Medicare for All
Advocacy Toolkit

Contents:

Battle Tested Core Message

Everyone deserves access to the health care they need to survive and thrive. But today, everyday Americans are forced to choose between paying for their prescriptions or paying their mortgage. The for-profit insurance companies should not control whether we get the care we need when we are sick. No one should be reduced to begging on GoFundMe to afford a life-saving surgery and people shouldn't be going bankrupt from medical costs. We need Medicare for All to provide affordable, guaranteed health care for everyone.

Topline Messages

- Health care is a human right. Money should never determine whether someone receives care. We need a health care system built to deliver affordable, high-quality health care, instead of a system built to deliver obscene profits for insurance corporations and Big Pharma.

Medicare for All is a comprehensive, trusted fix

- Medicare for All doesn't just cover doctors' visits. It is truly comprehensive health care for everyone, everywhere. It covers health care, dental care, vision, mental health care and long term care.

- Medicare for All simply takes our existing popular and proven health program for seniors, Medicare, makes it bigger and better, and extends it to every single person living in the United States.

- A Medicare for All system would mean all doctors and hospitals would be in-network, providing much broader choice to Americans than current for-profit private insurance system, which locks people into narrow provider networks.

- Medicare for All will make us a stronger country. When we don't have people suffering and dying from lack of health care, when our businesses no longer have to bear the burden of providing health insurance to their employees, when we cut the waste in our current system, our nation will be healthier and our economy will be stronger.

- Medicare for All would improve access for everyone – including current Medicare enrollees – by guaranteeing comprehensive health care. By improving Medicare and expanding it to everyone in the U.S., Medicare for All builds on the foundation of one of the most popular and politically insulated health care programs in the country. Coverage would include primary care, specialists, dental, vision, reproductive, and long-term care, all without deductibles or copays. Medicare for All would also reduce prescription drug prices and eliminate the risk that enrollees would choose the wrong drug plan, because the government

would negotiate fair prices directly with pharmaceutical companies. Medicare recipients would no longer have to choose a prescription drug plan – and risk choosing the wrong one, if their needs change – or need to enroll in supplemental coverage.

Medicare for All bends the cost curve

- Only Medicare for All can bend the cost curve for the entire health care system, as other approaches continue the current fragmented system of hundreds of plans and payers. We are already spending around 18 percent of GDP on health care and that is anticipated to rise to nearly 20 percent by 2027. With the greying of America, particularly the retirement of baby boomers, spending will rise unsustainably unless we take action to control costs. Medicare for All is unique among health care proposals in being able to wring out wasteful spending and limit further growth of health care costs, the way other countries and our own Medicare program does. For example, traditional Medicare spending has grown much more slowly than private health insurance spending, even though private insurers generally serve a younger and healthier population.

- Medicare for All is the most practical, cost-efficient way to provide a single standard of quality care to all everyone. Only Medicare for All can cover everyone and bend the cost curve for the entire health care system, as other approaches continue the current fragmented system of hundreds of plans and payers.

Medicare has been efficiently serving patients for over 50 years - and the wait times argument is a red herring

- While the specter of wait times is often raised, it is a red herring because U.S. wait times are comparable to other nations. However, our unmet health care needs due to health care costs are much higher than other comparable nations. These unmet needs are also the reason that we have the highest rate of deaths that could be prevented with proper medical care. Medicare already has the necessary infrastructure for enrolling beneficiaries and engaging with physicians and has been successfully doing both for more than 50 years.
    - The truth is that disruption of coverage is extremely common in our current health care system. Nearly 30 percent of Americans with employer-sponsored care experience a disruption in their health care coverage in a given year under the for-profit health care system as they changed or lost jobs, their employer changed insurers or plans, or as the quality of their insurance declined while the cost increased. Further, the average American worker will change jobs frequently throughout their lives – prior to their eligibility for Medicare – nearly all of which would require a change in insurance. Transitioning everyone in the U.S. to Medicare for All would end the constant churn of health care coverage and the stress and administrative waste that it creates.

- Medicare for All would free up providers to focus on care, instead of on billing hundreds of different plans
  - Medicare for All would allow us to support the whole U.S. health care system and put the needs of patients first. Instead of worrying that a rural hospital is going to go out of business because it's not making a profit, we would be able to put the needs of patients first and preserve a critical health care center.
  - Given the huge reductions in [administrative](#) [burden](#) under Medicare for All, many providers would be able to spend less time and money on administration, meaning they would have more resources to expand their capacity to provide care.

Medicare for All would also lower drug prices

- Americans are [demanding relief](#) from [skyrocketing out-of-pocket costs](#) and drug prices from ruthless for-profit companies who make billions off their suffering while paying their CEOs tens of millions a year in compensation. Medicare for All would finally put patients before profits by making sure big, for-profit drug companies have to negotiate.

A public option isn't enough

- A public option would further entrench the power of for-profit insurers. The companies that profit off our health care system have shown they are just as opposed to the most basic public option proposal as they are to Medicare for All. We tried the private insurance experiment for more than 50 years, and it's clearly a giant failure.

Americans are experiencing lots of disruptions in their health care now

- Disruption of health care coverage is extremely common in our current health care system. A one-time transition to Medicare for All would end disruption and fear of disruption in health care coverage.

- Though the ACA allowed millions of Americans to gain access to coverage, it also highlighted that coverage does not always ensure access to care. More than [40 million Americans are underinsured](#), meaning they can't afford to use their for-profit insurance. Too many Americans are having to depend on GoFundMe or other forms of public begging to afford life-saving care. Further, around [30 million Americans remain uninsured](#), meaning they likely have unmet health care needs and face the risk of medical debt or bankruptcy when they get sick.

- Public option proposals, including Medicare for America, would leave over 100 million Americans at the whim of private for-profit insurance, meaning they will continue to face rising out-of-pocket costs and premiums and narrowing networks. Employers would continue to struggle with whether or not they can afford to provide insurance to their employees.

- In addition, a public option would further entrench the power of for-profit insurers. Similar to Medicare Advantage, insurers could profit off of healthier enrollees while ensuring that sicker enrollees remain covered by public programs, threatening their solvency.

Medicare for All is Popular and Widely Supported

- In terms of political feasibility, there is the perception that less comprehensive reforms could have an easier chance of passing. However, the companies that profit off our health care system have shown they are just as opposed to the most basic public option proposal as they are to Medicare for All. Having formed both the Partnership for America's Health Care Future and Coalition Against Socialized Medicine, they have shown they will not compromise on behalf of their corporate backers and, therefore, that we must not compromise on behalf of the American people

- Democratic voters overwhelmingly support Medicare for All. No other plan has even a fraction of the strong grassroots and group support of Medicare for All. For example, more than 75 groups having endorsed Medicare for All, including national groups like the NAACP, Indivisible, MoveOn, Public Citizen, PCCC, Daily Kos, Our Revolution. And over 100 state and local groups and labor have also gotten involved in the fight, for example the South Carolina AFL-CIO, Minnesota nurses, Iowa grassroots organizers, and Black Leaders Organizing for Communities in Wisconsin. Medicare for All is the inspiring, bold approach that resonates with the activist base and will help get out the vote.

- A recent poll found that a majority of Americans back replacing private plans, if they are able to continue seeing their providers of choice. Another recent poll found that a majority of Americans would prefer a universal insurance program, in which everyone is covered under a program like Medicare. Among those that favored such a program, over 80 percent would support such a system even if there were not private insurance options available.

Frequently Asked Questions:

Isn't Medicare for All too expensive?

- Our current system is what's expensive. Last year alone the U.S. spent around $3.6 trillion – more than $10,000 per person – on health care, according to the Centers for Medicare and Medicaid Services (CMS). Our health care spending is estimated to continue rising and will reach nearly $6 trillion a year by 2027, meaning we will spend around $47 trillion on health care over the next decade.

- The U.S. has by far the highest health care spending in the world, per capita, and spends much more than other comparably wealthy nations. Per capita public spending on health care in the U.S. – which accounts for nearly two-thirds of all U.S. health care costs – is higher than what nearly every other wealthy country pays for its *entire* universal health care system. In other words, if our health care system was as efficient as the systems in these other countries, the health care costs currently paid by federal, state and local governments would be sufficient to provide universal guaranteed health care without adding a penny of additional spending.

- Studies have found that Medicare for All would save $2 trillion to $5 trillion over its first decade. A study from the Political Economy Research Institute (PERI) at the University of Massachusetts Amherst found the U.S. could reduce total health spending over a 10-year period by more than $5 trillion dollars. PERI found that Medicare for All spending would be approximately $37.8 from 2017 to 2026, compared with the CMS estimates of the current U.S. health care system costing $42.9 trillion during that same period.

- One thing is perfectly clear: we can't afford our current health care system. Big pharma CEOs and shareholders are lining their pockets while millions of people go without health care. Medicare for All gets rid of wasteful spending and makes sure no more lives are lost because people can't access health care.

How do you pay for Medicare for All?

- It's important to understand who's paying these costs right now. The US government is already providing two-thirds of current health care costs through Medicare, Medicaid, and federal subsidies for private insurance.

- What about the other third? Well, the American people and employers are the ones footing the bill! $1.3 TRILLION being poured into private insurance premiums, co-pays, and deductibles, yet we still have so many millions uninsured or underinsured.

- When employers are footing so much of the bill, that means that wages stagnate. That's why private insurance costs are rising at two times the rate of wage increases.

- So, instead of Americans pouring all that money into private insurance premiums, we would instead have just a part of that money they are already spending go into public funding for health care. Instead of spending trillions in sky high premiums, co-pays and deductibles while running the risk of crippling medical bills at any time, we'll get reliable, high-quality health care for everyone.

- Instead of the families that are struggling the most drowning in medical debt, Medicare for All would make sure that the wealthy are finally paying their fair share and helping to cover Medicare for All. Middle-class Americans would pay less in taxes than they currently spend on their health care in premiums and out of pocket costs.

- Watch VIDEO: Representative Jayapal "Break down" the costs of Medicare for All

- Specific mechanisms that could be used to make sure the wealthy pay their fair share and fund Medicare for All for everyone including:
    - Taxing Wall Street trades;
    - Applying a wealth surtax on billionaires and millionaires;
    - Increasing the corporate tax rate, removing incentives to outsource investments, and taxing excess corporate profits;
    - Raising the top tax rates for wealthy individuals;
    - Strengthening the estate tax; and
    - Bolstering the payroll tax, while ensuring it is progressive by including exemptions for low-income households.

Isn't this going to kick people off their health insurance?

- Medicare for All means no one would be without insurance. It would improve health care coverage for all Americans. Those with employer-sponsored insurance would no longer have to deal with rapidly rising premiums and out-of-pocket costs and narrowing provider networks that limit their ability to find a doctor.

- Americans would also no longer face the risk of a surprise bills could send them into medical debt or even bankruptcy or stay in a dead-end job to keep their health insurance. Transitioning everyone in the U.S. to Medicare for All would end the constant churn of health care coverage and the stress and administrative waste that it creates.

Won't people lose their choices for their health care?

- Our current system denies people choices at every turn. Your employer chooses your plan. Your insurer restricts what doctors you can see and what treatment you can get.

Right now, we are all at the mercy of a for-profit insurance system that denies claims and cuts corners on life-saving care to line their pockets. The only real choices we have are heartbreaking choices like do you pay for life-saving treatment or pay your rent? Or, do you beg for help on Go-Fund-Me or go bankrupt? Or, do you stay in a job you hate to keep your health care or pursue your dreams? Those aren't choices. Medicare for All creates more choices for everyday Americans, not less.

- Polls show us that the choice Americans actually care about is their doctors, not insurance plans. Medicare for All gives Americans more choice than before by ensuring that there are no out-of-network doctors.

Won't people lose the ability to choose their doctor?

- The opposite is true. Under Medicare for All, Americans would finally get to choose their own doctor and hospital because every provider would be in-network. There would no longer be narrow networks with out-of-network providers or facilities. This would also mean that there would be no more surprise or balance bills for patients. Every doctor and every hospital would be "in-network."

How does this impact doctor's pay?

- Today, doctors spend much of their time jumping through bureaucratic hoops to make insurance companies pay their claims. On average, doctors spend nine hours a week on billing and administration instead of caring for patients. Medicare for All will eliminate all of this administrative burden for doctors, saving practices tens of thousands of dollars a year.

- Medicare for All opponents are trying to pit doctors against patients. In our current health care system, the only winners are the insurance company executives. Medicare for All will set fair reimbursement levels for doctors and make sure that they can focus on the reason they got into medicine: caring for patients.

Won't it cause rural hospitals and safety net hospitals to close down?

- No. In fact, Medicare for All will actually help rural hospitals and hospitals that care for mostly poor and low-income patients. Medicare for All levels the playing field and makes sure that everyone gets care, not just the wealthy. That means that the hospitals that care for the poorest patients today would actually get more income in many cases because everyone would have health insurance. Today, these hospitals often cannot collect anything for the care they give to low-income and uninsured patients and simply have to absorb these costs.

- Rural and safety-net hospitals are closing at alarming rates under our current system. Between 2010 and 2016, 72 rural hospitals shut down leaving thousands of people

without local access to the care they need. These hospitals are in crisis NOW. The Medicare for All bill contains special provisions to help rural hospitals and critical safety net hospitals stay open and begin to thrive again.

Won't this result in health care rationing?

● Not at all. Medicare for All would build on the success of Medicare, which has an admirable track record of providing timely access to care. In fact, currently many Americans experience rationing and excessive wait times either because their insurance companies block access to the care they need or have such narrow networks that it is nearly impossible to get care.

But hasn't single-payer been a failure in places like Canada and the UK? Why would we want to repeat that?

● No, every other wealthy country, including Canada, has a health care system than costs less than ours while delivering universal health care and having better health outcomes. Each year, other high-income countries are improving their health at a much faster rate than the United States. The United States currently ranks lowest on a variety of health outcome measures, especially those related to unmet health care needs or deaths that could have been prevented with access to proper medical care.

Isn't this going to jeopardize seniors' health care?

● Medicare for All would actually improve and expand seniors' access to health care by providing better access to vision, dental, mental health care, and long-term care. Seniors would also no longer face premiums or out-of-pocket costs, leaving more money in their pockets, particularly important for seniors on a fixed income.

What would happen to workers in the health insurance industry?

● Medicare for All would include funding to provide a just transition for workers to help them retrain and transition into other careers. The bill says at least 1% of total health care spending could be spent on this just transition.

Wouldn't this undermine the efforts of Labor Unions in fighting for health care for their members?

● Not at all, this would be beneficial to labor unions. Right now, unions are fighting tooth and nail to save health benefits and keep health costs from rising for their members. If everyone had access to quality health care through Medicare for All, unions could focus on other things like fighting for higher wages and safer workplaces. Just look no further than the recent GM strike. General Motors used cutting off health care benefits to punish striking workers and try to force the union to take a bad deal. Medicare for All will mean

better health care for everyone, including union members. If we had Medicare for All, companies wouldn't pour money into expensive health and when union members strike, their health care would NOT be in jeopardy.

- Union members know better than anyone that the rising costs of insurance premiums are directly related to stagnating wages. More and more, the pressure of those costs hurts worker power at the bargaining table. That's why we have built the largest coalition of unions in support of Medicare for All than ever before.

Messaging Guidance from Lake Research Partners

Click here for a [message guide from Lake Research Partners](#) on how to effectively talk about Medicare for All, based on the latest opinion research.

Fact Sheets

[Basic Medicare for All Factsheet](#)

[Medicare for All is Commonsense and Achievable](#)

[Medicare for All Would Cost Less While Covering More](#)

[Getting the Facts Straight on the Costs and Savings of Medicare for All](#)

[Medicare for All Would End Fear of Medical Bills or Losing Coverage](#)

[Medicare for All Would Improve Health Care for Families and Providers](#)

[Why Medicare for All, Not a Public Option, Is the Best Solution](#)

[Economists Explain Medicare for All Will Save Families, the Country Money](#)

How You Can Support Medicare for All

Call Congress

- **Urge our Representative to champaign for Medicare for All.** Contact your Representative urging them to co-sponsor the Medicare for All Act of 2019 by completing this [form](#) by Public Citizen.

- **Meet with your Representative in DC.** National Nurses United, Center for Popular Democracy, People's Action, Progressive Democrats of America, Democratic Socialists of America, Medicare for All Now, Public Citizen, Progressive Caucus Action Fund and other members of the coalition are meeting with members of Congress who have not yet cosponsored HR 1384. You can make your own appointment or reach out to one of the groups above to join us.

- **In-district grassroots advocacy.** National Nurses United, Center for Popular Democracy, People's Action, Progressive Democrats of America, Democratic Socialists of America, Health Care Now, Public Citizen and other members of the coalition are organizing in districts of members of the Energy and Commerce and Ways and Means committees and others who have not yet cosponsored HR 1384. Local coalitions are organizing in-district visits, rallies, town halls, door-to-door and crowd canvasses, and phone and text banks to increase grassroots pressure on the Members. Visit www.medicare4all.org for more information.

Tell Your Story

- **Share your story.** Are you currently uninsured and/or have a health care story you would like to share? Help us spread awareness about our current broken health care system and the need for one where everyone is guaranteed access to a high-quality, comprehensive health care plan. Contact Hebah Kassem from the Progressive Caucus Action Fund at hebah@progressivecaucuscenter.org to share your story.

Join Local Efforts to Support Medicare for All

- **City/town/county resolutions in support of Medicare for All.** Spearheaded by Public Citizen and other coalition members, the Medicare4AllResolutions campaign aims to build grassroots engagement and support on Medicare for All in communities large and

small across the U.S. by encouraging efforts to win local resolutions that endorse HR 1384. Local resolutions have already passed in Seattle, San Francisco, Detroit, St. Petersburg, Durham, Chicago's Cook County, Los Angeles, Tampa, Toledo's Lucas County and more. The coalition maintains a map of ongoing efforts – more than 230 currently with more added each week. We've created a comprehensive toolkit, built a list of thousands of activists interested in working to pass local resolutions and hosted nationwide activist webinars regularly, featuring members of the Medicare for All caucus, local government officials and national and local movement leaders. Contact Melinda St. Louis from Public Citizen mstlouis@citizen.org or visit www.medicare4allresolutions.org.

List of Endorsing Organizations

There are hundreds more organizations that have endorsed Medicare for All and are organizing local support across the country. You can access a full list of endorsing organizations here: https://www.medicare4allresolutions.org/endorsing-organizations/

Local activists are organizing in communities large and small across the country to win local resolutions supporting Medicare for All. You can check this map to see if there are efforts underway or if a local resolution has already passed in your district, and contact mstlouis@citizen.org if you would like to get in touch those activists or local government officials as you are planning your town hall.

Sample Social Media Posts

Hashtags
- #MedicareForAll
- #M4A

Social Media handles to tag or follow:
- **@PublicCitizen**
- **@WeAct4Progress**
- **@NationalNurses**
- **@SSWorks**
- **@BizHealthPol**
- **@CPDaction**
- **@PplsAction**

Graphics

- Here is a link to the shareable [graphics on Medicare for All](#).

Sample Facebook Posts

Medicare for All makes us stronger. Imagine what we could build if millions of people weren't stuck without medical care. Or when our businesses aren't burdened by paying for health care for their employees and navigating a confusing and expensive insurance bureaucracy. Or when entrepreneurs are free to start a new business without the fear of getting sick without insurance. Or when we cut the waste out of the system and spend our money on care that actually puts patients first.

No one should have to resort to begging on GoFundMe to afford a life-saving surgery that their for-profit insurance company denied. People shouldn't have to go bankrupt from medical costs. We need Medicare for All to provide affordable, guaranteed coverage for everyone.

Sample Tweets

Our health care system should be based on patient needs, not insurance company profits. #MedicareforAll

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Do we want a system that leaves patients choosing between medicines and groceries and crowd-funding their surgeries? #MedicareforAll

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No one should have to ration medicine, go without health care or stay in a bad job just to keep their health care. We need #MedicareForAll with full coverage & no upfront costs for patients!

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Our families have gone bankrupt, stayed sick, and died because of insurance companies and big pharma putting profits over patients. #MedicareForAll puts patients first no matter what.

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Getting health care shouldn't be a headache or a financial burden. Under #MedicareForAll:
🚫 NO out-of-pocket expenses for patients
🚫 NO restricting choices to "in-network" doctors and pharmacies
🚫 NO age restrictions on eligibility

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Now:
"No, that doctor isn't in-network."
"No, that treatment isn't covered"
"No, that Rx cost is on you."

#MedicareForAll bill:
"Yes, see the doctor you trust."
"Yes, all services are covered."
"Yes, we'll cover the Rx."

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The #MedicareForAll Act of 2019 covers:
✅ Doctor's visits
✅ Hospitalization
✅ Preventive care
✅ Long term care
✅ Mental health
✅ Reproductive health
✅ Dental
✅ Vision
✅ Prescription drugs
It's time to make health care a human right.

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Don't believe the industry's lies. #MedicareforAll would:

-Increase access to care without adding to the deficit

-Reduce administrative costs by $500 billion/year

-Encourage economic growth

-Improve financial stability for rural hospitals & docs

-Not increase wait times

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Our health care system delivers as much profit for industry executives as possible, while ordinary people die, rely on GoFundMe or face bankruptcy because they can't afford the care they need. This is a totally solvable problem.

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For people who care about evidence – not ideology – the facts are clear: #MedicareForAll is the most efficient and just approach to providing health care for everyone in America.http://bit.ly/M4Amyths

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The number of lobbyists hired to oppose #MedicareForAll soared in the first quarter of 2019 — a major increase from Q1 last year. The for-profit health insurance industry is terrified. https://www.citizen.org/article/fever-pitch-medicare-for-all-lobbying/

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-Pharma Research & Manufacturers of America

-Chamber of Commerce

-American Medical Association

-Fed of American Hospitals

-Blue Cross

-One Nation (Karl Rove's dark money org)

Corporate interests that profit off of the sick are spending millions to sabotage Medicare for All.

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We spend more per person than any other country on health care, yet we have:

-Lower life expectancy

-Higher infant mortality rates

-More preventable deaths

Medicare for All is the only reasonable path to controlling costs and covering everyone. https://www.usatoday.com/story/opinion/2019/04/08/medicare-for-all-reasonable-practical-health-care-reform-column/3393034002/

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The US spends more per person for health care than any other country. But among rich nations, we have the worst health outcomes, by far. We must stop tinkering around the edges of this problem. #MedicareforAll

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Life expectancy in the US declined in 2017 for the 4th year in a row — the longest decline since the global flu pandemic of 1915. At the same time, life expectancy has steadily increased for the richest Americans. That's immoral. We need #MedicareForAll. https://www.commondreams.org/views/2019/01/02/2019-year-medicare-all

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Public support for #MedicareforAll has topped 70 percent despite a permanent industry-backed campaign to discredit the idea. We have to capitalize on that support and win a health care system that puts people first, not industry profits.

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Americans understand that our fragmented and profit-driven health care system doesn't serve their best interests. We're working to pass #MedicareForAll resolutions in towns, school boards, cities, and counties across America. Get your community involved: http://medicare4allresolutions.org

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The CEO of UnitedHealth made $83 million in 2017. Is he worried about Medicare for All destabilizing our health care system, or his bank account? https://www.cnbc.com/2019/04/16/unitedhealth-warns-medicare-for-all-would-destabilize-us-health-system.html

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The U.S. spends more per person for health care than any country in the world. #MedicareforAll would save hundreds of billions by wringing out the profiteering and administrative waste of the current system. #MedicareforAll

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This is repulsive. We need a #MedicareforAll system that treats hospital care as a public service, not a business.
https://www.chicagobusiness.com/health-care/hospital-ceos-get-big-raises-despite-pressure-control-health-care-costs?fbclid=IwAR0CQY2eMn9vjGps1rZRcL5cw3sA201OcC0Gw2ey3CBpZP92Zxgvxf18sfk

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Two analyses on #MedicareforAll came from economists from opposite ends of the political spectrum. Both found that single-payer would reduce our nation's health care spending by trillions.
https://www.theguardian.com/commentisfree/2018/dec/11/universal-healthcare-could-save-america-trillions-whats-holding-us-back

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Here's the truth: Under #MedicareforAll, the average worker earning $60,000 would pay up to 14% less for health care than they currently pay for much better coverage.
https://t.co/pV1c3maM8R
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Across the country, activists are passing local #MedicareForAll resolutions in their communities.

Join an effort near you and help ensure Congress has no choice but to pass Medicare for All and make health care a right: https://bit.ly/2XMTm6X