PNHP Statement about Bernie Sanders 2019 Medicare for All - SB1129- April 10, 2019

The Medicare for All Act of 2019 mostly follows the Senator's 2017 bill, with one notable addition. Here's a summary of what's in the bill:

Eligibility   Covers everyone residing in the U.S.

Benefits   Covers medically-necessary services including primary and preventive care, mental health care, reproductive care (bans the Hyde Amendment), vision and dental care, and prescription drugs. This bill also provides home- and community-based long-term services and supports, which were not covered in the 2017 Medicare for All Act.

Patient Choice   Provides a full choice of any participating doctor or hospital. Providers may not dual-practice within and outside the Medicare system.

Patient Costs   Provides first-dollar coverage without premiums, deductibles or copays for medical services, and prohibits balance billing. Copays for some brand-name prescription drugs.

Cost Controls   Prohibits duplicative coverage. Drug prices negotiated with manufacturers.

Timeline   Provides for a four-year transition. In year one, improves Medicare by adding dental, vision and hearing benefits and lowering out-of-pocket costs for Parts A & B; also lowers eligibility age to 55 and allows anyone to buy into the Medicare program. In year two, lowers eligibility to 45, and to 35 in year three.

How can the bill be improved?

Similar to the 2017 bill, the launch of this bill is a major step forward in the fight for Medicare for All. At the same time, PNHP (Physicians for a National Health Plan) again recommends ways that this bill can be improved:

- Fund hospitals through global budgets, with separate funding for capital projects: A global budget? is a lump sum paid to hospitals and similar institutions to cover operating expenses, eliminating wasteful per-patient billing. Global budgets could not be used for capital projects like expansion or modernization (which would be funded separately), advertising, profit, or bonuses. Global budgeting minimizes hospitals? incentives to avoid (or seek out) particular patients or services, inflate volumes, or upcode. Funding capital projects separately, in turn, allows us to ensure that new hospitals and facilities are built where they are needed not simply where profits are highest. They also allow us to control long term cost growth.

- End value-based payment systems and other pay-for-performance schemes: This bill continues current flawed Medicare payment methods, including alternative payment models (including Accountable Care Organizations) established under the ACA, and the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). Studies show these payment programs fail to improve quality or reduce costs while penalizing hospitals and doctors that care for the poorest and sickest patients.

- Establish a national long-term care program: This bill includes home- and community-based long-term services and supports, a laudable improvement from the 2017 bill. However, institutional long-term care coverage for seniors and people with disabilities will continue to be covered under state-based Medicaid plans, complete with a maintenance of effort provision. PNHP recommends that Sen. Sanders include institutional long-term care in the national Medicare program, as it is in Rep. Pramila Jayapal?s single-payer bill, H.R. 1384.

- Ban investor-owned health facilities: For-profit health care facilities and agencies provide lower-quality care at higher costs than nonprofits, resulting in worse outcomes and higher costs compared to not-for-profit providers. Medicare for All should provide a path for the orderly conversion of investor-owned, for-profit health-care providers to not-for-profit status.

- Fully cover all medications, without copayment: Sen. Sander's bill excludes cost-sharing for health care services. However, it does require small patient copays (up to $200 annually) on certain non-preventive prescription drugs. Research shows that copays of any kind discourage patients from seeking needed medical care, increasing sickness and long-term costs. Experience in other nations proves that they are not needed for cost control.

What's next?

Single-payer opponents including deep-pocketed lobbying groups like the Partnership for America's Health Care Future that represent corporate health care interests, will certainly attack this bill and its co-sponsors. At the same time, a slew of alternative proposals that fall short of what is needed, like a public option, could confuse the public. Let's remind our members of Congress that a majority of Americans (including a growing majority of physicians) support real single-payer reform. So please consider calling both of your U.S. Senators at (202) 224-3121 and request that they co-sponsor the Medicare for All Act of 2019. If they are already a co-sponsor, thank them and ask them to work towards improving this bill, educating their colleagues, and amplifying the work of grassroots organizers.

<div align="right">Adam Gaffney, PNHP (Physicians for a National Health Plan) President</div>

What can you do to fight for NIMA (National Improved Medicare for All)

- Call your US Representative and ask them to be a cosponsor of Rep. Pramilla Jayapal's Medicare for All Bill HR1384, and thank them if they are already a co-sponsor. Urge them to strengthen the bill.
- Call your US Senators and ask them to be a cosponsor of Sen. Bernie Sanders Medicare for All Bill SB1129. Urge Sanders to strenghten his bill to mirror the House bill. PNHP has listed improvements on this flyer.
- Learn Bird dogging and go to events candidates are at and use the techniques. BirddogNation.org
- Do a movie series of Fit-It, Healthcare at a Tipping Point, Big Pharma and Big Money Agenda. HOPE members can help with this. Find groups that wouldn't typically support Medicare for All. Learn how to use language they can support. Educate them. This has to be a cross partisan movement to be successful.
- Educate yourself on the different bills out there and why they won't work.
- Join the National groups working on Medicare for All, like PNHP if you are a physician, NNU (National Nurses United) if you are a nurse, and HOPE-Health Over Profit for Everyone. Several of these national groups hold monthly phone calls where you can learn more and ask questions.
- Join a local group working on Medicare for All like HOPE in the Midwest, Medicare for All Northern Illinois, NWI Medicare for all (Northwest Indiana), Illinois Single Payer Coalition and many others.
- Hold a phone bank and call your friends and neighbors, canvas. NNU will help with this. It's easy.
- Steer clear of campaigning for a specific candidate and instead work for the movement. It's been shown historically the politicians will follow if pushed. Change happens from the ground up and each of us only has so much time. 3.5% of the population is all that we need on our side to make a significant impact.
- Write op-eds and letters to the editor in your local papers and call in to radio stations. Opponents are loudly spreading falsehoods and exaggerations. Get busy and change that narrative. Recruit friends that love to write.
- If you have a personal story about healthcare, get it recorded, write it down, share it.
- Find groups and individuals that do not know about Medicare for All and educate them, share with them, listen to them and tell your personal stories. And of course recruit them to help grow the movement.
- Leaflet in highly trafficked areas such as farmer's markets and train stations, where ever there's a crowd.
- Do visibility actions like banners or light projection. Non-violent demonstations must remain non violent but that doesn't mean they shouldn't disrupt the status-quo. Art builds and visual demonstrations are highly effective. Backbonecampaign.org can help with ideas.

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HOPE National can be found at HealthOverProfit.org

HOPE in the Midwest can be found on FB or by email to hillsidestudio@gmail.com or 815-601-4551

Illinois Single Payer Coalition can be found at ilsinglepayer.org

PNHP can be found at pnhp.org

NNU can be found at NationalNursesUnited.org

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HOPE

Health Over Profit for Everyone