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What Is “Medicare for All”?

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Prepared by Anne L. Schneider, PH.D. All opinions are those of the author.

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*This is another special edition, as there is no state legislation to be tracked!! Problems? Corrections?
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If you expect some kind of detailed, point-by-point, comparison of the Democratic candidates' health care proposals, you will be disappointed (although there is a lot of details below), for the key point in this special report from the AZ Legislative Alert is that **it does not make sense to choose among the various Democratic candidates on the basis of minute details of their health care plans. “The devil is in the details,” and too much depends on contingencies. No one will know what can actually be done until after the 2020 election and the results of the U.S. Senate races are known.**

Why? Because Almost all 20 or so Democratic candidates support some pathway to universal health coverage. Some have proposed “Medicare for All,” (with a variety of meanings), others have proposed a “Single Payer System” (with a variety of meanings), others something called “Medicare for America,” “Medicare Extra,” “Choose Medicare,” Medicare -X” and then there are a variety of “Public Options,” and other combinations of the dozens of possible elements of policy design. Some of these keep some of Obamacare, others do not. Most lead to universal coverage. Some have plans for how to pay for it; some do not.

The problem is that these labels obscure more than they explain, and the press seems intent on reducing this complicated issue down to some simple “hold up your hand: Yes or No.” That is a disservice to the public.

First – some definitions.

Universal Coverage – What does that mean? Coverage is universal, according to the World Health Organization, when

“all people have access to needed health services (including prevention, promotion, treatment, rehabilitation, and palliation) of sufficient quality to be

effective while also ensuring that the use of these services does not expose the user to financial hardship.”

In other words, everyone is covered for everything at a cost they can afford.

Single Payer System – What does that mean? Technically, it means the health care provider sends a bill for your treatment to a single payer (usually the government), and that payer pays all the bills for everything, and everything is covered. That means, you do not pay anything – no premiums, no co-pays, no deductibles for anything including drugs, hospital, physician, dentist, vision, mental health and so on. There is no side insurance; no private insurance. There are no benefit or access issues that make it worthwhile for private insurance to have a role.

What does “Medicare for All” Mean? It appears that the most common interpretation is that this is Universal Coverage with Single Payer, no private insurance, no co-pays or premiums or deductibles. On the other hand, it could just mean expanding the current Medicare system to everyone – so it would still have private insurance, co-pays, premiums, and deductibles. And some think a person could keep their employer insurance (others think not), and so on.

So, what is the big confusion? With these definitions of Universal Coverage and Single Payer, and the common notion that “Medicare for All” embraces both, there is not a single country in the world that has done this. None has true universal coverage and none has a true “single payer” system and none has done away with private insurance (although it plays a bigger role in some countries than others). And, there is not a single proposal on the table in the U.S. – including Bernie Sander’s proposal – that provides universal coverage and a single payer system. Suffice it to say, there are many moving parts on any health care proposal, but none meets these standards.¹

If it does not make sense to give much weight to the minute details of a candidate’s health care proposal, then what is important in comparing the candidates? Does the candidate:

- **Support universal health care coverage?** That is, everyone will eventually have health insurance that they can afford (or it is free) although the details of how to get there and the details of how it operates differ quite a bit. This could be through expanding / improving the Affordable Care Act, or creating some entirely new system.
- **Is the candidate smart enough to take stock of the composition** of the U.S. House and especially the U.S. Senate in crafting a plan? If so, good!
- **Is the candidate flexible enough to take advantage of what is feasible to do, and persuasive enough** to work with Congress to move forward toward comprehensive, universal health care coverage that is affordable? If so, good!

¹ Information is from commonwealthfund.org that has outstanding 2019 comparisons of various countries and of the current proposed legislation; supplemented by information from physicians for a national health program and other internet sites of the various candidates.

Candidates ought to be given a chance to explain what their ultimate goal would be and how they could get from where we are now to where they want to go, and how it would be paid for. But that takes time, and debates don't give them much time. The labeling is simply talking points – and the media are not helping as they oversimplify, over-categorize, over generalize, and fail to educate the public about what these various proposals actually mean. And, no, none of the proposals is “socialistic,” including the Bernie Sander’s proposal.

Here are some of the current titles being used for various proposals, and (generally) what they contain.

- **Full-Out “Medicare for All” with a “Single Payer System”** – This would involve creating a new system with a single payer (government), that covers everything (physicians, hospital, diagnostics, drugs, mental health, dental, vision, cosmetic, long term care, chronic pain, etc.), with prices set by government based on historical records, with no premiums, no deductibles, no copays for individuals and prohibits any and all private insurance. None of the developed democratic countries in the world offers this (see chart A below), and none of the Presidential candidates has a proposal that does this, either. First, it is not clear how private insurers could actually be prohibited from participating, unless they somehow criminalize doctors and hospitals from accepting any funds other than those from the government and somehow prohibit doctors from providing services privately. Even the Bernie Sanders proposal allows people to purchase supplemental insurance to cover benefits not included in the program, but providers could not offer to cover the same services. Even Canada, which comes closest to a single payer system, allows private insurance for things not covered (drugs are not covered) and the UK allows private insurance that can go to private doctors. No one has figured out how to actually outlaw private insurance. They may make it largely unnecessary, but in other countries, private insurance is provided for **complementary services** (e.g. out of pocket expenses such as copays); **supplementary services** (things not covered or privately-provided services that guarantee quicker access); and full-scale **contracting to** private for profit or non profit companies who administer the whole thing, similar to Medicare Advantage plans.
- **Medicare for All / Single Payer.** The closest any of the current proposals come to this is the **Medicare For All Act of 2018 (S1129), sponsored by Bernie Sanders.** Sander’s proposal is co-sponsored by several other Presidential candidates, including Elizabeth Warren, Kirsten Gillibrand, Kamala Harris and Corey Booker. This, of course, does NOT mean it is their first choice but that in principle they support these ideas. As noted above, a proposal written in 2018 in a Republican-controlled Senate may not be the same one they would write in 2020 if there were a Democratically-controlled senate. Nevertheless, the most notable thing about Sander’s proposal is that has broad expansive coverage and no co-pays, no premiums, and no deductibles. It is closer to comprehensive and free than any of the others. In contrast with what most are saying, it does NOT

prohibit private insurance and thus is not a true Single Payer system. It tries to discourage private insurance by prohibiting them from covering any services that is offered through the program, but it also provides that people can buy supplemental insurance to cover benefits not included in the program, and individual states could provide additional benefits too, at state expense. As in the UK, people could buy supplemental insurance to cover quicker and more convenient access. In contrast to the UK, doctors and hospitals would continue to be private – except for the Veteran’s Administration and the Indian Health Service, both of which currently are publically owned – this is the case for all of the current U.S. proposals. There would be a four-year transition period beginning with a Medicare buy-in for younger and younger people and a transition from ACA (Obamacare) through the current marketplaces with increased subsidies and expanded coverage. When candidates are asked if their health care proposals would do away with private insurance, the question oversimplifies to the extent that it really cannot be answered with “yes” or “no.” Private insurance would have a larger or smaller role, however.

- **Expansion of Affordable Care Act Elizabeth Warren, the Consumer Health Insurance Protection Act, 2018 (S2582).** This is cosponsored by Presidential candidates Bernie Sanders, Kamala Harris, and Kirstin Gillibrand. Corey Booker has not signed on, but probably would support if as would many of the other candidates if it is the best that can be done, in the circumstances. It is an improved, expanded ACA that gets to Universal Coverage. Remember, a proposal introduced in the 2018 Republican-controlled Senate may not be the one preferred in a 2020 Democratically controlled Senate. This proposal would get to universal coverage by making everyone who is not covered by Medicare, Medicaid, or their employer eligible for marketplace plans (e.g., expanding the Affordable Care Act), and would provide much larger subsidies for people with incomes up to 400% of the federal poverty level (about \$48,500 for individuals). It would cap prescription drug costs, require insurers that have full-scale Medicare contracts to also offer marketplace plans, and make persons who cannot afford their employer plans eligible for the market place plans. It would decrease and cap profits and administrative expenses for private insurance companies. This is a way to go from the ACA to universal coverage within the existing insurance / provider system.
- **Public Options - Expansion of the current Medicare system so that everyone could “buy into it.”** There are several different public options currently proposed in the U.S. Congress, but the title itself – public option – only means that the current Medicare and Medicaid systems, employer insurance, and the ACA exchanges would continue but a new – easier to get into and cheaper – public option similar to Medicare but available to everyone would be created. Remember, the current Medicare system is NOT a single payer system, it does NOT prohibit private insurance, it does NOT cover everything, and it DOES require co-payments, premiums, and/or deductibles. It does cover everyone over the required age, however, provided they simply tell their health care provider that they

are covered by Medicare. Additional private insurance is purchased by almost all Medicare recipients to cover things not covered, including prescription drugs, gaps in coverage, and services simply not covered at all. Furthermore, there are Medicare plans in which the entire program is contracted out to a private insurance company (such as Cigna, United Health Care, etc.) and these receive the Medicare tax payments, they specify the coverage, they make the payments. So, simply saying to expand the current system through a “public option” or through a required enrollment could produce universal coverage – everyone is covered at an affordable cost, but if the “public option” is indeed optional, there could still be a lot of people not covered who chose not to be covered, or who could not afford it. The plan could levy a fine on them, but the U. S. Congress eliminated the tax in its 2017 tax law, even though the 2012 Supreme Court had said the tax was lawful. Here are some public option plans:

Medicare-X Choice Act of 2019 (S. 981), HR 2000). This bill is sponsored by **Michael Bennett and Tim Kaine**. It is a market-place public option on the exchange that is for people with individual coverage or small business coverage, and enhances subsidies.

Choose Medicare Act (S2708, HR 6117). This creates a Medicare Part E that employers may offer. It caps some out of pocket costs of Medicare A and B.

Medicare buy-in for 50+. There are two plans that simply expand Medicare to persons age 50 and above, by putting these on the ACA marketplace exchanges. One is HR1346 and the other is S 470).

State Public Option (S489; HR1277). This one permits the states to offer a public buyin to Medicare if they want.

Joe Biden’s Public Option Plan. Biden's public option would be available to those who currently have individual insurance and to those who have employer insurance if they would prefer the public option. In other words, to almost everyone. It would automatically enroll persons in states that did not expand Medicaid who, therefore, are not covered.

Medicare Extra. This is a proposal from Center for American Progress that creates a new national health system that automatically enrolls newborns, the uninsured, people becoming eligible for Medicare, and everyone on Medicaid or ObamaCare. However, people can keep their employer insurance as well as VA, Indian Health Service, and other public programs that already exist. It is viewed as somewhere in between Sander’s Single Payer System and simple expansion of ObamaCare.

Medicare for America – This is a newer option being discussed among Presidential candidates that apparently is the one introduced in late 2018 by **House member DeLauro Rosa of Connecticut (HR7339)**. It would replace Medicare and Medicaid with a national health insurance program, but private insurance and employer insurance would be offered as well. It caps premiums, deductibles, and co-pays. It would let private companies contract to operate the

National Health Insurance plan, just as Medicare does in “Medicare advantage.” The plan would guarantee universal coverage.

In effect, at least four of the leading Presidential candidates—Sanders, Warren, Harris, Gillibrand and probably Booker support both an “almost” Medicare for all system and also support an “expand the ACA” plan. Joe Biden’s plan is an expansion and reform of ACA that is far more generous than some have acknowledged as its “public option” lets almost everyone in.

Persons running for President who are not currently in office are at a somewhat disadvantage in that they can only outline in broad strokes what they would do about health care. **Steve Bullock**, for example, the Montana Governor who is running for President, is opposed to Sander’s “single payer system” and supports improving/reforming the ACA instead. **Pete Buttigieg**, South Bend Indiana Mayor, supports Medicare for All – by which he apparently means universal coverage for everyone who wants coverage, which would still leave large numbers uninsured. He would get through by expanding the ACA options, letting people who have employer-provided insurance be eligible for the health exchanges, – but would get there by providing a public option to compete with the private options. **Amy Klobuchar** has sponsored or cosponsored several bills through public options to expand Medicare and Medicaid and to protect the Affordable Care Act. **Michael Bennet** is a sponsor of the “Medicare X” plan.

Provisions of National Health Plans for 12 Countries*

| Provisions of National Health Plans | Aus | Can | Den | Eng | Fra | Ger | Net | Nor | Sin | Swe | Swi | Tai |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Who Pays? Feds Only | | | | X | X | | X | | X | | X | X |
| Feds Plus State & Local | X | X | X | | | X | | X | | | | |
| Premiums, Deductibles, CoPays? | Yes |
| Coverage: Basic (hos,phy,diag) | Yes |
| Mental Health | | | Yes | Yes | | Yes | | | | | So | |
| Out Patient Drugs | Yes | | Yes | So | Yes |
| Private Insurance Role? | Yes |
| Supplementary (for non covered benefits or expedited access) | X | X | X | X | | X | X | X | X | X | All | X |
| Complementary (covers out of pocket costs) | X | | X | | X | | | | | | All | |
| Full contract to private co’s or non profits | X | | | X | | X | | | | | All | |

*Information from www.commonwealth.org, which is mostly from OECD

Country by Country Comparisons

<https://www.commonwealthfund.org/publications/2019/apr/considering-single-payer-proposals-lessons-from-abroad>

<https://www.commonwealthfund.org/many-varieties-universal-coverage>

http://www.pnhp.org/single_payer_resources/international_health_systems_for_single_payer_advocates.php

current u.s. health care proposals

<https://www.commonwealthfund.org/many-varieties-universal-coverage>

And finally, some announcements

- **Environment Advocacy!** Want to know how you can be a better advocate for the environment?
- Here's the **Citizen's Climate Change Lobby** sponsored by the **Valley Unitarian Universalist Congregation** in the South Valley https://citizensclimatelobby.org/chapters/AZ_Phoenix-South_Valley/
- **Be an advocate!** <https://environmentarizona.org/>.
- Or find a CCL near you: Find one near you at this link <https://citizensclimatelobby.org/about->

August 6 [Arizona Jews for Justice](#), [LUCHA - Living United for Change in Arizona](#), [Planned Parenthood Action](#), @national council of Jewish women Arizona. Watch the livestream on our page, and mark your calendars for August 6th for the next protest from these justice partners. More details later@!

Need a new career? Try [Arizona Career Pathways](#) (information below). Session is at VUU, July 30, 6:30 p.m. (If the link doesn't show, access the PDF: <http://vuu.org/>)

Hold the date! OCTOBER 26! "UUJAZ's Issues + Action Day will combine justice partners leading us in actions, incredible food and time for building relationships, inspiring music and speakers, and a surprise evening event! Join us at the UU Church of Surprise October 26th. More details to come when tickets go on sale in August... mark your calendars, you won't want to miss it!" UUs and progressives everywhere are welcome!

If the graphic does not show here, get it from the PDF: <http://files.vuu.org/uujaz/2019/alert-072719.pdf>

ARIZONA CAREER PATHWAYS



Begin a new career in the fields of healthcare, IT cybersecurity, construction trades and more...

Arizona Career Pathways is currently recruiting qualified students to go to school to train for a career in allied healthcare, IT, cyber- security, construction trades and more.

Learn how to apply by attending an informational session:

Tuesday, July 30th, 6:30 p.m.
Valley Unitarian Universalist Congregation
6400 W. Del Rio St
Chandler, AZ 85226

In order to be eligible, potential students must...

- Be 18 years of age or older
- Have a high school diploma or GED
- Be a US citizen or legal resident
- Not currently have a 4-year college degree
- Have a household income of 200% or less of federal poverty level

Arizona Career Pathways (a 501c 3 organization) is an initiative of Valley Interfaith Project.

Resistbot.io - How to use it. Click on the “messages” icon on your I-phone, then click on the pencil in the top right-hand corner. You will get a “To: “ screen. Put in 504-09 and then in the message type “resist.” They will respond and ask for your zip code or address and what you want to do. This is a free service, reportedly developed by volunteers. It will ask for your zip code or address, and then you can send a fax, letter, make a phone call, send an e-mail to Sen. Synema and McSally and the House member as well or even to Governor Ducey.

After you have sent several, it will ask you which of the various people you want it sent to. At first, it just sends to all three, later it will add state-level elected officials, too. You get more services after you’ve used it awhile!

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[Valley Unitarian Universalist Congregation](#) –

Senior Minister, Rev. Dr. Andy Burnette; Music Minister, Rev. Kellie Walker; Director of Faith Formation, Marci Beaudoin. Administrator, Sue Ringler. Located: 6400 W. Del Rio Drive, Chandler, AZ 480 899 4249 www.vuu.org For previous copies of the *Arizona Legislative Alert*, and for all weeks (so far) of the 50 Week Action Plan go to <https://www.vuu.org/legislative-advocacy>. VUU holds services at 10:30 to 11:30 on Sunday. There are numerous discussion / forums before and after the service. You are welcome here.

[Unitarian Universalist Justice Arizona Network](#) -- Executive Director Jenine Galsinger; [Policy Coordinator](#), Anne L. Schneider. [Board Members, UUIAZ](#): Sharon Travis, Rev. Matthew Crary, Rev. Terry Sims, Molly Divine. www.uujaz.org.

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