



PARTNERSHIP FOR AMERICA'S HEALTH CARE FUTURE

Summer Engagement Series Toolkit

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SUBJECT: Tell Your Lawmaker to Oppose Creating a Public Option

Right now, politicians in Washington are proposing various health care reform proposals that could threaten the health care plans and programs millions of Americans rely on. There have been various proposals to create a public option and open up Medicare to younger Americans.

These proposals may sound promising, but these one-size-fits-all government health insurance systems could actually have unintended costs and consequences.

[Research](#) shows the public option could end up increasing the cost of coverage for American families while decreasing quality of care. [Millions of Americans](#) could be forced off their current health care plans. And hardworking families could see their [taxes raised](#).

Meanwhile, [Medicare at 60](#) – which would open up Medicare to younger Americans – could bankrupt the current program, require tax increases, and put seniors' access to care at risk.

Private plans and public programs are working together to provide access to affordable, high-quality health care. Just this year, over 2 million Americans have signed up for coverage – adding to the [31 million+ Americans](#) who have gained coverage through existing coverage options.



**We need your voice. Tell your legislator you
oppose one-size-fits-all health care.**

To help you get the word out to your legislators, go to our [Action Center](#). You can also share the **social media posts** below.

Why create a public option when millions of Americans prefer to keep building on what's working in health care? Tell your lawmakers to oppose legislation creating a public option: <https://bit.ly/3w7B5hC>

The public option could come with unaffordable new costs

- Increase payroll taxes for the average family by more than \$2,500 a year.
- Higher premiums.
- Add \$700 billion to the federal deficit.

Creating a new government-controlled health insurance system like the public option could mean new costs for you and your family. Let your lawmaker know how you feel about the public option: <https://bit.ly/3w7B5hC>


MEDICARE AT 60 COULD:

- Increase costs of health care
- Limit access to care
- Bankrupt Medicare trust fund

DID YOU KNOW?

OUR CURRENT SYSTEM IS:

- Reducing coverage inequities
- Relied on by millions of Americans
- Providing record low prices due to adding new subsidies



Creating a public option could threaten existing health plans and force millions of Americans off the plans that work for them. Tell your lawmaker to oppose creating the public option: <https://bit.ly/3w7B5hC>

MYTH:
The public option would lower health care costs and make coverage more accessible.

FACT:
The public option could cause tax increases while limiting access to care.

FACT CHECK

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Creating a new government health insurance system, like the public option, is not an effective way to increase access to coverage. Research shows building on what's working in health care would cover more Americans. Let your legislator know you oppose creating the public option: <https://bit.ly/3w7B5hC>

Proposals like Medicare at 60 and the public option claim they'll improve access to health care, but they could increase taxes and premiums while actually reducing access to quality care. Tell your legislator you want to keep building on what works: <https://bit.ly/3w7B5hC>

Opening up Medicare to younger Americans could mean higher health care costs for you and your family. Tell your lawmaker to oppose unaffordable proposals like Medicare at 60: <https://bit.ly/3w7B5hC>

How could Medicare at 60 affect you and your family? It could increase taxes and result in less access to quality care. Click the link to take action and tell your lawmaker to oppose Medicare at 60: <https://bit.ly/3w7B5hC>

Sample Talking Points: Let's Build On What's Working in Health Care, Not Introduce New Costs and Complications By Creating The Public Option or Medicare at 60

- **Creating the public option could come with unaffordable new costs** for working Americans.
 - The public option could harm the existing health care insurance system and **cause coverage disruptions and premium increases** for currently insured Americans, a reduction in coverage options, and reduced access to care for seniors and low-income families. ([Congressional Budget Office](#), 4/21)
 - The public option could have significant impacts on America's future fiscal condition and either **increase the federal debt or require higher taxes on American families**. ([Lanhee J. Chen, Ph.D., Tom Church and Daniel L. Heil](#), 2/21)
 - In fact, the public option **could be more expensive for working families than originally projected**.
 - A public option could add \$700 billion to the federal deficit in its first 10 years and would become the third most expensive government program behind Medicare and Social Security, both of which are already at risk for the seniors that rely on them. ([Lanhee J. Chen, Ph.D., Tom Church and Daniel L. Heil](#), 1/24/20)
 - Research found that under the public option the average American family could eventually see their payroll taxes increase by more than \$2,500 a year and 10-year deficits could increase by \$800 billion due to the public health crisis. ([Lanhee J. Chen, Ph.D., Tom Church and Daniel L. Heil](#), 10/20/20)
 - Over 30 years, a public option could lead to a new 4.8 percent payroll tax or marginal tax rate increases for most American families to finance the new program. ([Lanhee J. Chen, Ph.D., Tom Church and Daniel L. Heil](#), 1/24/20)
 - Similarly, lowering the Medicare eligibility age, such as through Medicare at 60, could result in an increase in taxes for the American people. In fact, Congress could raise the additional Medicare tax rate by 285 percent in 2022, setting it at 3.5 percent in addition to the 2.9 percent for the standard Medicare payroll tax. The plan would also increase the deficit by \$32.2 billion in 2022 and \$393.9 billion over the next 10 years (2022 to 2031). ([Lanhee J. Chen, Ph.D., Tom Church and Daniel L. Heil](#), 6/23/21)
- **Creating the public option could harm patients' access to the affordable, high-quality health care they need and deserve – especially among vulnerable minority and rural communities.**

- The public option could put a **\$774 billion financial strain on hospitals** over a 10-year period, potentially forcing hospitals to reduce staff and eliminate services as they operate on a negative profit margin due to lower reimbursement rates. ([KNG Health Consulting](#), 3/12/19)
- The negative impact on hospitals could also **harm communities where racial and ethnic minority patients are overrepresented and often rely on hospitals for their health care**. Many of the hospitals already at risk for closure serve predominantly minority communities who could be left without a health care provider, especially in southwestern United States. ([FTI Consulting](#), 7/14/21)
- The hospitals most at risk under the public option admitted more children and non-Hispanic Asian or Pacific Islander patients as a share of total admissions than hospitals with lower ratios of private to total charges. ([Urban Institute](#), 3/21)
- Relative to specialized Medicaid managed care plans that prioritize care coordination and address social determinants of health, **the public option may not provide the coverage necessary to meet the unique health care needs of at-risk, low-income populations**. ([FTI Consulting](#), 7/14/21)
- The closure of hospitals **could decrease access to care in rural communities. One in four hospitals in rural communities could have an increased risk of financial distress** and in many of these communities are the only source of health care. ([FTI Consulting](#), 7/14/21)
- Reductions in private payment rates may make it more difficult for rural hospitals to hire additional physicians or other health care professionals in areas already facing shortages of such workers. ([Urban Institute](#), 3/21)
- The public option could force health care providers to shorten appointment times, make staffing changes or eliminate services in order to remain financially viable. This **would diminish access to essential health care services for patients**. ([FTI Consulting](#), 7/14/21)
- Creating the **public option could cause “significant disruptions” and “result in only a modest decrease in the number of uninsured** compared to how many people would gain coverage through leveraging the public/private framework that exists under current law.” ([KNG Health Consulting](#), 3/12/19)
 - **Overall, the public option could drastically alter the current health care market**. It could drive an estimated 60 million people (40 percent of the market) out of employer-sponsored insurance which could potentially eliminate the entire private exchange market. ([FTI Consulting](#), 5/21)

- A public option **would force up to two million Americans off their current coverage and leave eight million Americans without a private coverage option.** ([FTI Consulting](#), 11/19/19)
- **Opening up Medicare to younger Americans could mean higher costs and lower-quality care for Americans.**
 - Already, Medicare is the second-largest single line item in the federal budget, it will soon surpass Social Security and grow more quickly than every other component. Under “Medicare at 60,” **gross Medicare expenditures could rise by \$82.9 billion in 2022 and total Medicare spending could rise by \$995 billion over 10 years.**
 - Overall, the **federal deficit could rise by \$32.2 billion in 2022 and \$393.9 billion over the next 10 years (2022 to 2031).**
 - Absent alternative financing mechanisms, **the Hospital Insurance (HI) Trust Fund would be depleted in 2024**, two years sooner than currently projected.
 - To finance Medicare at 60, Congress could pursue various **tax increases**. This includes **raising the additional Medicare tax rate** by 285 percent or **raising the standard Hospital Insurance (HI) tax rate** by up to 12 percent in 2022.
 - Enrolling in Medicare could result in **high costs for 60-64-year-olds that could otherwise be avoided by building on what’s working in health care.**
 - Nearly 70 percent of this group currently receive subsidies and could end up paying more after transitioning to Medicare, particularly those with incomes above 135 percent of the poverty line.
 - New Medicare plans could have higher cost-sharing requirements and add increased costs to families that are split between Medicare and Marketplace plans.
 - “Medicare at 60” could negatively affect hospitals and medical providers that are already financially strained by reducing the reimbursement rates they receive. These potentially unsustainable cuts could mean **lower quality and less access to care for the current Medicare-eligible population.**
- **We could cover more Americans by making enhancements to current law permanent and expanding Medicaid** in the 12 states which have not yet done so – without the costs and negative consequences caused by creating the public option. ([FTI Consulting](#), 5/21)
 - Enhancing the ACA and expanding Medicaid could improve access to quality care by covering more Americans. The combination of **continuing ARPA’s enhancements and closing the Medicaid coverage gap** could insure 7.5 million people in 2022. ([The Commonwealth Fund](#), 3/22/21)

- **Closing the Medicare coverage gap** where individuals have incomes above their state's eligibility for Medicaid but below the federal poverty line, could insure 2.2 million of the uninsured population and an additional 1.8 million uninsured adults in these non-expansion states who are currently eligible for marketplace coverage but would then be eligible for Medicaid. ([Kaiser Family Foundation](#), 4/22/21)
- **Adult uninsured rates and racial and ethnic coverage inequities declined in nearly every state**, particularly in states that built on what's working by expanding Medicaid eligibility. ([The Commonwealth Fund](#), 6/9/21)
- **Improvements to current law are already helping to lower costs for Americans and making these enhancements permanent could improve affordability.**
 - The number of individuals eligible for a subsidy to purchase Marketplace coverage has increased 20 percent from 18.1 million to 21.8 million. **The majority of uninsured people (63 percent) are now eligible for financial assistance through the Marketplaces, Medicaid, or Basic Health Plans** thanks to ARPA. ([Kaiser Family Foundation](#), 3/25/21)
 - Most of the people eligible for these subsidies (84 percent) have incomes below 400 percent of the Federal Poverty Level (FPL), but now 11 percent of people have incomes between 400-600 percent of the FPL (up to an income of \$76,560 for a single individual or \$157,200 for a family of four). ([Kaiser Family Foundation](#), 3/25/21)
 - **Four out of 10 uninsured people are already eligible for a free or nearly free health care plan** under existing law. ([Kaiser Family Foundation](#), 3/25/21)
 - **More than one million consumers now have health coverage that costs \$10 or less per month** via the federal Health Insurance Marketplace. ([Centers for Medicare and Medicaid Services](#), 6/14/21)
 - ARPA's expanded Premium Tax Credits have **reduced monthly premiums for new enrollees by an average of 25 percent**. Americans have been able to sign up for health insurance plans that have lower out-of-pocket maximums with **the mean deductible for new consumers falling by nearly 90 percent**. ([Centers for Medicare & Medicaid Services](#), 5/6/21)
 - Improving our current health care system with reforms similar to ARPA could **reduce net premiums by 24 percent on average and save consumers approximately \$10.6 billion annually**. ([FTI Consulting](#), 5/21)
 - If these subsidies were made permanent, **an additional 4.5 million individuals could gain health coverage and health care premiums nationally could fall by 15 percent**. ([Urban Institute](#), 4/14/21)

- **Existing public and private programs are working together to expand access to affordable, high-quality health coverage and care.** Enhancements to the Affordable Care Act in the past year have resulted in tremendous progress with regard to both access and affordability.
 - **Nearly 31 million Americans have enrolled in Affordable Care Act (ACA) Market plans** as of early 2021. ([The Washington Post](#), 6/5/21)
 - The Centers for Medicare & Medicaid Services (CMS) released new enrollment reports showing **more than two million people have signed up for health coverage** during the 2021 Special Enrollment Period (SEP). ([Department of Health and Human Services](#), 7/14/21)
 - With the American Rescue Plan Act's (ARPA) expansion of Premium Tax Credit (PTC) subsidies, **63 percent of the entire uninsured population is now eligible for financial assistance to obtain coverage** through the Health Care Marketplaces, a Basic Health Plan or Medicaid. ([Kaiser Family Foundation](#), 3/25/21)
 - The current health care system has **lowered adult uninsured rates and reduced racial and ethnic coverage inequities** in almost every state over the past decade. ([The Commonwealth Fund](#), 6/9/21)
 - **74 percent of Americans rate their health care coverage as “excellent” or “good.”** ([Gallup](#), 12/14/20)
- The most effective way to expand access to affordable, high-quality health coverage and care is to **build on what's working in health care – not to create a new, government-controlled health insurance system** such as the public option.

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