

March 17, 2021

Dear colleague,

Today, I was proud to stand together with leaders in the health justice movement to **celebrate the introduction of the Medicare for All Act of 2021**. Thanks to your calls and messages, the bill was introduced with 112 original co-sponsors, representing more than half the Democratic caucus. In addition to the returning co-sponsors, the bill has earned the endorsement of several brand-new members of Congress, as well as some senior members who signed on for the first time.

If you missed the town hall event hosted by the lead sponsors, Reps. Pramila Jayapal and Debbie Dingell, click <u>HERE</u> to watch a recording and share with your colleagues. You can also read our live-tweet of the town hall <u>HERE</u>.

What's in the bill?

Like previous versions of the Medicare for All Act, this year's bill closely mirrors PNHP's Physicians' Proposal for Single-Payer Health Care Reform. It would establish a national health program to cover *everybody* living in the U.S. for all medically necessary care, including hospitalization and doctor visits; dental, vision, hearing, mental health, and reproductive care, including abortion; long-term care services and supports; ambulatory services; and prescription drugs. Patients could visit the doctor or hospital of their choice, without copays or deductibles. The program would pay independent and small group practice providers on a fee-for-service basis, and fund hospitals and other facilities with yearly global operating budgets, with separate funds for capital improvements. By eliminating the profiteering and waste of commercial insurance, Medicare for All would save \$600 billion per year while expanding coverage to all.



Key improvements to the Medicare for All Act of 2021

After listening to the concerns of health justice advocates, Rep. Pramila Jayapal made some significant improvements to this year's bill:

- **Protects the national health program** by preventing any future administration from reducing or eliminating existing benefits;
- Establishes an Office of Health Equity to monitor and eliminate health disparities, and promote primary care;
- Increases access to mental health care by including Licensed Marriage and Family Therapists and Licensed Mental Health Counselors in the list of covered providers;
- Improves health services for indigenous peoples by providing additional funding for the Indian Health Service;
- Expands support for disabled Americans by expanding eligibility for long-term care supports and services;
- **Responds to future public health crises** by automatically increasing hospitals' global budgets during pandemics or other public health emergencies.

What's next?

The path to Medicare for All is clear: We must educate and organize a national grassroots movement, work closely with allies, and support the efforts of the 100+ chapters of PNHP and SNaHP. But we need *your* help: If you are able, please consider making a financial contribution to PNHP's education and organizing work at pnhp.org/donate.

Donate now

In the coming weeks, we is contact you about ways you can advocate and organize for the Medicare for All Act in your community. In the meantime, please share these educational materials with your colleagues and neighbors, and be sure to check back on our dedicated legislation webpage, pnhp.org/HouseBill, for updates:

- Key features of the Medicare for All Act of 2021 (one-page handout)
- <u>Comparison chart</u>: The Medicare for All Act of 2021 vs. Commercial insurance (one-page handout)
- PNHP's press release celebrating the Medicare for All Act of 2021
- Social media shareables from PNHP
- <u>Co-sponsor graphics</u> from our coalition partners; please look for your member of Congress among this list of original co-sponsors and tag them on social media to thank them for signing on! (If your rep. has *not* signed on, look for our follow-up email next week.)

Let's get to work!

In solidarity,

Skogusmo

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