Senate Medicare for All Factsheet

Principles for a National Improved Medicare for All Health System:

1. **Universal** – includes every person living in the United States and its territories from birth to death.
2. **Comprehensive** – covers all medically necessary care including long term care, pharmaceuticals and medical equipment.
3. **Free choice of provider** – all health professionals are in the system. Patients choose where to seek care.
4. **Simplified administration** – one system and one set of rules, prevents insurers from duplicating coverage.
5. **Financed through taxes** – the system is funded through progressive taxes and eliminates deductibles and co-pays.
6. **Controls costs** – negotiates prices, sets budgets for institutions and eliminates investor-owned facilities.
7. **Transparent and accountable** – the public has access to information on how the system is structured and how dollars are spent.

Critique of S 1804: The Medicare for All Act, 2017

Strengths

- Covers all residents in the United States and its territories (to be defined by the Secretary of Health).
- Prevents discrimination.
- Comprehensive except for long term care.
- Exempt from the Hyde Amendment.
- Health insurers cannot duplicate coverage.

Necessary improvements

- **Long term care must be included**. The current need to spend down or hold down incomes in order to qualify for long term care coverage forces poverty conditions and hurts families.
- **Eliminate co-pays**. The requirement for payment at the time of care adds administrative complexity and cost and causes patients to delay or forego necessary care.
- **Ban investor-owned facilities**. Profiting from health care adds perverse incentives to over-treat or skimp on quality measures. It adds extra cost and can lower quality of care.
- **Use separate global operating and capital budgets**. Global operating budgets for facilities streamline administration and free health professionals to spend more time on direct patient care. Separate capital budgets allow effective health resource planning.
- **End MACRA payment schemes**. MACRA has added to burdensome physician paperwork without improving health outcomes or saving money.
- **Single transition**. S 1804 calls for a complex staged transition process over four years before the system is fully implemented. This wastes money and creates many opportunities for failure. Most universal systems begin at once. This is the simplest and most cost-effective way to begin. We did it with Medicare in the 1960s. We can do it again with National Improved Medicare for All.

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