

Feb 26 AFD 260 Medicare for Some

- Various competing healthcare proposals from Dems?
- Stabenow/Baldwin/Brown - Medicare buy-in at 50
<https://www.politico.com/story/2019/02/13/medicare-bill-health-care-1167664>

"I have always supported universal health care but we are not there yet," said Tammy Baldwin (D-Wis.), one of the co-sponsors. "Medicare at 50 is a very bold step in the right direction."

Advocates for Medicare for All point to industry opposition to such incremental plans as a reason to push for something much more ambitious.

"The opposition, the insurance companies and pharma, they will come out against anything, whether it's a half-measure or even a one-quarter measure," Bonnie Castillo, the executive director of National Nurses United, told POLITICO. "That's why we have to aim high."
- <https://splinternews.com/a-preview-of-the-bloody-uphill-battle-for-single-payer-1832599162>
 - **“whether you call it Medicare for All, Medicare buy-in, single-payer or a public option** – moves us toward a one-size-fits-all health care system that is wrong for America” – Partnership for America’s Health Care Future, a lobbying group formed specifically to fight single-payer proposals
 - Lobbying group America’s Health Insurance Plans: “This is a slippery slope to government-run health care for every American. The American people want health care that works – not a one-size-fits-all health care system.”
 - Libby Watson: “What does this tell you? It tells you that these groups do not want any change at all and will fight hard to oppose any plan—including a public option. It tells you that they apparently do not distinguish in their messaging between single-payer plans that would cover everyone and include dental, vision, and drug care, and weak[...] public option plans that would likely cost almost as much as private insurance—which does not bode well for any Democrat who thinks that sneaking a public option through in 2021 is a viable path to reform.”
- <https://www.vox.com/2018/12/13/18103087/medicare-for-all-single-payer-democrats-sanders-jayapal>

	Do ALL AMERICANS gain coverage?	Do Americans still get INSURANCE AT WORK?	Do public plan enrollees pay PREMIUMS?	Does it require a TAX INCREASE?	Does the GOVERNMENT REGULATE health care prices?
Sanders's Medicare-for-all bill	✓	✗	✗	✓	✓
Jayapal (D-WA) and the House Progressive Caucus's Medicare-for-all bill	✓	✗	✗	✓	✓
The Center for American Progress's Medicare Extra for All	✓	✓	✓	✓	✓
Merkley (D-OR) and Murphy's (D-CT) Medicare buy-in bill	✗	✓	✓	✗	✓
Schakowsky (D-NY) and Whitehouse's (D-RI) Medicare buy-in bill	✗	✓	✓	✗	✓
Bennet (D-CO), Higgins's (D-NY) and Kaine (D-VA) Medicare buy-in bill	✗	✓	✓	✗	✓
Schatz (D-HI) and Lujan's (D-NM) Medicaid buy-in bill	✗	✓	✓	✗	✓
The Urban Institute's Healthy America proposal	✗	✓	✓	✓	✓

Source: Vox analysis



- <https://splinternews.com/the-only-guide-to-medicare-for-all-that-you-will-ever-n-1832594853>

Medicare refuses to cover long-term care, and thus the problem is shunted to either private insurance or Medicaid. Private insurance often refuses to cover people who need long-term care, or covers them only at exorbitant rates—and unlike other preexisting conditions, the need for long-term care was virtually neglected by the Affordable Care Act. This leaves much of the work to savings accounts and Medicaid. But Medicaid isn't great, either. Stay too long in a long-term care facility, for instance, and [Medicaid can put a lien on your house](#)—with interest. So funding long-term care in full lets families stay together and gives elders the care they need without shredding their savings or forcing their children to quit their jobs to take care of them.

Healthcare or assistance given to a person in their home—usually referred to as “home or community based services”—is equally essential. For people with disabilities, life without HCBS can be a dystopia of regulations and misery. If home health isn't available from a state Medicaid program, people with disabilities are often removed from their homes and families and sent to die in structurally negligent nursing homes under the care of deeply overworked and underpaid caregivers privately contracted out to the

state. And even if HCBS *is* offered, its means-testing restrictions can be brutal and oppressive. Disabled couples with too much money in the bank—[\\$22,000 in New York, plus a max of \\$1,233 in monthly income](#)—often need to spend down or divorce to qualify. In New Jersey, a person who needs home health is only eligible for the program if they have [less than \\$2000 in the bank](#)—and I’ve spoken with people who have a \$2000-a-year income cap. (This also presumes the person receives as many caregiver hours as they need, which is not often the case).

LTC/HCBS are fundamental to healthcare—fundamental to the basic dignity of personhood, even—yet for some reason they have been bandied around as if they were auxiliary “maybe” components of various healthcare bills. This is utterly unacceptable. Meanwhile, the field is becoming increasingly corporatized. There will be 1.2 million home health aides by the year 2020, and in states like Iowa and Arkansas, where some [state legislators literally work directly for nursing home companies](#), we’re seeing private long-term care providers (corporate nursing homes, basically, regardless of whether they’re ostensibly “non-profit”) receive sweetheart deals from state Medicaid programs—then turn around and slash care budgets, underpay staff, [neglect and abuse their patients](#), and pocket the profit.

- <https://splinternews.com/sherrod-browns-cop-out-on-single-payer-1831950740>

It’s true that cops and firefighters can [generally](#) retire after 20 years, creating a gap between the end of their working life and Medicare age (though many cops go on to work other jobs during retirement). But that doesn’t mean that they are the only people who face gaps in coverage, nor even the people facing the most urgent healthcare needs. Talk to anyone who got laid off and can’t afford COBRA, or anyone who can’t afford their health insurance premiums, or anyone who has to get any kind of expensive treatment that their insurance will only partially cover. You only have to look at GoFundMe to know that the problem of insufficient or inaccessible health insurance reaches every corner of the U.S., and impacts everyone except the very wealthy. (Remember that despite his left-ish credentials on issues like Wall Street, Brown [took \\$830,000 from corporate PACs](#) in 2018.)

You can argue that this is a matter of only proposing what’s “possible,” that Brown and other Democrats don’t believe Medicare for All is possible in one go, and so an incremental approach is needed. But a Medicare at 55 buy-in isn’t going to pass a Republican Senate, and I’d bet that even Medicare-for-Cops wouldn’t either—this is the party that just tried to kill the Affordable Care Act and eliminate protections for preexisting conditions, after all.

Democrats like Brown don’t understand that proposals by major party members also define what’s “possible.” That’s why we’re talking about single-payer at all. If you’ve got two years of twiddling your thumbs before another shot at passing legislation, why propose these half-measures unless you really believe only people older than 55 deserve healthcare?