

Q&A The National Medicare for All Debate

Q I read Medicare for All (MFA) will cost \$18 trillion and is financially unsustainable.

A Opponents say Medicare for All will cost \$18 trillion over 10 years. BUT we currently spend \$3.3 trillion per year. With projected inflation, total costs with no change in our system will be \$42 trillion over 10 years. So MFA would save \$24 trillion over the same 10 year span.

The US spends 2.5 times the average of other industrialized countries, or an average of \$8,745 per person annually, and we don't provide healthcare to everyone. Medical 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 Not true. 58% of all Americans support Medicare for All, with 81% of Democrats, 60% of Independents and 37% of Republicans in favor of the concept.

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 healthcare program with 50 years of experience. It needs improvements, such as adding dental and vision, and gaining the ability to negotiate fair prices for drugs. MFA would use this model to provide healthcare to everyone, from birth to death. The ACA allows states to implement programs better than ACA-mandated services starting in 2017.

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/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. 65% of personal bankruptcies are due to medical debt, and 75% of those were actually insured.



The Campaign for a Healthy California (CHC) is a community and labor coalition of organizations (representing over 4 million Californians) committed to building a grassroots movement to replace private health insurance with improved Medicare For All in California.

The Affordable Care Act (ACA) made history by expanding health insurance to millions of Californians for the first time. However, it left insurance companies in charge of our healthcare system. Also, even with the ACA, 3,800,000 California residents were still uninsured in 2015.

In 2017, states will be eligible to improve upon the Affordable Care Act, and establish better and truly universal coverage that finally gets costs under control. Through our statewide campaign, the CHC is committed to building and broadening a grassroots movement to replace private health insurance with a single payer system that guarantees healthcare through improved Medicare for All in California. The Golden State can set the trend for the country by implementing a just and equitable healthcare system. **Join us!**

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

AFFORDABLE CARE ACT (ACA) In California (Covered California)

MEDICARE FOR ALL (MFA)

<p>What are my out-of-pocket costs?</p>	<p>High co-pays, premiums and deductibles discourage people from getting healthcare when needed. In 2014, Silver Plans, the most popular option on the insurance exchange, had average deductibles of \$2,907 for an individual and \$6,078 for a family—on top of monthly premiums. Patients get extra charges if they don't use in-network providers.</p>	<p>NO more premiums, co-pays, or deductibles. Uniform benefits: One standard of comprehensive care—guaranteed healthcare no matter what the size of your wallet.</p>
<p>How is administrative overhead reduced?</p>	<p>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-healthcare related activities are added to administrative costs. Only 70 cents on every healthcare dollar you spend actually goes to your healthcare.</p>	<p>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.</p>
<p>Can I choose my own healthcare provider?</p>	<p>Private insurers continue to determine what care is received and which doctors and healthcare providers you can go to by creating limited networks. Access to specialists only through insurance gatekeepers.</p>	<p>Patients choose their providers and all providers are assured a fair reimbursement.</p>
<p>How are decisions made for my medical care?</p>	<p>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.</p>	<p>MFA ensures that clinical judgement by educated health professionals in consultation with their patients is the basis for healthcare decisions.</p>
<p>How is preventive care covered?</p>	<p>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 the keeps California healthy.</p>	<p>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.</p>
<p>How are community healthcare needs addressed?</p>	<p>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.</p>	<p>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.</p>
<p>Is my health coverage continuous?</p>	<p>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.</p>	<p>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.</p>
<p>How many Californians are covered?</p>	<p>The expansion of Medi-Cal, the ability for parents to keep children on their insurance until they turn 26, and private insurance through Covered California has provided millions with coverage. But there were still more than 3.8 million uninsured residents in California in 2015.</p>	<p>Guaranteed healthcare for all. Every Californian receives a single standard of quality care, including immigrants Every academic study for a single-payer system concludes:</p> <ul style="list-style-type: none"> • Everyone is insured • Lives are saved • Quality is improved • Money is saved