NON-NEGOTIABLE #3

Medicare for All

HEALTHCARE AS A HUMAN RIGHT

Eighteen cents of every dollar spent in the American economy goes toward healthcare, with total expenditures exceeding $5 trillion annually. Yet despite this massive investment, the United States has shorter life expectancy, higher infant mortality rates, and leaves tens of millions uninsured or underinsured compared to other developed nations.

The problem lies not in broken healthcare but in a system functioning exactly as designed—to generate profits rather than health outcomes.

America's healthcare system is a labyrinthine network of profit-seeking entities that add zero value to actual healthcare delivery while siphoning hundreds of billions of dollars annually from the system.

From insurance companies to pharmacy benefit managers (PBMs) to hospital administrators, an army of middlemen stands between Americans and their healthcare, each taking their cut while contributing nothing to actual care.

The administrative inefficiency is staggering: Medicare—the public, government-run insurance program—operates with approximately 2% overhead costs, comparable to Canada's single-payer system. In contrast, private insurance in the United States consumes around 13% of premiums in administrative costs. This difference represents billions in potential savings that could be redirected to actual care.

To address this dysfunction, Medicare for All would establish a national health insurance program providing comprehensive coverage to all U.S. residents.

Unlike current Medicare, this expanded program would cover all medically necessary services, including hospital care, primary and preventive care, prescription drugs, mental health treatment, reproductive care, dental, vision, and audiology services, long-term care, gender-affirming care, and more.

Crucially, the program would eliminate all cost-sharing—no premiums, deductibles, copayments, or other out-of-pocket expenses. Private insurance companies would be prohibited from selling coverage that duplicates Medicare for All benefits, though they could offer supplemental coverage for services not included in the program.

Conservative critics often raise concerns about costs, but comprehensive economic analysis consistently demonstrates that Medicare for All would generate substantial savings.

While the Urban Institute claimed Medicare for All would increase healthcare spending by $700 billion annually, this outlier relied on flawed assumptions. Three other major studies—from the University of Massachusetts, Yale Epidemiology-Lancet, and Annals of Internal Medicine—all found savings of $500-600 billion annually.

These savings would come from several sources: reduced insurance company overhead, lower administrative costs for doctors and hospitals, drug price savings from bulk purchase negotiation, and more efficient delivery of care. Even accounting for increased utilization as previously uninsured people access care, the net result would be substantial savings.

Implementation would require careful attention to reimbursement structures, addressing imbalances between primary care and specialty providers, and ensuring rural and underserved communities maintain access to care.

The transition would need to be managed over several years, with immediate coverage for those under 19 and over 55 in the first year.

The fight for universal healthcare in America isn't new:

- Theodore Roosevelt's Bull Moose Party platform included national health insurance in 1912.
- Harry Truman proposed a national healthcare program in 1945.
- John F. Kennedy made it a central campaign issue.

Each attempt was defeated by a combination of special interests and ideological opposition.

Lyndon Johnson managed to pass Medicare and Medicaid in 1965, but these were always intended as first steps toward a comprehensive national system.

Medicare for All represents more than just a policy change—it signals a fundamental shift in how we view healthcare.

Rather than treating it as a market commodity, it recognizes healthcare as a public good and a fundamental right of citizenship in a modern, wealthy democracy.

This aligns with the perspective of every other developed nation, which have all demonstrated that universal healthcare access isn't just possible—it's more efficient.

The transition to Medicare for All connects directly to our second Non-Negotiable, the Civilian Labor Corps.

While Medicare for All would save money and improve health outcomes, it would also displace many workers in the current system. The Civilian Labor Corps provides a path for these workers to transition to new, socially beneficial roles. This is particularly important as AI and automation already threaten many administrative healthcare jobs.

Under our current system, any efficiency gains from technology will simply increase corporate profits. Medicare for All, paired with a robust labor transition program, offers a path to both better healthcare outcomes and economic security for affected workers.