tax Hikes,” [The Washington Post](#), 3/28/19)
- “Tax experts ... say that **you can’t raise enough money from taxing the rich** and that the levies on all Americans may exceed the savings for more people **This may be particularly true of low-income folks...**” (Tami Luhby, “Can Taxing The Rich Pay For Bernie Sanders’ Medicare For All Plan?” [CNN](#), 4/16/19)
- *The New York Times* editorial board [pointed out](#) that “[i]n Vermont and Colorado, **legislators dropped bids for a state-run single-payer system when it became clear that people would not support the tax increases needed to sustain such a program.**”
- Vermont’s Democratic governor admitted that the **11.5 percent payroll tax and 9.5 percent income tax** that were proposed to finance the system **were too much for taxpayers to accept:** “The biggest problem was money,’ Shumlin said at Harvard. And he **couldn’t promise lawmakers that they wouldn’t need to hike taxes again later** to accommodate rising health care costs.” (Lauren Clason, “Single-Payer Health Care Systems Are No Easier In The States,” [Roll Call](#), 3/29/19)
- Democratic New York Governor Andrew Cuomo said **“no sane person will pass it,”** and **“you’d double everybody’s taxes” to pay for it.** (Edward-Isaac Dove, “Andrew Cuomo’s Case For 2020 – No, Really,” [The Atlantic](#), 3/3/19)

... To Wait Longer For Worse Care ...

“[P]roviders warn [Medicare for all] could significantly hurt their ability to provide adequate, widespread care. A recent report from the Congressional Budget Office [(CBO)] reinforces this concern: **‘Such a reduction in provider payment rates would probably reduce the amount of care supplied and could also reduce the quality of care.’**” (Atthar Mirza, “Would Bernie Sanders’s Medicare-for-all save Americans money?” [The Washington Post](#), 6/3/19)

- **CBO:** “If the number of providers was not sufficient to meet demand, **patients might face increased wait times and reduced access to care,**” and such a system **“could also reduce the quality of care,”** while **“[t]he number of hospitals and other health care facilities might also decline as a result of**

closures, and there might be less investment in new and existing facilities.” (“Key Design Components And Considerations For Establishing A Single-Payer Health Care System,” [Congressional Budget Office](#), 5/1/19)

- Experts are growing increasingly worried about the “**violent upheaval**” a Medicare for all system **would cause hospitals**, cautioning: “**Some hospitals, especially struggling rural centers, would close virtually overnight**, according to policy experts. Others, they say, **would try to offset the steep cuts by laying off hundreds of thousands of workers and abandoning lower-paying services like mental health.**” (Reed Abelson, “Hospitals Stand To Lose Billions Under ‘Medicare For All,’” [The New York Times](#), 9/23/19)
- **Medicare for all “would all but end private insurance and regulate hospitals in a vastly different way**, dramatically changing operators’ business model and **costing community hospitals as much as \$151 billion a year**, according to one estimate published in JAMA,” all while “**slashing hospitals’ pay rates and putting up to 1.5 million jobs at stake.**” (Adam Cancryn, “Medicare For All’ Backers Find Biggest Foe In Their Own Backyard,” [POLITICO](#), 5/25/19)

... And Push Every American Into A One-Size-Fits-All System Run By Politicians

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Medicare for all “would force the roughly 150 million Americans who are insured through their employer to switch to a government-run program ... Larry Levitt, a health policy expert at the nonpartisan Kaiser Family Foundation, said ... ‘As a practical matter, **Senator Sanders’ Medicare for all bill would mean the end of private health insurance ... Employer health benefits would no longer exist, and private insurance would be prohibited** from duplicating the coverage under Medicare.’” (Sahil Kapur, “Kamala Harris Says ‘Medicare for All’ Wouldn’t End Private Insurance. It Would,” [Bloomberg](#), 7/5/19)

- **The New York Times: “[P]rivate health insurance would be abolished.”** (Matt Stevens, “Bernie Sanders On Medicare For All,” [The New York Times](#), 6/27/19)

INSTEAD, LET’S BUILD ON WHAT’S WORKING AND FIX WHAT’S BROKEN:

For millions of Americans, our current health care is working, even though more can and should be done to improve it. Market-based coverage like employer-provided care is working together with public programs to extend quality health care coverage to roughly 90 percent of Americans.

- Nearly 180 million Americans are now covered by employer-provided health insurance, and with the Affordable Care Act, individuals who are not covered by their employers can finally access more affordable coverage for themselves and their families.

- Thanks to the progress we've made, **roughly 90 percent of Americans are covered, patients with pre-existing conditions are protected and young adults can stay on their parents' health plans until they are 26 years old.**
- Public opinion research consistently shows that **most Americans are happy with the coverage and care they and their families receive. But we can all agree that there is more work to be done.**

That's why the Partnership for America's Health Care Future supports building on the strength of employer-provided health coverage and preserving the crucial public programs many Americans depend upon, like Medicare and Medicaid.

Our mission is to promote solutions that provide Americans with greater affordability, expanded health care options, greater access and the benefits of critical innovation.