# Public health emergencies
## *Medicare for All* vs. the status quo

| Key issues | Medicare for All | Current system * |
|---|---|---|
| Health costs deter people from seeking testing and treatment | ✓ Medicare for All covers everybody for all medically necessary care without premiums, copays, or deductibles. Patients get care when they need it, without worrying about costs. | ✕ 30 million Americans have no insurance; 70 million have plans with such high deductibles that they cannot afford care, causing one-third of Americans to delay medical care because of cost. |
| Mass layoffs force millions of Americans off their workplace health insurance. | ✓ Medicare for All provides seamless, lifelong coverage that is NOT tied to employment. Americans will enjoy the freedom and security of comprehensive coverage no matter what happens in the economy. | ✕ 178 million Americans with job-based insurance risk losing coverage during a public health crisis, making them less likely to seek care. Those that need care will face catastrophic medical bills, worsening the recession. |
| Under-resourced hospitals face a surge of patients with costly, critical health needs. | ✓ Medicare for All could redirect $600 billion in administrative waste annually to patient care and public health. Hospitals would be funded through annual global operating budgets, which would be increased during emergencies. Public health authorities could move supplies quickly to meet local needs. | ✕ Facilities absorb the cost of treating uninsured patients, especially in rural and low-income areas. Hospitals spend as much as 25% of revenues on insurance and billing expenses — starving them of resources that could be spent on staffing and supplies during a health emergency. |
| Public health authorities don't have accurate data to make timely, informed decisions. | ✓ A unified, national electronic record system would give officials real-time data from every hospital and clinic in the nation, empowering leaders to make quick policy decisions and direct personnel and equipment where needed. | ✕ Hospitals and clinics use proprietary electronic health records, which don't communicate with each other or with health departments. Authorities must rely on individual facilities to report conditions, delaying important policy decisions. |

\* 8.5% completely uninsured, 55.1% employer-sponsored coverage, 17.9% Medicaid, 17.8% Medicare, 10.8% direct purchase private plans, 2.6% TRICARE, 1% VA. (Totals more than 100% since people may have more than one type of coverage during a year.)

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