



Medicare for All Act of 2021

Summary

In the midst of a pandemic, the case for Medicare for All is clearer than ever before. Every other industrialized country realized long ago that you simply cannot tether healthcare to employment, and that health care must be guaranteed to everyone to have a thriving society. Yet, in the U.S, as of March 2021, the COVID-19 pandemic has taken the lives of over 525,000 people, while millions lost their health insurance simply because they lost their jobs. While Medicare for All alone could not have addressed all the barriers and challenges brought forth by the COVID-19 pandemic, it is undeniable that it would have largely strengthened our response and further enabled everyone to seek necessary services with the health security they deserve.

The Medicare for All Act of 2021 improves the overwhelmingly successful and popular Medicare program to include comprehensive benefits and then expands it to everyone, so that all residents in the United States are guaranteed high-quality health care.

Also, Medicare for All would streamline the healthcare system to reduce our exorbitant administrative waste, negotiate drug prices, and incorporate cost-containment tools that will ensure that healthcare spending reflects actual healthcare costs.

Comprehensive Benefits and Freedom of Choice

- The legislation provides comprehensive health care coverage including all primary care, hospital and outpatient services, dental, vision, audiology, women's reproductive health services, maternity and newborn care, long-term services and supports, prescription drugs, mental health and substance abuse treatment, laboratory and diagnostic services, ambulatory services, and more.
- Patients will have complete freedom to choose the doctors, hospitals, and other providers they wish to see, without worrying about whether a provider is "in-network".

No Private Insurance Premiums, Co-Pays, or Deductibles

- Enrollment in Medicare for All would not require any private insurance premiums or deductibles. Upon receiving care, patients would not be charged any co-pays or other out-of-pocket costs.

Long-Term Services and Supports for People with Disabilities and Older Americans

- Long-term services and supports will be fully covered by the Medicare for All program.

- The legislation requires that the program presume that recipients of all ages and disabilities will receive long-term services and supports through home and community-based services unless the individual chooses otherwise.

Reducing Health Care Spending and Improving Care

- Medicare for All would simplify the healthcare system by moving to a single-payer model. This will reduce the hundreds of billions of dollars wasted on the administration of the current inefficient multi-payer system, allowing providers to focus on patient care instead.
- The legislation would prevent healthcare corporations from overcharging for the costs of their services and profiting off illness and injury. The legislation prevents providers from using payments from the program for profit, union-busting, marketing, or federal campaign contributions.
- The Medicare for All program would provide global budgets to all institutional providers to help contain the exorbitant costs present in the system today and will allow the public to know where our healthcare dollars are being spent.

Reducing the Costs of Prescription Drugs

- The United States currently pays the highest prescription drug costs in the world. This legislation would allow Medicare to negotiate drug prices, as other countries do, to substantially lower the costs of prescriptions drugs.
- The legislation authorizes Medicare to issue compulsory licenses to allow generic production if a pharmaceutical company refuses to negotiate a reasonable price.

Transition

- The transition to Medicare for All would occur in two years.
- One year after the date of enactment, persons over the age of 55 and under the age of 19 would be eligible for the program.
- Two years after the date of enactment, all people living in the U.S. would be eligible for the program.
- Person with union plans would enter into the Medicare for All system at the end of the transition.

Health care for Veterans, Uniformed Service Members and Native Americans

- This legislation preserves the ability of veterans to receive their medical benefits and services through the Veterans Administration, uniformed service members and retirees through TRICARE's public direct-care system, and of Native Americans to receive their medical benefits and services through the Indian Health Service.