

Q & A

THE NATIONAL MEDICARE FOR ALL DEBATE

Q I read Medicare for All (MFA) will cost so much more and is financially unsustainable.

A Not true. Even a study conducted by the Mercatus Center, a conservative think tank, concluded that the U.S. would save \$2 trillion over a ten year period by guaranteeing health care for everyone with Medicare for All. The United States spends 2.5 times the average of other industrialized countries, or an average of \$11,193 per person annually, yet we don't provide health care to everyone. Health outcomes such as infant mortality and longevity, and equality of access, are much better in other countries.

Q Isn't Medicare for All politically unrealistic?

A As a matter of fact, 70% of all Americans support Medicare for All, with 85% of Democrats, 60% of Independents, and 52% of Republicans in favor of the concept, according the latest Reuters poll. Additionally, 77% of the 2018 voting public rate health care as their top issue as they go to vote.

Q I heard we would be starting from scratch and it will undo the Affordable Care Act and Medicare.

A Medicare is a popular, comprehensive health care program which has been in existence for 53 years. It needs improvements, such as adding dental and vision, plus the ability to negotiate fair prices for drugs. MFA would expand upon the current Medicare model to provide health care to everyone, from birth to death. In 2017 the regulations of the ACA allowed states to implement programs better than ACA-mandated services.

Q Won't it raise my taxes?

A Yes, but even with the tax increase proposed by legislators, 95% of Americans will pay less than they do now. The taxes would replace premiums, co-pays, and deductibles. For example, it is estimated a family of four making \$50,000 per year would save \$5,000 overall by paying the tax increase proposed under Senator Bernie Sanders' plan.

A recent Commonwealth Fund study revealed that, under our current system of private insurance, 44% of insured adults reported not getting care because of high co-pays and deductibles. Sixty-five percent of personal bankruptcies are due to medical debt, and 75% of those were actually insured.



**WE ARE BUILDING A
GRASSROOTS MOVEMENT
TO REPLACE PRIVATE HEALTH
INSURANCE WITH IMPROVED
MEDICARE FOR ALL.**

The Affordable Care Act (ACA) made history by expanding health insurance to millions of Americans for the first time. However, it left for-profit insurance companies involved in our health care system. For instance, even with the ACA, 30 million Americans are without coverage and 41 million are considered underinsured.

Join us in the movement for Medicare for All!

HOW THEY STACK UP: Affordable Care Act vs. Medicare for All

	AFFORDABLE CARE ACT (ACA)	MEDICARE FOR ALL (MFA)
What are my out-of-pocket costs?	High co-pays, premiums, and deductibles discourage people from getting health care when needed. In 2018, Silver Plans, the most popular option on the insurance exchange, had average deductibles of \$3,937 for an individual and \$8,044 for a family of four—on top of monthly premiums. Patients get extra charges if they don't use in-network providers.	NO more premiums, co-pays, or deductibles. Uniform benefits: One standard of comprehensive care—guaranteed healthcare no matter what the size of your wallet.
How is administrative overhead reduced?	Attempts to limit overhead spending by health insurance companies to 15% to 20%. Actual overhead is closer to 30% when advertising, lobbying, and other non-health care related activities are added to administrative costs. Only 70 cents on every health care dollar spent actually goes to your healthcare.	Eliminates administrative waste created by private insurance and keeps overhead to 3% of total cost. Allows for bulk purchasing of prescription drugs, using bargaining power to negotiate lower drug and medical equipment prices. This is currently illegal, but all other industrialized countries are able to negotiate these lower rates.
Can I choose my own health care provider?	Private insurers continue to determine what care is received and which doctors and health care providers you can go to by creating limited networks. Access to specialists only through insurance gatekeepers.	Patients choose their providers and all providers are assured a fair reimbursement.
How are decisions made for my medical care?	The Affordable Care Act advances initiatives such as “best practices.” This mandates the use of protocols for most treatments. Thus, clinical judgment of health professionals is minimized, which lowers the standard of care patients receive.	MFA ensures that clinical judgement by educated health professionals in consultation with their patients is the basis for health care decisions.
How is preventive care covered?	Prevention must be a covered benefit at no cost. However, very high co-payments for follow-up treatments like labs and x-rays mean patients can't get the care that keeps America healthy.	By removing financial roadblocks, MFA encourages preventive care that reduces your risk of pain and suffering, and decreases the societal cost of untreated disease and the overuse of ERs.
How are community health care needs addressed?	Currently hospitals and providers are concentrated in high-profit areas, mainly high-income locations. This means that access will continue to be lacking for the millions living in poor or rural communities and many communities of color.	MFA provides health planning so hospitals and clinics are built in communities where they are needed. Access to care in our local communities removes many racial and economic disparities and improves life expectancy.
Is my health coverage continuous?	Complicated administrative structure. Depending on employment status and income, you can be forced to change insurance companies several times a year. Needless paperwork, and you may lose access to your current provider.	Everyone has the same standard of quality of guaranteed healthcare, from birth to death. Even if you are unemployed, or lose or change your job—your health coverage stays with you.
How many Americans are covered?	The expansion of Medicaid, the ability for parents to keep children on their insurance until they turn 26, and private insurance through health exchanges have provided millions with coverage. But there were still more than 28 million uninsured residents in the U.S. in 2015.	Guaranteed health care for all. Every American receives a single standard of quality care, including immigrants. Every academic study for a single-payer system concludes: <ul style="list-style-type: none"> • Everyone is insured • Lives are saved • Quality is improved • Money is saved



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