Massachusetts Medicare for All
Pushback Guide

"Medicare for All costs too much"

We in Massachusetts pay more per capita than any other *country* in the world - including all of the countries that provide universal public health care. Private health insurance is the costly model of health insurance; single-payer is the fiscally responsible choice. The state legislature has failed to control the out-of-control health care costs for Mass residents, with some premiums jumping double digits this year. For all that spending, 41% of Massachusetts residents still struggle with health care bills.

Corresponding document: Jerry Friedman's Economic Analysis

"Well we can't raise taxes, it's politically unrealistic"

Polling shows that a clear majority of Massachusetts residents support Medicare for All - even when they're informed that taxes will go up and replace insurance premiums. People can do the math and see that it's a better deal - especially when their elected officials are standing up to the insurance companies and pharmaceutical companies and championing Medicare for All!

Corresponding document: Ballot Initiative Results

"We can't do Medicare for All at the State level"

One province in Canada, Saskatchewan, "experimented" with a Medicare for All system back in the 50s. When it was successful, other provinces followed suit; Canada's single-payer healthcare system is to this day a province-based model.

Many countries, including Norway, Denmark, Ireland, Cyprus, Croatia, and many others have an even smaller population than Massachusetts and have been running single-payer systems for decades.

"I'd rather focus on realistic reforms like improving dental or Medicaid etc"

Improving healthcare without confronting the corporate control of our healthcare resources just means throwing more taxpayer money at the problem. To do that, you will

either have to raise taxes (*without* replacing insurance premiums); steal from another public service like education or transportation; or cut services in order to make your existing money go farther. How realistic are those reforms?

Recently, there has been public discussion of how we don't have a long-term health care system in Massachusetts; how many people don't have dental insurance and go without dental care because of cost; and the impending crisis of 300,000 people getting kicked off of Medicaid. We're not going to fix any of those things without a pretty substantial pot of money, and you're not going to get that pot of money without tackling corporate control of our health care resources.

"We'll drive rich people and businesses away"
Many Massachusetts businesses have endorsed the Massachusetts Medicare for All bill because it would decrease the amount they pay for insuring their workers now, and give them predictability when budgeting for the new year, as flat, stable taxes would replace yearly, and sometimes double-digit, premium increases. On the contrary - Massachusetts could become a uniquely attractive place to do business.

Go on the offense: Without relief of out-of-control living costs, how will you prevent the workers we so desperately need from moving away?

Corresponding document: Dear Legislator letter with endorsers

"Doctors will be driven away"
I'm so glad you brought up the issue of provider burnout! Doctors are [burning out at alarming rates](#) in Massachusetts and across the U.S. *because we have not yet implemented a single-payer healthcare system*. The most common workplace stressors doctors cited in this study were problem of private health insurance:
- increased documentation requirements
- time devoted to prior authorization needs
- non-medical administrators overreaching into medical decision-making and resource allocation
- Lack of support staff to help with all of this

Go on the offense: without Medicare for All, how *will* we address the insurance burnout that's causing our heathcare workforce to jump ship?

"Hospitals will go under"

In 2022 The Massachusetts Health Policy Commission identified hospital pricing as one of the largest drivers of excess spending in the healthcare system; billions of these dollars are hoarded in the Cayman Islands in reserves. Large hospital chains should be **held accountable for their monopolistic pricing** and the **family bankruptcies** for which they are responsible.

[Under Medicare for All, hospitals will also save millions on administration](#), since they will no longer have to maintain such large billing operations to administer the thousands of different health insurance plans we currently have. Medicaid patients will be reimbursed at a much higher level than they are now: Medicare rates +10%. Hospitals will also take in more money as the uninsured and poorly-insured will finally go to the doctor without fear of medical bills. People will be less afraid to use the healthcare system more consistently.

"Vermont did it and failed"

Vermont's single-payer bill did not fail, because it was never implemented. While originally passed in 2011, Governor Shumlin shot the bill down in 2014 due to "lack of financial viability", although no evidence was produced to substantiate the claim that finances were not feasible. The architect of the Vermont plan, famous global health economist William Hsiao, found *savings* to the system.

In all, three major studies have been done to refute Governor Shumlin's claims, including ones from Harvard and the University of Massachusetts. They found that the Vermont plan would have actually **saved** Vermont money, one even predicting an initial five-year savings of $378 million.

"What about the billing clerks who will lose their jobs?

Not all of the current health insurance admin workers will be displaced; but many will. Up to 2% of Trust fund monies annually would be allocated for retraining and job placement services for workers displaced as a result of Single Payer legislation.

**Remember - you do not need to know all the answers to effectively lobby your legislator on Medicare for All! You're there to present constituents' demand for universal healthcare; having answers is helpful, but *they* are required to figure out the details. The legislators of 32 other countries have already done this work!