

The Medicare for All Act of 2019

Our dysfunctional health care system is unaffordable.

Today, the United States has the [most expensive, inefficient, and bureaucratic health care system](#) in the world. Despite the fact that we are the only major country on earth not to guarantee health care for all -- and have 34 million Americans who are uninsured and even more who are [underinsured](#) -- we now spend more than twice as much per capita on health care as the average developed country.

According to a recent [study](#), 45 percent of Americans are worried a major illness could leave them bankrupt, 1 out of 4 Americans skipped needed medical care because they could not afford it, and 77 percent are concerned rising health costs will cause significant and lasting damage to our economy.

We spend more on health care and get worse results.

According to the Centers for Medicare & Medicaid Services, we spend [more than \\$10,700](#) per capita on health care. Meanwhile, Canada spends just [\\$4,826](#), France spends [\\$4,902](#), Germany spends [\\$5,728](#), and the United Kingdom spends [\\$4,246](#) per person on health care. Further, despite the fact that health care spending consumes [almost 18%](#) of our GDP, our health care outcomes are worse than all of these other countries. For example, our life expectancy is [2.5 years lower](#) than Germany's and our mortality rate for children under the age of 18 is at the top of the [list](#) compared to other developed countries.

Our current health care system puts profits over people.

The ongoing failure of our health care system is directly attributable to the fact that - [unique](#) among major nations -- it is primarily designed not to provide quality care to all in a cost-effective way, but to maximize profits for health insurance companies, the pharmaceutical industry and medical equipment suppliers.

While [thousands of Americans die](#) each year because they cannot get the health care they desperately need, the top five health insurance companies last year made nearly \$21 billion in profits, led by UnitedHealth which made almost [\\$12 billion](#) alone.

As tens of thousands of American families face [bankruptcy and financial ruin](#) because of the outrageously high cost of health care and [30 percent](#) of U.S. adults with private health insurance delay seeking medical care each year due to cost, the top 65 healthcare CEOs made [\\$1.7 billion](#) in compensation in 2017 including \$83.2 million for the CEO of UnitedHealth Group; \$58.7 million for the CEO of Aetna; and \$43.9 million for the CEO of Cigna.

Today, about one out of every five Americans [cannot afford](#) to fill the prescriptions given to them by their doctors because we pay, by far, the highest price in the world for prescription drugs. Meanwhile, last year pharmaceutical companies made over \$50 billion in profits. A 2013 [study](#) showed that in 2010, the United States paid, on average, about double what was paid

in the United Kingdom, Australia, and Switzerland for prescription drugs. Since 2014, the [cost](#) of 60 drugs commonly taken has more than doubled, and 20 of them have at least quadrupled in price.

Medicare is the most popular health care program in America.

Fifty-four years ago, the United States took an important step towards universal health care by passing the Medicare program into law. Guaranteeing comprehensive health benefits for Americans over 65 has proven to be enormously successful and popular. Now is the time to improve and expand Medicare for all.

Universal health care for all.

The Medicare for All Act will provide comprehensive health care to every man, woman and child in our country -- without out-of-pocket expenses. No more insurance premiums, deductibles or co-payments. Further, this bill improves Medicare coverage to include dental, hearing and vision care. In other words, this plan would do exactly what should be done in a civilized and democratic society. It would allow all Americans, regardless of their income, to get the health care they need when they need it.

Medicare for All is the most cost-effective health care plan.

Instead of doctors and nurses spending a significant part of their day filling out forms and arguing with insurance companies, they should be using their time to provide care to their patients. We'd be able to save [up to \\$500 billion annually](#) in billing and administrative costs under Medicare for All. That money could be used to greatly expand primary care in this country and make certain that all Americans got the health care they needed when they needed it -- saving billions on expensive emergency room care and hospital visits. Instead of paying the [highest prices](#) in the world for prescription drugs, we could save [hundreds of billions](#) over a 10 year period through tough negotiations with the drug companies under this legislation.

Even a [study](#) done by the right-wing Mercatus Center estimated that Medicare for All would save Americans [more than \\$2 trillion](#) over a decade, reducing the projected cost of health care between 2022 and 2031 from \$59.7 trillion to \$57.6 trillion. Another study by the University of Massachusetts Amherst estimated that Medicare for All would save the American people even more money - [\\$5.1 trillion](#) over a ten year period compared to what they are spending today.

Medicare for All saves middle class families thousands of dollars.

At a time when health care in 2018 for a typical family of four with an employer-sponsored PPO plan now costs more than [\\$28,000](#), the reality is that a Medicare-for-all system would save the average family significant sums of money.

A [study](#) by RAND found that moving to a Medicare-for-all system in New York would save a family with an income of \$185,000 or less about \$3,000 a year, on average. Citizens for Tax Justice found that middle class families would see their after-tax income go up by about [\\$3,240](#) a

year under Medicare for All. Another study found that middle class families would spend about [14 percent less](#) of their income on health care than they do today. Even the projections from the Mercatus Center suggest that the average American could [save about \\$6,000 under](#) Medicare for all over a 10-year period.

Medicare for All is good for businesses.

A Medicare-for-all system not only benefits individuals and families, it would [benefit](#) the business community. Small- and medium-sized businesses would be free to focus on their core business goals instead of wasting precious energy and resources navigating an incredibly complex system to provide health insurance to their employees.

Bottom line: If every [major country](#) on earth can guarantee health care to all and achieve better health outcomes, while spending substantially less per capita than we do, it is absurd for anyone to suggest that the United States of America cannot do the same.

Summary of the bill

Coverage for all

This legislation will create a federal universal health insurance program to provide comprehensive coverage for all Americans including inpatient and outpatient hospital care; emergency services; primary and preventive services; prescription drugs; mental health and substance abuse treatment; maternity and newborn care; pediatrics; home- and community-based long-term services and supports; dental, audiology, and vision services.

What will this bill mean for patients?

As a patient, all your basic needs are covered. You choose your doctor. No deductibles, no surprise bills for out-of-network services, no copays. If you change jobs, you don't have to change insurance plans or worry about losing the coverage you and your family depend on. No more worrying about whether you can afford to get the care you need, or how to pick the right insurance plan for your family.

What will it mean for providers?

Health care providers can spend more time with their patients and less time with paperwork. A universal health care system will also allow the country to invest more resources in provider education and training, and make smart investments to avoid provider shortages and ensure communities can access the providers they need.

What will it mean for employers?

Instead of struggling to provide health insurance to employees, businesses will simply pay a payroll tax—just like they do for Medicare now.

More freedom, more security

Under this bill, Americans will benefit from the freedom and security that comes with finally separating health insurance from employment. That freedom would not only help the American people live happier, healthier and more fulfilling lives, but it would also promote innovation and entrepreneurship in every sector of the economy. People would be able to start new businesses, stay home with their children or leave jobs they don't like knowing that they would still have health care coverage for themselves and their families. Employers would be free to focus on running their business rather than spending countless hours figuring out how to provide health insurance to their employees. Working Americans wouldn't have to choose between bargaining for higher wages or better health insurance. Parents wouldn't have to worry about how to provide health insurance to their children. Seniors and people with serious or chronic illnesses could afford the care necessary to keep them healthy without worry of financial ruin. Millions of people will no longer have to choose between health care and other necessities like food, heat and shelter.