

MEDICARE FOR ★ ALL!

H.R. 1384: MEDICARE FOR ALL ACT OF 2019

THE PROBLEM

Today's for-profit health care system in the United States of America is ineffective, inefficient, and produces much worse health outcomes than other industrialized countries.



The U.S. spends about 50% more per person on health care, more than any other industrialized nation.¹



Yet, the life expectancy in the U.S. is lower than other nations and our infant mortality rate and maternal mortality rate is much higher.^{2,3,4}



Nearly 30 million people are uninsured and at least 40 million people cannot afford the cost of their co-pays and deductibles.^{5,6}



Two-thirds of people who file for bankruptcy cite medical issues as a key contributor to their financial downfall — not because they don't have health insurance, but because their insurance isn't enough to protect them.⁷

THE SOLUTION

The **Medicare for All Act of 2019** improves and expands the overwhelmingly successful and popular Medicare program by removing the profit motive, resolving the inefficiencies, and guaranteeing comprehensive and quality health care to every person living in the United States.

Support for a Medicare for All system is growing! An overwhelming majority of Americans want a Medicare for All health care system.



70% of registered voters support Medicare for All, with 86% of Democrats and 52% of Republicans supporting it.⁸



69% of young Americans between the ages of 15-34 favored a government-funded health insurance program.⁹

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HOW WOULD MEDICARE FOR ALL WORK?

Medicare for All will improve and expand the existing Medicare program to comprehensively cover everyone in the United States.

COMPREHENSIVE BENEFITS AND FREEDOM OF CHOICE FOR ALL

- ✓ The legislation provides comprehensive health care coverage including all primary care, hospital and outpatient services, dental, vision, audiology, women's reproductive health services, maternity and newborn care, long-term services and supports, prescription drugs, mental health and substance abuse treatment, laboratory and diagnostic services, ambulatory services, and more.
- ✓ Patients will have complete freedom to choose the doctors, hospitals, and other providers they wish to see, without worrying about whether a provider is "in-network."
- ✓ Enrollment in Medicare for All would not require any private insurance premiums. Upon receiving care, patients would not be charged any co-pays, deductibles, or other out-of-pocket costs.

REDUCING THE COSTS OF PRESCRIPTION DRUGS

- ✓ The United States currently pays the highest prescription drug costs in the world and one in five patients skips doses or fails to fill prescriptions because of the expensive costs.^{10,11} This legislation would allow Medicare to negotiate drug prices and substantially lower the costs of prescription drugs. It also authorizes Medicare to issue compulsory licenses to allow generic production if a pharmaceutical company refuses to negotiate.

LONG-TERM SERVICES AND SUPPORTS FOR PEOPLE WITH DISABILITIES AND SENIORS

- ✓ Seniors and people with disabilities would no longer need supplemental insurance or have to meet an income requirement to cover aspects of their health care. Unlike current long-term care, home and community-based services that maximize a person's well-being and dignity will be prioritized unless the individual chooses otherwise.

TRANSPARENCY AND ACCOUNTABILITY

- ✓ The legislation would prevent health care corporations from overcharging for the costs of their services and profiting from illness and injury. It prevents institutions from using payments from the program for profit, union-busting, marketing, or federal campaign contributions.
- ✓ The Medicare for All program would provide global budgets to all institutional providers to help contain the exorbitant costs present in the system today, and will ensure that health care spending reflects the actual costs of care.

NEXT STEPS TO SUPPORT MEDICARE FOR ALL

Take the following actions to help continue to grow support for Medicare for All!



Sign our petition!

We are collecting signatures around the country to show support.



Stand firm!

The insurance and pharma lobbies are spending millions to misinform Americans.



Share your story!

It's going to take grassroots organizing and storytelling to pass this historic legislation.

Sources: 1. Cox and Sawyer. "How does health spending in the U.S. compare to other countries?" Petersen-Kaiser Health System Tracker. December 2018; 2. Nolte, Ellen, and C. Martin McKee. "Measuring the health of nations: Updating an earlier analysis," *Health Affairs* 27.1. 2008: 58-71; 3. Organisation for Economic Co-operation and Development (OECD). *Health Data 2015*; 4. "Global, regional, and national levels of maternal mortality, 1990–2015: A Systematic Analysis for the Global Burden of Disease Study 2015," *The Lancet*. 2015; 5. Berchick, Hood, and Barnett. "Health Insurance Coverage in the United States: 2017," U.S. Census Bureau. September 2018; 6. Collins, Sara R., et al. "How Well Does Insurance Coverage Protect Consumers from Health Care Costs? Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2016," Issue Brief. Commonwealth Fund. October 2017; 7. Himmelstein, Lawless, et al. "Medical Bankruptcy: Still Common Despite the Affordable Care Act," *American Journal of Public Health*. February 2019; 8. "70 percent of Americans support 'Medicare for all' proposal," Hill.TV/HarrisX American Barometer. October 2018; 9. "AP-NORC/MTV Poll: Young people back single-payer health care," The Associated Press-NORC Center for Public Affairs Research and MTV. October 2018; 10. Sarnak, Squires, et al. "Paying for prescription drugs around the world: Why is the U.S. an outlier?" *The Commonwealth Fund*. October 2017; 11. Quigley. "Ranking Political Pitches Aimed at Reducing Drug Costs," *Health and Human Rights Journal*. February 2019.