

Medicare for All solves surprise billing: Guide to op-eds and letters to the editor

*Letters-to-the-editor should be very brief (fewer than 200 words), and make one clear point (i.e., “Medicare for All is the only way to end surprise billing”). Op-eds can be longer (500-800 words) and are strongest when writers use their personal voice, such as a doctor or medical student. You can send letters and op-eds to **local or national news outlets**, or to the publications of our your local medical society or medical specialty society. Review the outlet’s submission guidelines, usually found in the “contact us” page; submit letters and op-eds in the body of an email (no attachments), along with your phone, address and brief bio. For assistance with editing or placement, contact clare@pnhp.org.*

Sample letter from a doctor working in a hospital

Dear Editor:

Most Americans assume that commercial health insurance will protect them from crippling medical costs when they need care. But in [40%](#) of hospital visits, insured patients get stuck with huge surprise bills. In my hospital, I’ve seen *insured* patients with life-threatening conditions like heart attacks and appendicitis walk out the door for fear of unexpected medical bills [\[or provide your own examples here\]](#).

It doesn’t have to be this way. Single-payer Medicare for All will end surprise bills for good. It will cover everybody for all medically necessary care, with no surprises. There will be no out-of-network bills because patients will have free choice of any doctor or hospital. In fact, you’d never see a bill again, because Medicare for All would pay doctors and hospitals directly for the full cost of care. It really is that simple!

Some politicians say we should settle for band-aid fixes like a public option. But they don’t tell you that a public option would be powerless to help the vast majority of people who are covered with job-based insurance, but still end up paying thousands of dollars in unexpected medical bills.

As a doctor, I prescribe Medicare for All. It’s the only plan that takes the fear and uncertainty out of health care, for good.

Sample letter from medical student, physician, or other health professional (1)

Dear Editor:

Health insurance is supposed to protect us from debilitating medical bills. But many of my patients find that when they need care, commercial insurance is like an umbrella that melts in the rain. Even though they paid thousands of dollars in premiums and deductibles, patients still get stuck with huge surprise bills after a hospital visit. This is real money for working families: The [average](#) surprise bill for emergency care is \$628, and more than \$2,000 for hospital admission. The vast [majority](#) of households filing for medical bankruptcy had commercial insurance at the time of treatment.

It doesn’t have to be this way. Single-payer Medicare for All would eliminate both networks *and* bills by giving patients free choice of virtually any doctor or hospital, and by paying providers directly for the full cost of care. It really is that simple.

Some politicians think we should settle for a band-aid plan like a public option, which would only preserve the waste and complexity of our health system, not to mention the scourge of surprise bills and medical bankruptcy.

My patients deserve better. As a doctor [\[future doctor or health provider\]](#), I prescribe Medicare for All.

(continued)

Sample letter from medical student, physician, or other health professional (2)

Dear editor:

This past month we've watched members of Congress try (and fail) to solve the problem of surprise medical bills. It's no wonder this issue is a priority — more than [half](#) of Americans say they've been hit with a surprise medical bill that they thought should have been covered by insurance.

But tinkering with the limits of surprise bills is like putting a band-aid on a broken leg. It looks like Congress is taking action, but in reality they're ignoring the central problem: a health care system built around commercial health insurance, a fundamentally defective product.

There is a plan that would end the nightmare of surprise billing on day one. Single-payer Medicare for All would cover everyone in the nation for all medical needs, paying doctors and hospitals directly. And unlike the narrow networks of commercial insurance, Medicare for All would provide Americans with free choice of *any* doctor or hospital.

As a physician, I want to give my patients the care they need, without financial stress or insurance bureaucracy standing in the way. That's why I prescribe Medicare for All.

Sample Op-Ed

Most Americans assume that a commercial insurance card in their wallet will protect them from unexpected medical bills. They pay their premiums and deductibles, scour the pages of fine print, and keep up with the revolving door of “in-network” doctors and hospitals. They play by the insurance company's rules, as maddening as they may be, in return for the peace of mind that they will be protected from financial ruin when illness or injury strikes.

But when many insured Americans do need health care, they are shocked to learn that their commercial policies are no better than an umbrella that melts in the rain.

Forty [percent](#) of privately insured patients face surprise medical bills after visiting emergency rooms or getting admitted to hospitals, most often when they are unknowingly (often unconsciously) treated by an “out-of-network” specialist within an “in-network” hospital.

Surprise bills punch a major hole in most family budgets: The [average](#) surprise hospital bill is \$628 for emergency care and \$2,040 for inpatient admission. That's *on top* of the more than \$10,000 families pay in [premiums](#) and [deductibles](#) each year just to carry an insurance card in their wallet. Half of Americans say that, if faced with a surprise \$500 medical bill, they would either [have to borrow money](#), go into debt, or wouldn't be able to pay it at all. It's no surprise, then, that medical bills are the single greatest [cause](#) of personal bankruptcy, and that the vast majority of households filing for medical bankruptcy are also insured.

Nobody who values patient care and public health would design a system like ours. What makes America's health system uniquely predatory is our reliance on private health insurance, whose business model is simple: restrict patient choice, deny claims, and pass more costs onto enrollees. In short, pay less for care, and spend the rest on overhead, marketing, and *profits*.

It doesn't have to be this way.

Politicians make a lot of promises about solving surprise bills. But the only health plan that would end this scourge for good is single-payer Medicare for All, which would cover everyone in the nation for all medically necessary care. Out-of-network bills would vanish, because every doctor and hospital would be covered. Patients



would never see a medical bill again, because Medicare for All would pay doctors and hospitals directly, with no deductibles, copays, or insurance paperwork to get in the way.

It really is that simple.

Some politicians say we should settle for incremental reform like a public option, which would allow some Americans to pay a large premium to enroll in Medicare, Medicaid, or a similar quasi-public program (most proposals don't provide detail on patient costs or eligibility). But what they don't tell you is that a public option preserves the worst parts of our broken health care system, including the complexity and waste that keeps patients from getting the care they need. A public option would do nothing to control overall health costs, and would leave the majority of Americans with job-based commercial insurance to fend for themselves. As insurance companies pass more costs onto patients, surprise billing and medical bankruptcy will only skyrocket.

I'm sick of working in a system where insurance companies — not doctors and patients — call the shots; a system where my patients routinely delay or avoid needed care for fear of surprise bills and financial ruin. But there is a cure. As a doctor, I prescribe Medicare for All.