



Writing op-eds

What's an op-ed, and how is it different from a letter to the editor?

Most newspapers and magazines (even online) feature an opinion page where readers and public figures can express viewpoints and respond to news events. An Op-Ed is a short (600–700 words) article expressing an opinion or viewpoint on a timely news topic. “Op-ed” is short for “opposite the editorial page” because of its physical placement in print newspapers; not to be confused with “editorials” which are written by a staff editorial board. A “letter to the editor” is a much shorter (150–200 words) response to an article that recently appeared in the publication.

Op-ed Guidelines:

- **Be relevant:** While not as time-sensitive as letters, op-eds should relate to a current event or issue, preferably something covered within the past week.
- **Use your voice & personal story:** Editors are interested in first-person testimony from local experts. Use your voice as a physician, and lead with a personal story about an experience in the health system. For example, many successful op-eds start with the story of a patient who delayed treatment because of cost, then explained how single payer could solve this problem.
- **Mind your tone:** Editors are looking for a sixth-grade reading level: active voice, short sentences, and no technical jargon. Use statistics, but provide links in the text to current, credible sources. Avoid polemics like, “Insurance CEOs are rotten greedy thieves!” Instead, let your stories and facts make the case.
- **Strategize your placement:** We all want to be published in the *New York Times*, but they receive hundreds of submissions each week. You're much more likely to be published in your local paper or medical specialty outlet, or the paper from where you grew up or went to med school. And since many local papers are owned by bigger chains, your piece may be syndicated in affiliated outlets. Many online-only outlets such as *The Hill* and *Business Insider* publish op-eds, too. No matter the placement, well-written op-eds will be shared widely on social media, attracting thousands of additional readers.
- **Submit your op-ed** to the appropriate editor in the body of an email (no attachments!) along with your phone, address, and short bio. Specific guidelines can usually be found on the outlet's opinion page (paper and online).

Medicare Anniversary Op-Ed campaign:

Let's confront some of the myths that Medicare for All opponents have been spreading, and spread some good news of our own! Below are some sample “writing points” for your Medicare for All op-ed.

- **Opponents claim that implementing universal coverage could cause a sharp, unaffordable increase in hospital use and costs, overwhelming the system.** But the facts show otherwise. A [study](#) published this week by researchers at Harvard shows no increase in overall utilization

after the implementation of Medicare in 1966 or the Affordable Care Act in 2014. Even though millions of Americans gained new coverage — each of those programs provided new coverage to about 10% of the U.S. population, about the same share expected to gain coverage under Medicare for All — a drop in utilization among wealthier and healthier Americans more than offset the increase in care for poorer and sicker patients.

- **In fact, Medicare for All would be a lifeline to rural and other underserved communities.** More than [100](#) rural hospitals closed in recent years, leaving many communities without access to even basic services. Administration adds tremendous costs to these already overburdened facilities, eating up more than a quarter ([25.3%](#)) of hospital budgets, compared to 12% of hospital budgets in Canada's single-payer system. Medicare for All would slash administrative costs by funding hospitals through global budgets, similar to the way that we fund fire and police departments. Instead of having to bill hundreds of different insurers for every aspirin, bandage, or saline bag, hospitals would be guaranteed a stable level of funding to meet community health needs.
- **Proponents of incremental reform argue that Medicare for All would be too “disruptive” to our patchwork system of employment-based insurance.** But in 2018, [66.1 million](#) American workers separated from their jobs, losing their job-based insurance. A University of Michigan [study](#) showed that nearly half (47%) of young adults churned off their insurance plan in a 12-month period. Now, *that's* disruptive! Medicare for All would provide lifelong, seamless coverage, ending the disruptive churn of job-based plans.
- **The solution to our health care crisis is right under our noses!** Medicare — now 54 years old — is popular, efficient, and proven to improve health outcomes for seniors. But before we expand Medicare to everyone, we must *improve* Medicare for seniors by covering all medically necessary services, including those not currently covered such as vision, hearing, dental, mental health, and long-term care. We must also eliminate the financial burden of premiums, deductibles, and copays, so nobody would ever have to choose between paying their bills and going to the doctor, and medical bankruptcy would be a thing of the past.