

# Medicare for All and public health emergencies

COVID-19 is an unprecedented public health crisis, and America's fragmented and profit-oriented health system leaves us **fighting with one hand tied behind our backs**.



- **When people can't afford testing and treatment, the virus will spread more rapidly, putting everyone's health at risk:** Even before the pandemic, almost half (45%) of U.S. adults had no insurance or high-deductible plans that didn't cover basic health needs; [one-third](#) of Americans put off medical care because of cost. And since a majority of Americans get insurance through work, a recession will cause millions more to lose both income and health coverage, with no way to pay for testing and treatment.
- **The fee-for-service model leaves hospitals unprepared for a surge in urgent care:** Hospitals must document and bill insurers for every needle, bandage, and saline bag, forcing them to spend up to [25%](#) of revenues on billing and other administrative tasks — not on patient care. Fee-for-service incentivizes hospitals to provide non-essential care like elective surgery during a pandemic, endangering healthy patients and consuming resources that should be used for COVID-19 care.
- **Our public health infrastructure is underfunded and disorganized:** Today, less than [3%](#) of U.S. health spending is dedicated to public health, leaving national and local health departments unprepared to fight a pandemic. Hospitals and clinics use proprietary electronic records that cannot communicate with each other or with health authorities, slowing down the flow of information and [hindering](#) a national response.

## Medicare for All gives us a fighting chance.

Medicare for All would **cover everybody for all medically necessary services**, including testing, hospitalizations, vaccines, and prescriptions — without the deductibles and surprise bills that keep people from seeking care. Because single-payer coverage would be lifelong and not tied to employment, families would never lose coverage during an economic downturn.

Medicare for All would fund hospitals the way we fund other essential public services like fire and police departments, with annual “global” budgets based on community health needs, not the demands of investors.

Under a single-payer system, we could **double our investment in public health** research, personnel, and emergency supplies. Ultimately, a unified national system would allow public health officials to coordinate a powerful nationwide response to a daunting nationwide crisis.

*When it comes to public health, we're all in this together. It's time for a health system that reflects that.*