The Partnership for America’s Health Care Future
Who We Are

Every American deserves access to affordable health coverage and high-quality care. Our health care system allows tens of millions of patients and families to receive world-class care delivered by world-class doctors and hospitals.

But we can and must do more to ensure health care works for all Americans.

That’s why we’re working together. The nation’s leading doctors, nurses, clinicians, community hospitals, health insurance providers, and biopharmaceutical companies are committed to working together to ensure every American has access to the affordable, high-quality coverage they deserve.

PRESERVE CONTROL
Empower patients with more choice and control over their health care decisions

PROTECT OUR MOST VULNERABLE
Keep the promise of Medicare for our nation’s seniors and strengthen Medicaid

IMPROVE QUALITY
Improve patient care by expanding access to the world’s best doctors, nurses, specialists, treatments, and technology

EXPAND ACCESS
Provide access to affordable coverage for every American, no matter where they live or how much they earn

STRENGTHEN EMPLOYER-PROVIDED COVERAGE
Build on the strength of the employer-provided health coverage that more than 180 million Americans rely on today
Our Mission

The Partnership for America’s Health Care Future’s (PAHCF) mission is to build on what’s working in health care and fix what’s not.

We want to work together to lower costs, protect patient choice, expand access, improve quality and foster innovation. And whether it’s called Medicare for All, Medicare buy-in, or the public option, one-size-fits-all health care will never allow us to achieve those goals.

That’s why we support building on the strength of employer-provided health coverage and preserving Medicare, Medicaid, and other proven solutions that hundreds of millions of Americans depend on – to expand access to affordable, high-quality coverage for every American.
People Want Improvements To Our Health Care System, Not Dramatic Changes

- **90%**
  The percent of Americans who currently have health insurance (National Center for Health Statistics, 5/1/2019)

- **71%**
  Say bringing down health care costs is the most important priority to improve the U.S. health care system (Voter Vitals, 8/15/2019)

- **80%**
  Rate the quality of their health care as excellent or good (Gallup, 5/21/2019)

- **58%**
  Oppose Medicare for All when told it eliminates private health insurance (Kaiser Family Foundation, 1/23/2019)

- **57%**
  Would rather build on and improve our current health insurance system, instead of starting over (Voter Vitals, 8/15/2019)

- **-12%**
  The decrease in Democratic voters who “strongly favor” Medicare for All between April 2019 and July 2019 (Kaiser Family Foundation, 7/30/2019)

While the majority of Americans are insured, most still worry about health care

But people do not want to disrupt their – or others’ – current health care coverage

Americans want improvements, not upending the entire system

71% Say bringing down health care costs is the most important priority to improve the U.S. health care system (Voter Vitals, 8/15/2019)
Members
Our Work (1/2)

- Grassroots Engagement
- Digital Campaigns
- Policy Analysis
- Polling and Research
- Beltway and Third Party Engagement
- Public Education and Awareness
Our Work (2/2)

Most Americans Want to Fix Our Current Health Care System.

Not throw it all away for a one-size-fits-all system.

Protect America's Health Care Future

BLOG


February 20, 2019

There’s been no shortage of attention paid to Medicare for All-style proposals. But as The Washington Post reports, the “increasingly liberal bent” of some Democrats on divisive issues such as health care is “creating dilemmas” for House leaders and the Members in swing districts who delivered the Majority to the party last fall. This includes the platform of eliminating our nation’s health care system and starting from scratch with Medicare for All, instead of fulfilling the promise to protect what is working and fix what is broken in our current system.

As U.S. Rep. Josh Gottheimer (D-N.J.) explained to The Post:

“We won the House through the middle,” said Rep. Josh Gottheimer (D-N.J.), who co-leads the Problem Solvers Caucus. “Our party has to be open and recognize that. And if we don’t and insist that everyone takes a hard line view on everything, (a) I don’t think that’s going to attract votes in the next election, and (b) it puts our majority at risk.”
Serving as the grassroots arm of our Partnership efforts, the My Care, My Choice program is a social-first, people-powered program aimed at building relationships with likely supporters over time, so when the time to take action against Medicare for all comes, we have an army of advocates at the ready to activate.

With a robust email program, social channels optimized to convene conversation, and a website that ranks first in search thanks to our paid program in our key states – My Care, My Choice educates target audiences through the online communication channel they prefer best.
My Care, My Choice (2/2)

Our tone is solutions-oriented and people-first, leveraging the faces and stories of real consumers and the issues they would face if Medicare for all was to be enacted. While impressing the seriousness of the situation, our content also facilitates legislator outreach, communicating the potential of our audience’s collective power and inspiring them to take action.

# Comparison of Health Care Proposals

<table>
<thead>
<tr>
<th>Bill</th>
<th>Type of Plan</th>
<th>Who is Eligible?</th>
<th>Benefits</th>
<th>Provider Reimbursement Rate</th>
<th>Financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare X S. 981/H.R. 2000 (Bennet/Kaine/Delgado)</td>
<td>Public Plan Option (Federal/Medicare)</td>
<td>Marketplace/SHOP Eligible</td>
<td>ACA Essential Health Benefits</td>
<td>Medicare sets reimbursement rates; Secretary establishes for non-Medicare services</td>
<td>Self financed; $1 billion up front appropriation</td>
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<tr>
<td>Choose Medicare/Part E S. 1261/H.R. 2463 (Merkley/Richmond)</td>
<td>Public Plan Option (Federal/Medicare)</td>
<td>Marketplace/SHOP Eligible</td>
<td>ACA Essential Health Benefits</td>
<td>Medicare sets reimbursement rates; Secretary can block excessive private insurance rates.</td>
<td>Self finance: $2 billion up front appropriation</td>
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<tr>
<td>Medicaid Buy-In S. 489/H.R. 1277 (Schatz/Lujan)</td>
<td>Medicaid Buy-In</td>
<td>Marketplace eligible in states electing plan</td>
<td>Medicaid alternative benefit plan, must be at least ACA EHB</td>
<td>Medicaid sets reimbursement rates</td>
<td>Federal Medical Assistance Percentages for costs above premium revenue</td>
</tr>
<tr>
<td>Medicare at 50 S. 470/H.R. 1346 (Stabenow/Baldwin/Higgins)</td>
<td>Medicare Buy-In</td>
<td>Adults 50-64</td>
<td>Medicare Parts A, B, and D</td>
<td>Medicare sets reimbursement rates</td>
<td>Self-financed</td>
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<tr>
<td>Medicare for America H.R. 2452 (DeLauro)</td>
<td>Public Plan</td>
<td>All legal U.S. residents; newborns are automatically enrolled</td>
<td>Robust set of benefits including dental, vision, and prescription drugs</td>
<td>Current Medicare and Medicaid rates; Secretary has authority to raise rates as needed to ensure there are no barriers to care</td>
<td>Repealing GOP Tax Bill, 5% tax on adjusted gross income above $500K, taxes tobacco, beer, and sugary beverages</td>
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<tr>
<td>Medicare for All S. 1129/H.R. 1384 (Sanders/Jayapal)</td>
<td>Single Payer</td>
<td>All U.S. residents</td>
<td>All medically necessary</td>
<td>Medicare sets reimbursement rates in Sanders bill. Jayapal bill has a global budgeting to pay providers the average of the past three years of operating costs</td>
<td>No financing mechanism in Jayapal bill or Sanders bill. Sanders has white paper suggesting 70% marginal tax rate for income over $10M</td>
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Source: “Side-by-Side Comparison of Medicare-for-All and Public Plan Proposals Introduced in the 116th Congress,” Kaiser Family Foundation