

Medicare for All Talking Points

These talking points and supporting data can help us talk with our legislators about why we support Medicare for All (H.R. 3069 and S. 1506).

Our for-profit healthcare insurance system is wasteful, inefficient, and ineffective. It's focused on profit instead of delivering good, affordable healthcare.

- Costs twice what other high-income countries spend on healthcareⁱ
- Claim denials, pre-authorizations, and provider networks increase profits by preventing us from getting the medical care we need
- Spends more on overhead than care: compared with Canada, the United States has 44 percent more administrative staffⁱⁱ and we have 10 administrators for every physicianⁱⁱⁱ

We don't get what we pay for or what we need.

- Health insurance costs are the top issue at the bargaining table and are eroding our wages
- Average family premium on employer-based plans rose 6% last year, more than inflation^{iv}
- Americans borrowed \$74B in 2024 to pay for medical care^v
- More than 40% of survey respondents reported unreasonable wait times and 20% stopped seeking treatment because of wait times^{vi}
- Americans have worse health outcomes and the lowest life-expectancy among peer countries^{vii}

Medicare for All is an affordable and fairly-financed solution that will provide comprehensive universal coverage.

- Medicare for All will cost significantly less than our current system, according to the Congressional Budget Office^{viii} and 22 other analyses of Medicare for All legislation (including the conservative Mercatus Center)^{ix}
- Saves money by eliminating profit and administrative overhead, negotiating fair drug prices, reducing waste and fraud, and setting uniform rates
- Covers everyone with lifetime, comprehensive coverage, including dental, vision and long-term care
- Improves provider choice and reduces wait times by eliminating networks and unnecessary administrative hurdles
- 95% of Americans will pay less for healthcare than they do now^x
- Shifts the burden off the backs of working people^{xi}:
 - Keeps existing health care taxes
 - Raises new taxes on the wealthy and corporations
 - Replaces premiums with a 7.5% income-based tax paid by employers and a 4% income-based tax paid by households – taxes will go up, but we'll pay less overall

Objections and Responses to Medicare for All

Below are some of the common misperceptions about and arguments against Medicare for All as well as some suggestions for setting the record straight and addressing concerns:

“My taxes will go up.”

Medicare for All proposals include fair financing that will take the burden of healthcare costs off the backs of working people. Instead of paying premiums, deductibles, co-pays, and other out-of-pocket costs, we will pay an additional Medicare payroll tax of 4.5% on income above \$29,000. That represents savings for 95% of Americans.

“Wait times will be too long.”

We wait for care or are denied care under our current for-profit system. In a 2023 survey by AANP, 40% of respondents experienced unreasonable waits for health care. Nearly half of those gave up seeking care and went untreated.

“I won’t be able to choose my doctors.”

Insurance company networks limit our choice of doctors and other providers, and our choices can vary from year to year. Medicare for All eliminates networks.

“I don’t trust government to run healthcare.”

Under our current system, insurance companies have significant control over who has access to healthcare. Medicare for All eliminates the middle-man, putting healthcare decisions back in the hands of providers and patients. The government simply pays the bills.

“If our union doesn’t bargain for health benefits, will members still see us as relevant?”

With healthcare costs off the bargaining table, we can bargain for higher wages and benefits, including paid family leave, paid time off, and better working conditions. And unions can begin to reverse concessions such as cuts to retiree healthcare and pensions with two-tier structures.

ⁱ <https://www.pgpf.org/article/how-does-the-us-healthcare-system-compare-to-other-countries/>

ⁱⁱ <https://www.americanprogress.org/article/excess-administrative-costs-burden-u-s-health-care-system/>

ⁱⁱⁱ <https://pnhp.org/news/10-administrators-for-every-1-doctor-we-deserve-a-better-healthcare-system/>

^{iv} <https://www.kff.org/health-costs/2025-employer-health-benefits-survey/>

^v <https://westhealth.org/news/americans-borrowed-74-billion-last-year-to-cover-healthcare-costs/>

^{vi} <https://www.aanp.org/news-feed/two-in-five-americans-report-unreasonable-health-care-wait-times>

^{vii} <https://www.healthsystemtracker.org/chart-collection/u-s-life-expectancy-compare-countries/>

^{viii} <https://www.cbo.gov/publication/56811>

^{ix} <https://thehill.com/blogs/congress-blog/healthcare/484301-22-studies-agree-medicare-for-all-saves-money/>

^x <https://pnhp.org/what-is-single-payer/>

^{xi} <https://www.sanders.senate.gov/wp-content/uploads/options-to-finance-medicare-for-all.pdf>