This map was made with Google My Maps. Create your own.
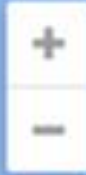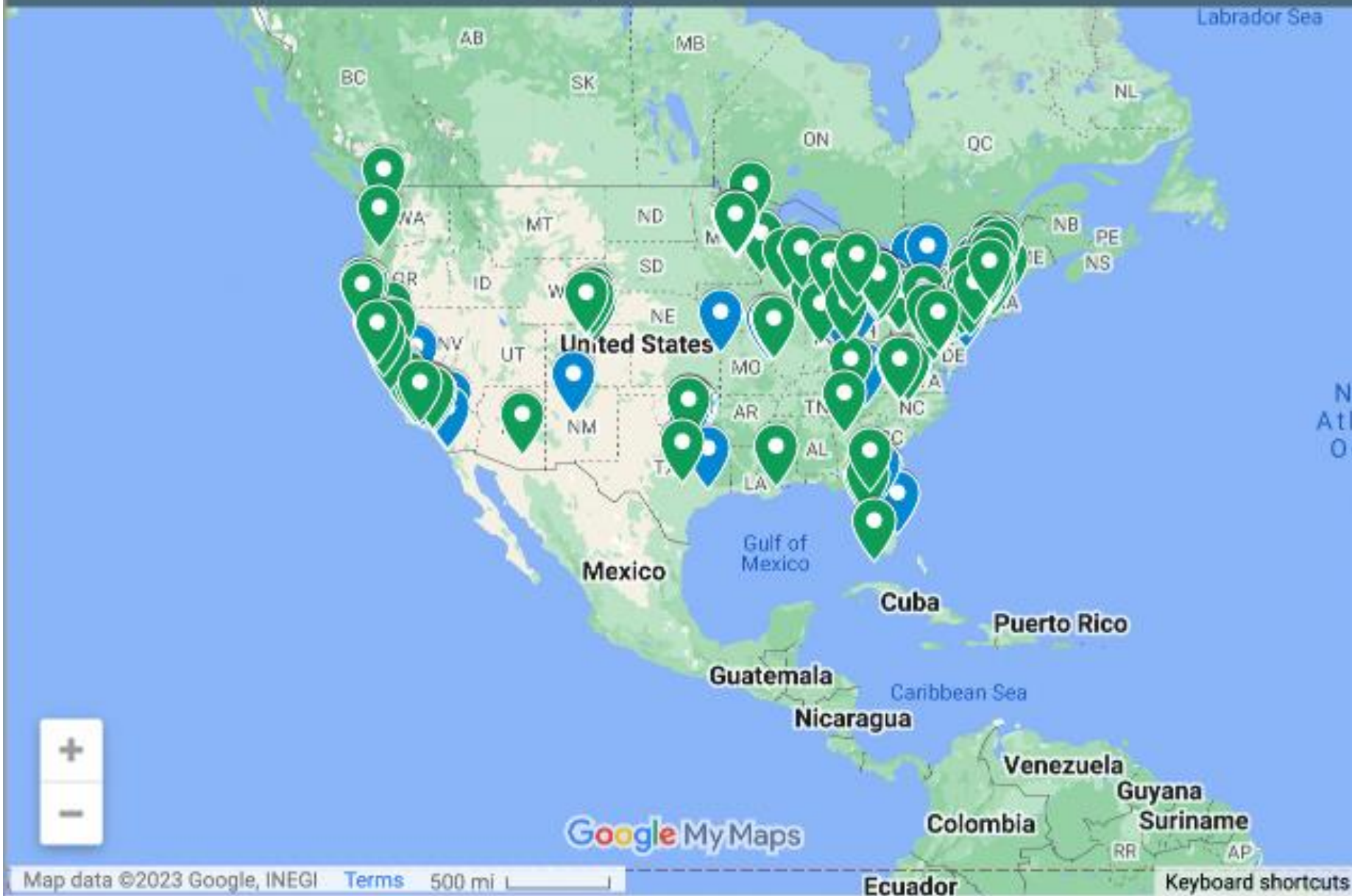
MEDICARE FOR ALL RESOLUTIONS

- **Anne Arundel County, MD** (October 2023) **Press Release   Press**
- Amherst, MA (October 2023)
- Mamoraneck, NY (June 2023)
- **Frederick, MD** (June 2023) **Press**
- **Larimer County, CO** (May 2023) **Press Release   Press**
- **Austin, TX** (May 2023) **Activist Op-Ed Press Release**
- East Cleveland (April 2023)
- **Longmont, CO** (April 2023) **Press Release**
- **Neptune Township, NJ** (March 2023) **Press**
- **Newark, NJ** (March 2023) **Press Release   Op-Ed by Mayor Baraka**
- **Cleveland, OH** (February 2023)
- **Boulder County, CO** (February 2023) **Press**
- **Santa Rosa, CA** (December 2022)
- Brooklyn Park, MN (December 2022) **Press   Video   Interview   LTE**
- **Denver, CO** (October 2022) **Press Release**
- Gainesville, FL (October 2022)
- **Kent, OH** (October 2022)
- **Greensboro, NC** (September 2022) **Press Release**
- **Ojai, CA** (September 2022)
- **Atlanta, GA** (September 2022)

The U.S. is a world outlier when it comes to health care spending.

Percent of GDP spent on health, 1980–2021*
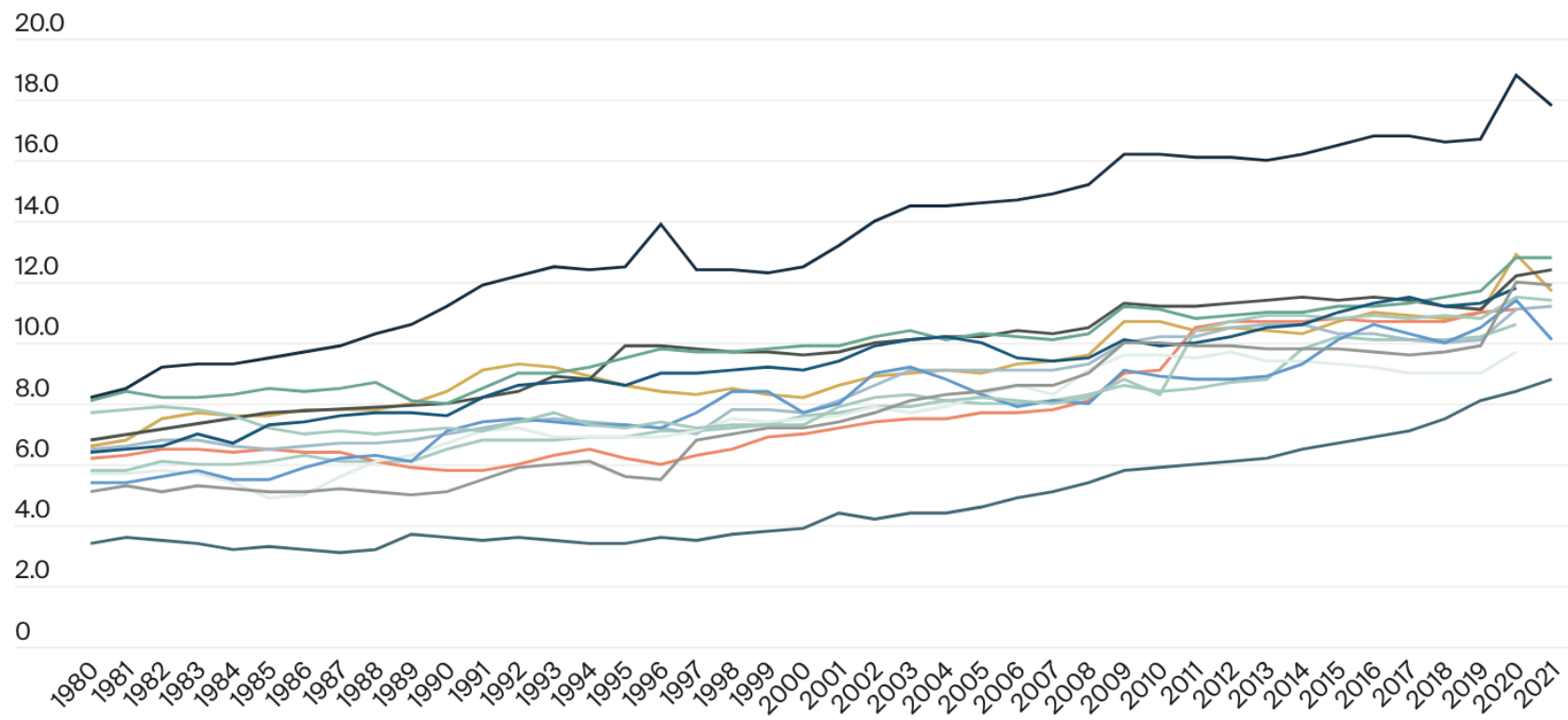
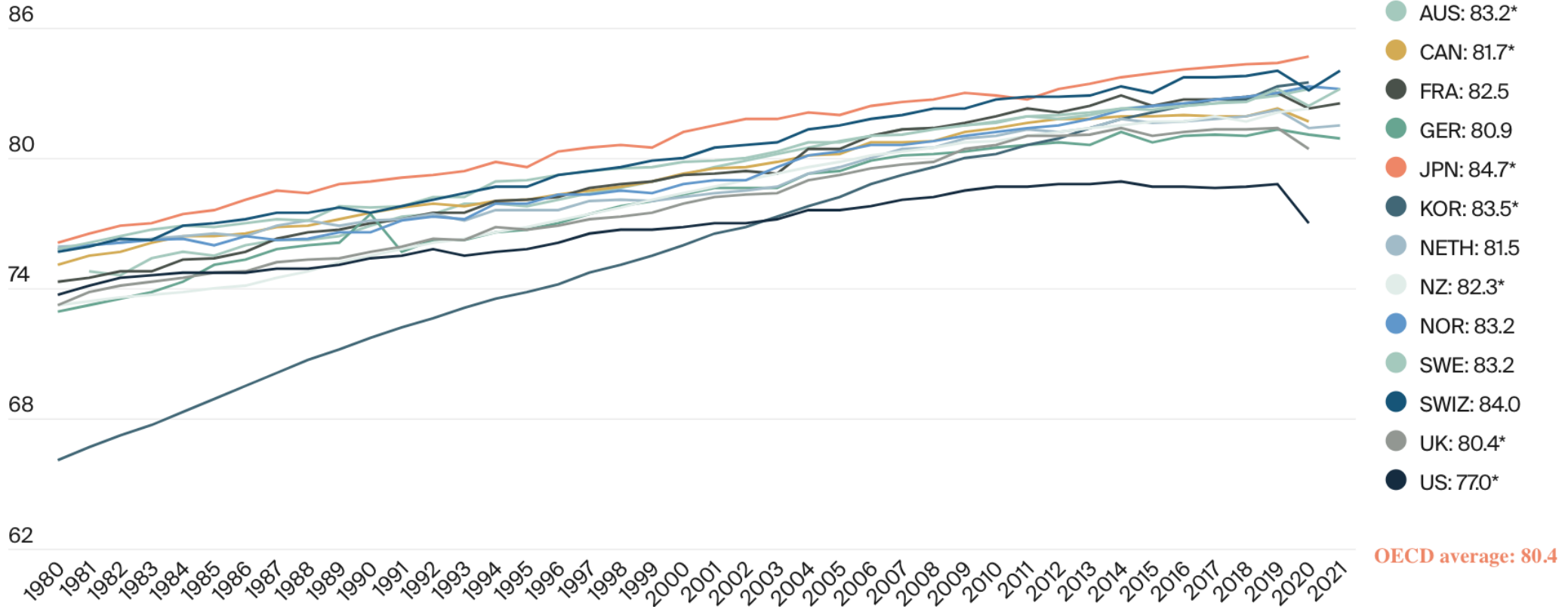**2021 data (or latest available year)*:**

- AUS: 10.6%*
- CAN: 11.7%
- FRA: 12.4%
- GER: 12.8%
- JPN: 11.1%*
- KOR: 8.8%
- NETH: 11.2%
- NZ: 9.7%*
- NOR: 10.1%
- SWE: 11.4%
- SWIZ: 11.8%*
- UK: 11.9%
- US: 17.8%

OECD average: 9.6%

⤓ Download data

U.S. life expectancy at birth is three years lower than the OECD average.

Years expected to live, 1980–2021*

2021 data (or latest available year)*:

- AUS: 83.2*
- CAN: 81.7*
- FRA: 82.5
- GER: 80.9
- JPN: 84.7*
- KOR: 83.5*
- NETH: 81.5
- NZ: 82.3*
- NOR: 83.2
- SWE: 83.2
- SWIZ: 84.0
- UK: 80.4*
- US: 77.0*

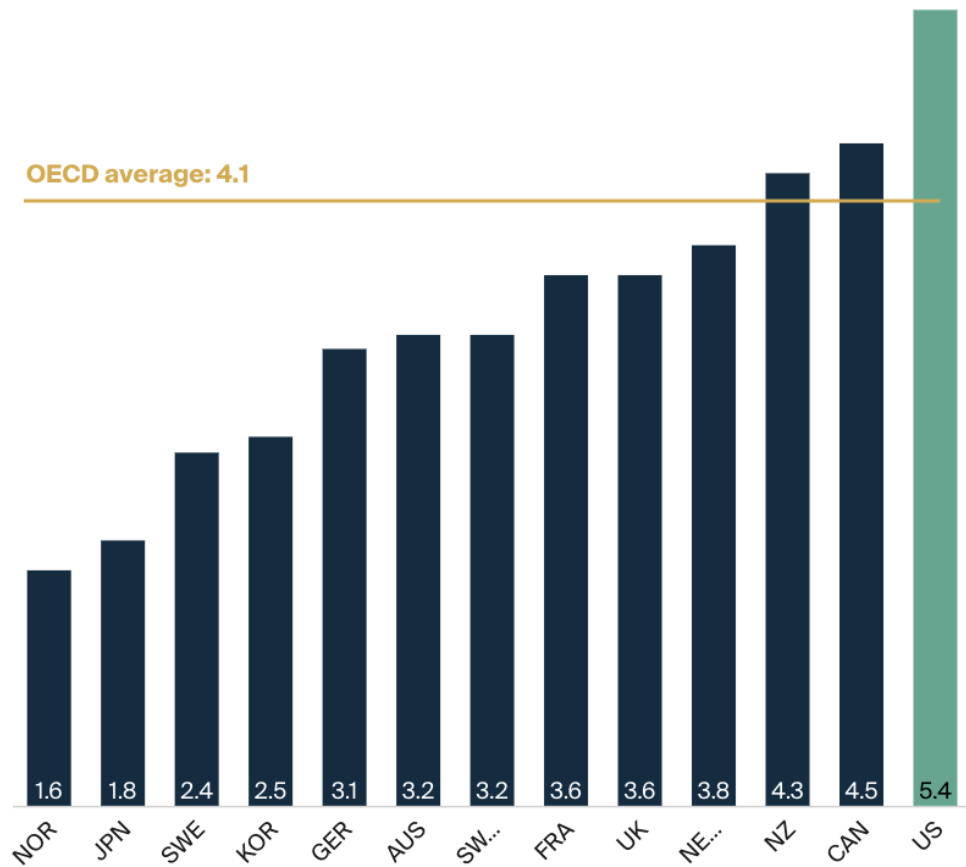OECD average: 80.4

Download data

Note: * 2020 data. Total population at birth. OECD average reflects the average of 38 OECD member countries, including ones not shown here. Because of methodological differences, JPN and UK data points are estimates.
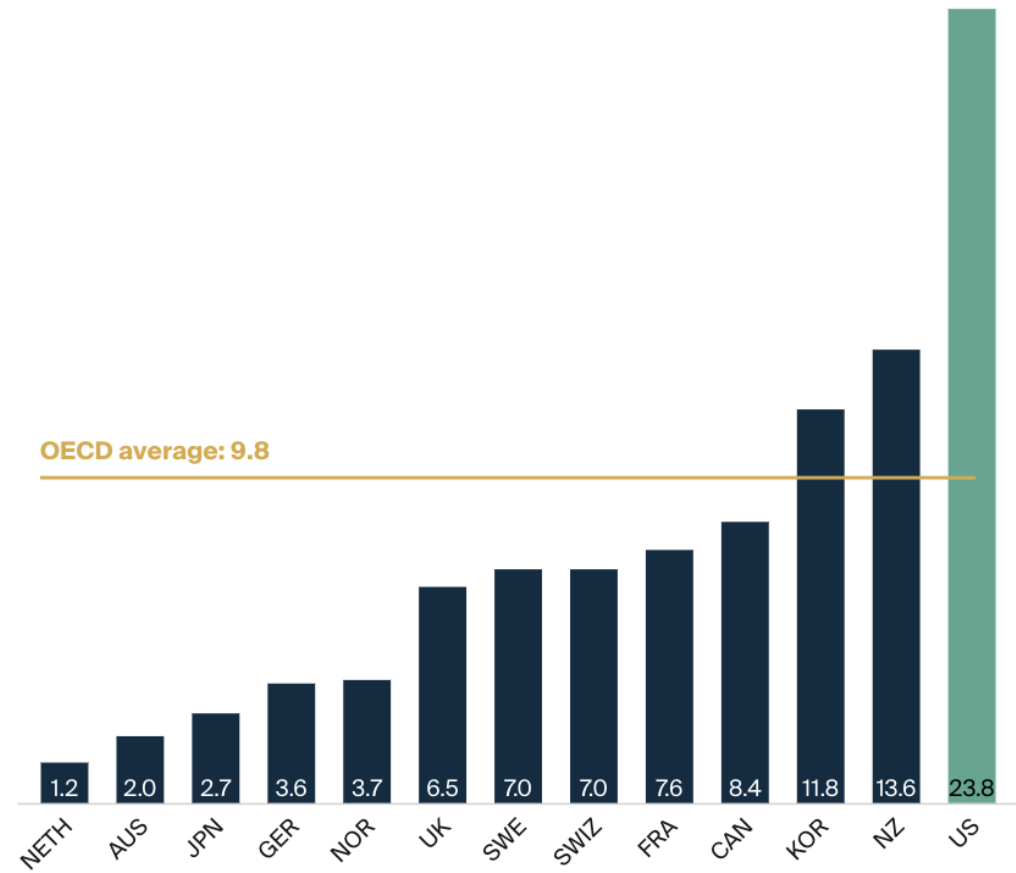
Data: OECD Health Statistics 2022.

Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). https://doi.org/10.26099/8ejy-yc74

The U.S. has the highest rate of infant and maternal deaths.

Infant mortality, deaths per 1,000 live births

OECD average: 4.1

NOR	JPN	SWE	KOR	GER	AUS	SW...	FRA	UK	NE...	NZ	CAN	US
1.6	1.8	2.4	2.5	3.1	3.2	3.2	3.6	3.6	3.8	4.3	4.5	5.4

Maternal mortality, deaths per 100,000 live births

OECD average: 9.8

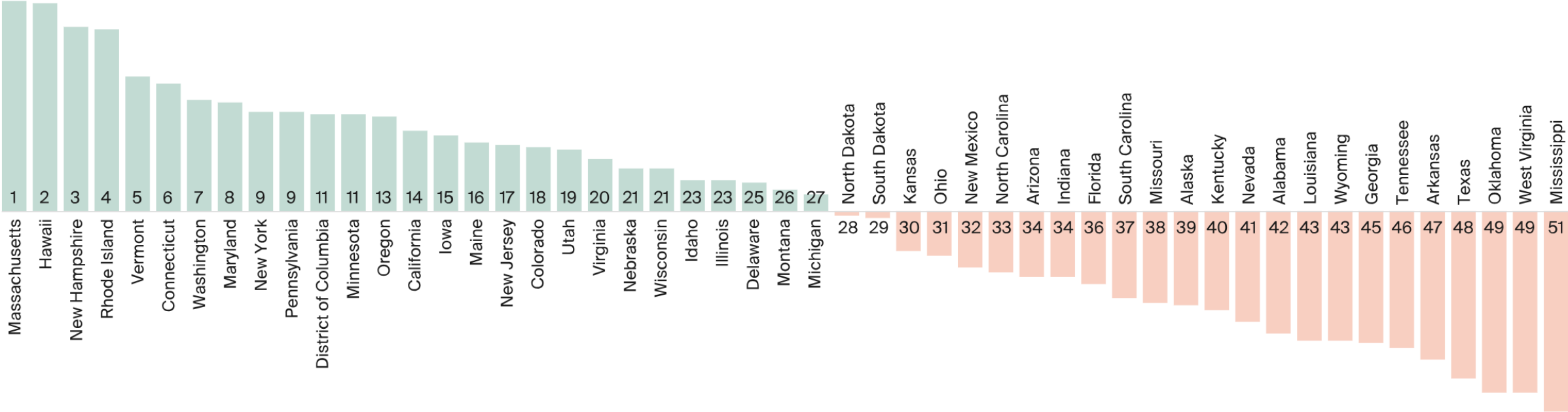| NETH	AUS	JPN	GER	NOR	UK	SWE	SWIZ	FRA	CAN	KOR	NZ	US
1.2	2.0	2.7	3.6	3.7	6.5	7.0	7.0	7.6	8.4	11.8	13.6	23.8

Notes: Infant mortality rates reflect no minimum threshold or gestation period or birthweight. Infant mortality 2021 data for FRA and SWIZ; 2020 data for AUS, CAN, GER, JPN, KOR, NETH, NOR, SWE, UK, and US; 2018 data for NZ. Maternal mortality 2020 data for AUS, CAN, GER, JPN, KOR, NETH, NOR, SWE, and US; 2019 data for SWIZ; 2018 data for NZ, 2017 data for UK; 2015 data for FRA. OECD average reflects the average of 38 OECD member countries.

Data: OECD Health Statistics 2022.

Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). https://doi.org/10.26099/8ejy-yc74

Massachusetts, Hawaii, and New Hampshire top the overall rankings on health system performance for 2023.

Overall Rankings for 2023 Scorecard on State Health System Performance

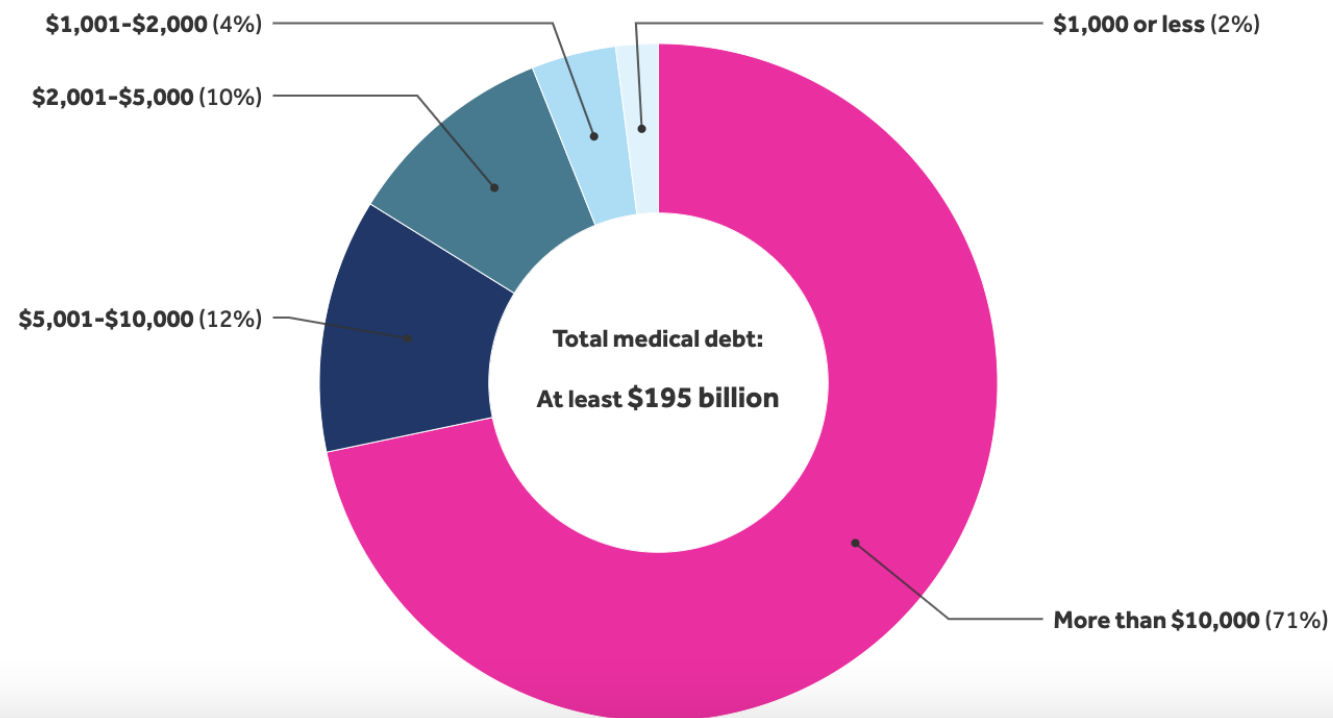| Rank	State
1	Massachusetts
2	Hawaii
3	New Hampshire
4	Rhode Island
5	Vermont
6	Connecticut
7	Washington
8	Maryland
9	New York
9	Pennsylvania
11	District of Columbia
11	Minnesota
13	Oregon
14	California
15	Iowa
16	Maine
17	New Jersey
18	Colorado
19	Utah
20	Virginia
21	Nebraska
21	Wisconsin
23	Idaho
23	Illinois
25	Delaware
26	Montana
27	Michigan
28	North Dakota
29	South Dakota
30	Kansas
31	Ohio
32	New Mexico
33	North Carolina
34	Arizona
34	Indiana
36	Florida
37	South Carolina
38	Missouri
39	Alaska
40	Kentucky
41	Nevada
42	Alabama
43	Louisiana
43	Wyoming
45	Georgia
46	Tennessee
47	Arkansas
48	Texas
49	Oklahoma
49	West Virginia
51	Mississippi

Notes: States arranged in rank order. Bar height corresponds to overall performance score. Green bars indicate better than average performance; orange bars indicate lower than average performance.
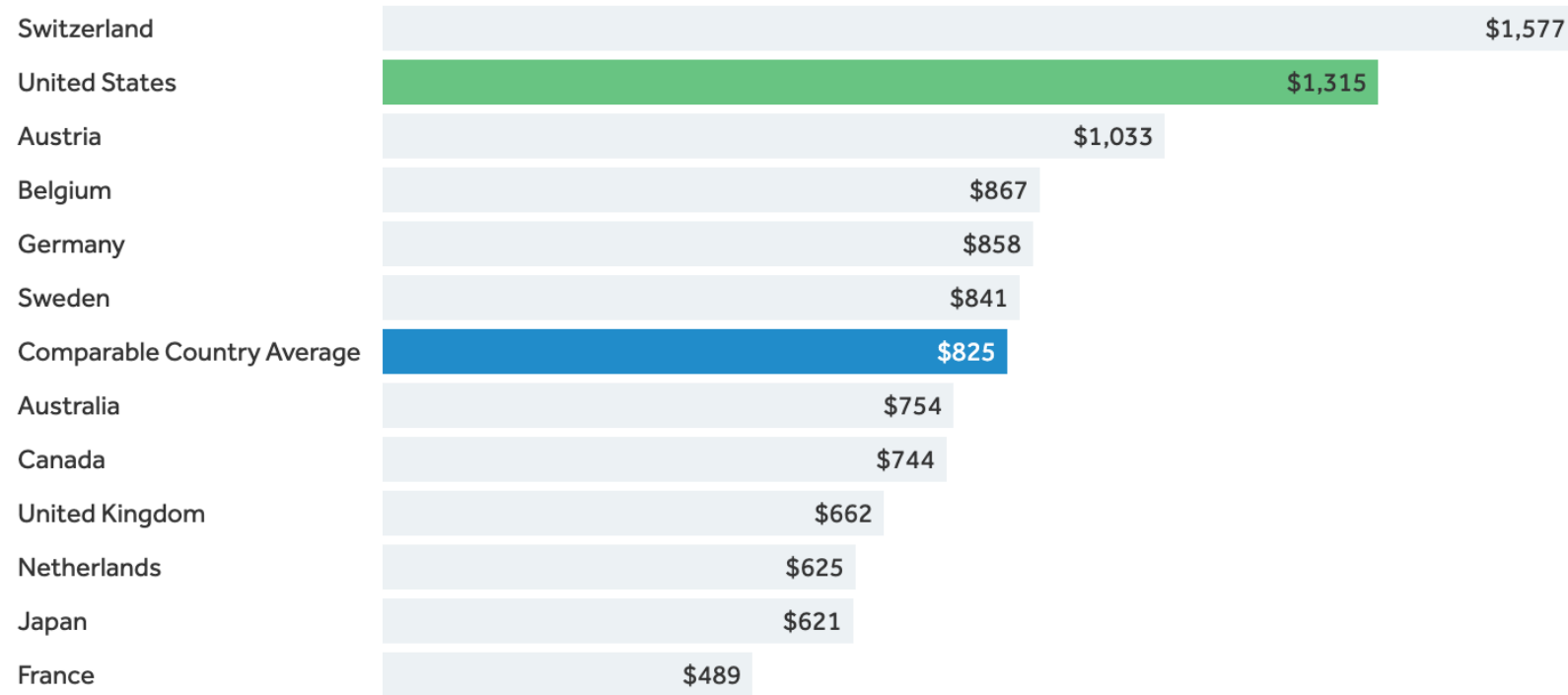
People in the U.S. owe at least $195 billion in medical debt and the bulk of that debt is owed by people with over $10,000 in debt

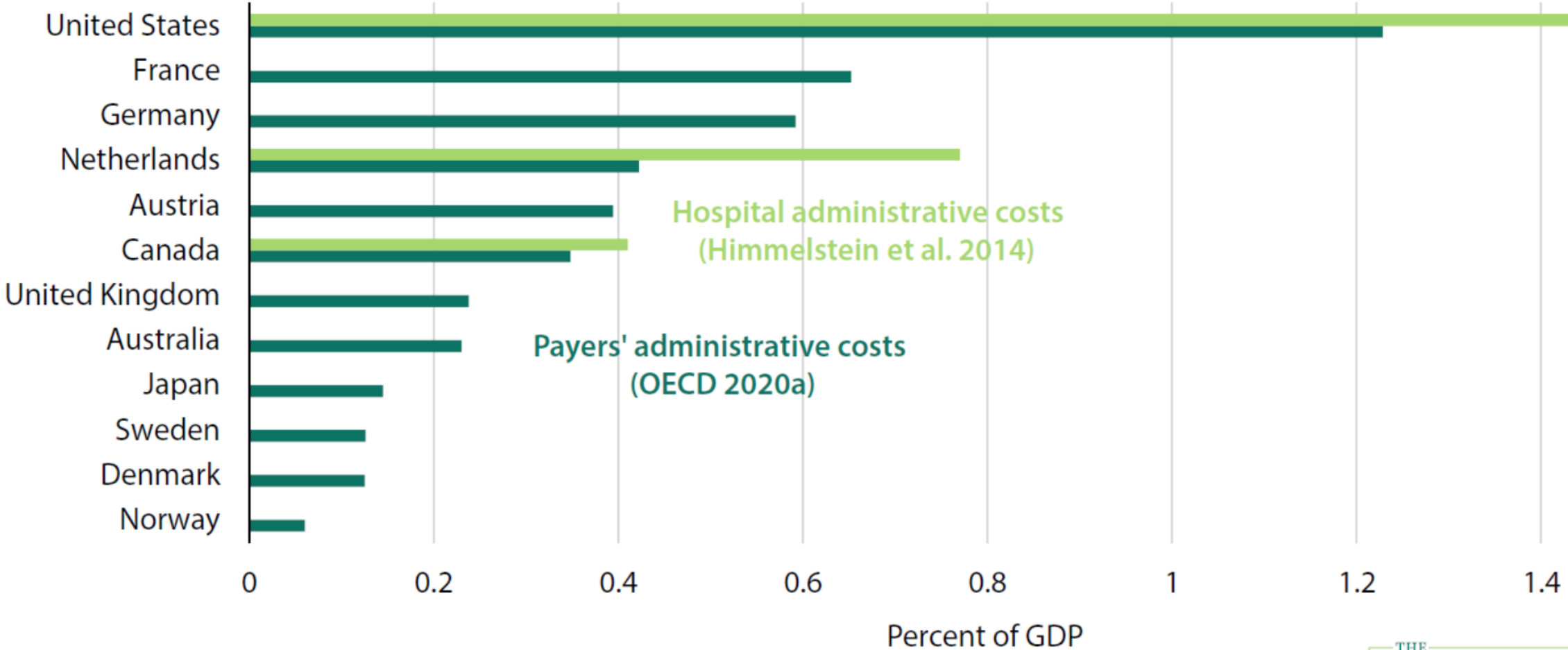Share of aggregate total medical debt in the U.S., by the amount of debt individuals owe, 2019

$1,001-$2,000 (4%)

$1,000 or less (2%)

$2,001-$5,000 (10%)

$5,001-$10,000 (12%)

Total medical debt:

At least $195 billion

More than $10,000 (71%)

Country Comparison:

Average out-of-pocket health spending per capita, US dollars, 2021 or nearest year

Country	Value
Switzerland	$1,577
United States	$1,315
Austria	$1,033
Belgium	$867
Germany	$858
Sweden	$841
Comparable Country Average	$825
Australia	$754
Canada	$744
United Kingdom	$662
Netherlands	$625
Japan	$621
France	$489

Note: The US value was obtained from NHE data, which includes people who are privately insured, Medicare and Medicaid beneficiaries, or uninsured. Spending values are shown in purchasing power parity equivalents. Belgium, France, Japan and Switzerland data is from 2020. Australia data is from 2019. Data from Austria, Canada, Germany, Japan, the Netherlands, Sweden and the United Kingdom are provisional.

Peterson-KFF
Health System Tracker

Selected Administrative Costs as a Share of GDP, by Country

Hospital administrative costs
(Himmelstein et al. 2014)

Payers' administrative costs
(OECD 2020a)

Percent of GDP

Source: Himmelstein et al. 2014; OECD 2020a.

Note: Data for the United Kingdom are for 2013. All other data are for 2010. See Himmelstein et al. 2014 and OECD 2020a for details.

THE
HAMILTON
PROJECT

BROOKINGS

H. R. 3421

To establish an improved Medicare for All national health insurance program.

IN THE HOUSE OF REPRESENTATIVES

MAY 17, 2023

Ms. JAYAPAL (for herself, Mrs. DINGELL, Ms. ADAMS, Ms. BALINT, Ms. BARRAGÁN, Mr. BEYER, Mr. BLUMENAUER, Ms. BONAMICI, Mr. BOWMAN, Mr. BOYLE of Pennsylvania, Ms. BROWN, Ms. BUSH, Mr. CARBAJAL, Mr. CÁRDENAS, Mr. CARSON, Mr. CARTER of Louisiana, Mr. CARTWRIGHT, Mr. CASAR, Mrs. CHERFILUS-MCCORMICK, Ms. CHU, Mr. CICILLINE, Ms. CLARKE of New York, Mr. CLEAVER, Mr. COHEN, Ms. CROCKETT, Mr. DAVIS of Illinois, Ms. DEGETTE, Mr. DELUZIO, Mr. DESAULNIER, Mr. DOGGETT, Ms. ESCOBAR, Mr. ESPAILLAT, Mrs. FOUSHEE, Ms. LOIS FRANKEL of Florida, Mr. FROST, Mr. GARAMENDI, Mr. ROBERT GARCIA of California, Mr. GARCÍA of Illinois, Mr. GOLDMAN of New York, Mr. GOMEZ, Mr. GREEN of Texas, Mr. GRIJALVA, Mr. HARDER of California, Mrs. HAYES, Mr. HIGGINS of New York, Ms. HOYLE of Oregon, Mr. HUFFMAN, Mr. IVEY, Mr. JACKSON of Illinois, Ms. JACKSON LEE, Ms. JACOBS, Mr. JOHNSON of Georgia, Ms. KAMLAGER-DOVE, Mr. KEATING, Ms. KELLY of Illinois, Mr. KHANNA, Ms. LEE of California, Ms. LEE of Pennsylvania, Ms. LEGER FERNANDEZ, Mr. LEVIN, Mr. LIEU, Ms. MCCOLLUM, Mr. MCGARVEY, Mr. MCGOVERN, Mr. MEEKS, Ms. MENG, Mr. MFUME, Mr. MULLIN, Mr. NADLER, Mrs. NAPOLITANO, Mr. NEGUSE, Ms. NORTON, Ms. OCASIO-CORTEZ, Ms. OMAR, Mr. PALLONE, Mr. PANETTA, Mr. PAYNE, Ms. PINGREE, Mr. POCAN, Ms. PORTER, Ms. PRESSLEY, Mr. QUIGLEY, Mrs. RA-

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S. 1655

To establish a Medicare-for-all national health insurance program.

IN THE SENATE OF THE UNITED STATES

MAY 17, 2023

Mr. SANDERS (for himself, Ms. BALDWIN, Mr. BLUMENTHAL, Mr. BOOKER, Mrs. GILLIBRAND, Mr. HEINRICH, Ms. HIRONO, Mr. LUJÁN, Mr. MARKEY, Mr. MERKLEY, Mr. PADILLA, Mr. SCHATZ, Ms. WARREN, Mr. WELCH, and Mr. WHITEHOUSE) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To establish a Medicare-for-all national health insurance program.

1   *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

The Costs of a
National Single-Payer
Healthcare System

Charles Blahous

MERCATUS WORKING PAPER

◣◢◣ MERCATUS CENTER

The Bridge | Expert Commentary | Aug 9, 2018

Medicare for All: $32 Trillion in New Costs or $2 Trillion in Savings?

By Chad Reese *Managing Editor*

Last week, a new Mercatus study on the costs of "Medicare for All" (M4A) reignited the debate over the future of healthcare in the United States.
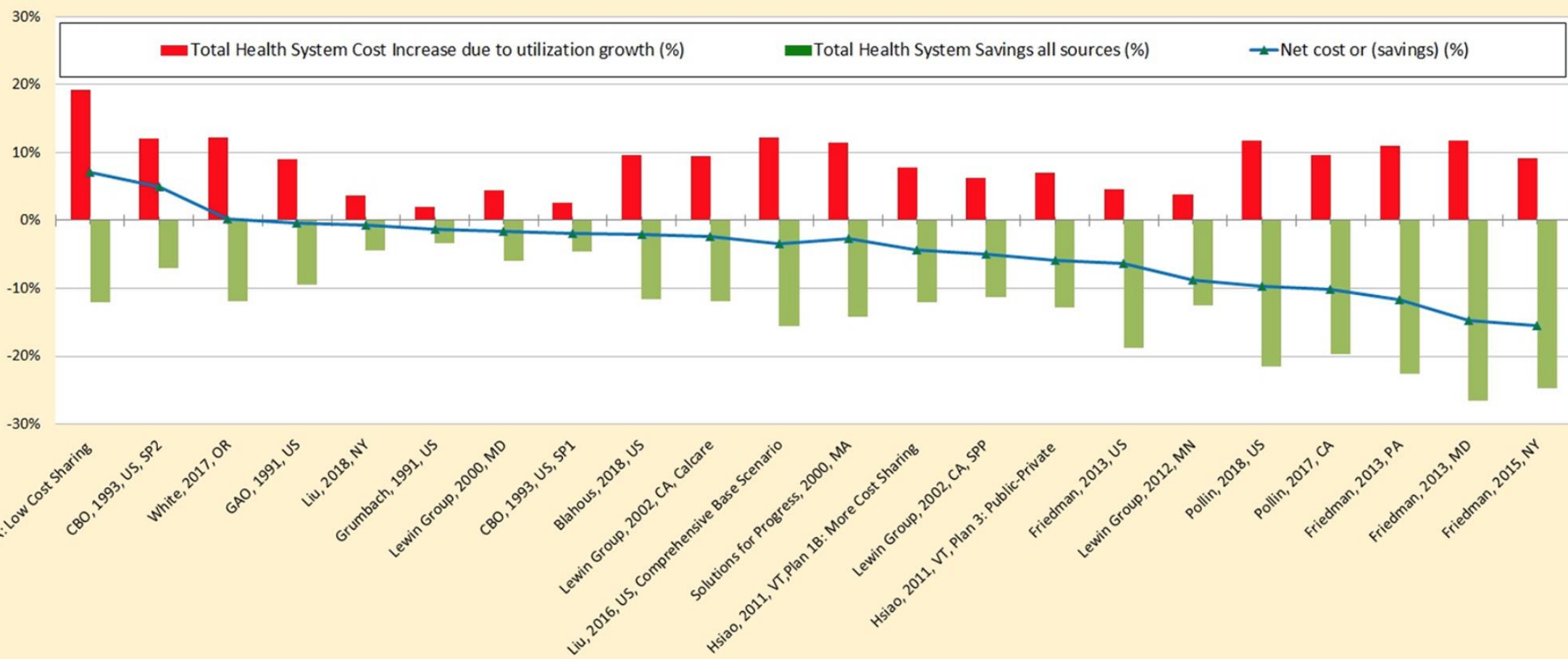
Authored by Charles Blahous, Mercatus Center senior research strategist and former public trustee for Social Security and Medicare, the study found that adopting M4A as proposed by Senator Bernie Sanders (I-VT) would cost the federal government more than $32 trillion over the course of ten years. Dr. Blahous also noted that the price tag was so steep that even doubling all federal individual and corporate income taxes

Estimates of U.S. health care expenditures under Medicare for all in 2019, as a share of G.D.P.

Estimated costs under current law

Urban Institute	
Thorpe	
RAND	
Mercatus	
Friedman	

2% 4% 6% 8% 10% 12% 14% 16% 18% 20%
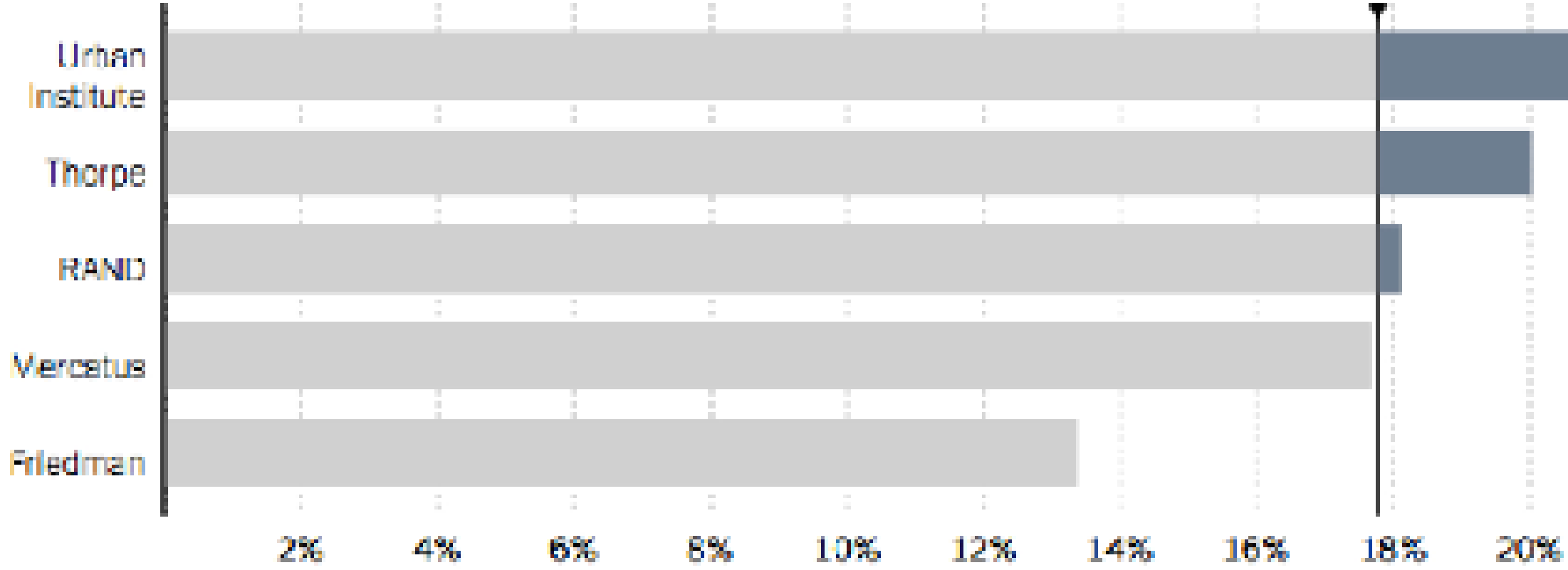
Single Payer Estimated Utilization, Savings, & Net, U.S. Settings,
First Year of Implementation, by %Net Total Health System Cost/Savings

Legend:
- Total Health System Cost Increase due to utilization growth (%)
- Total Health System Savings all sources (%)
- Net cost or (savings) (%)

Categories:
Hsiao, 2011, VT, Plan 1A: Low Cost Sharing; CBO, 1993, US, SP2; White, 2017, OR; GAO, 1991, US; Liu, 2018, NY; Grumbach, 1991, US; Lewin Group, 2000, MD; CBO, 1993, US, SP1; Blahous, 2018, US; Lewin Group, 2002, CA, Calcare; Liu, 2016, US, Comprehensive Base Scenario; Solutions for Progress, 2000, MA; Hsiao, 2011, VT, Plan 1B: More Cost Sharing; Lewin Group, 2002, CA, SPP; Hsiao, 2011, VT, Plan 3: Public-Private; Friedman, 2013, US; Lewin Group, 2012, MN; Pollin, 2018, US; Pollin, 2017, CA; Friedman, 2013, PA; Friedman, 2013, MD; Friedman, 2015, NY

Health Policy

Improving the prognosis of health care in the USA

Prof Alison P Galvani PhD [a] 👤 ✉ , Alyssa S Parpia MPH [a], Eric M Foster [a],
Burton H Singer PhD [b], Meagan C Fitzpatrick PhD [c]

Show more ⌄

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Summary

Although health care expenditure per capita is higher in the USA than in any other country, more than 37 million Americans do not have health insurance, and 41

Summary

Although health care expenditure per capita is higher in the USA than in any other country, more than 37 million Americans do not have health insurance, and 41 million more have inadequate access to care. Efforts are ongoing to repeal the Affordable Care Act which would exacerbate health-care inequities. By contrast, a universal system, such as that proposed in the Medicare for All Act, has the potential to transform the availability and efficiency of American health-care services. Taking into account both the costs of coverage expansion and the savings that would be achieved through the Medicare for All Act, we calculate that a single-payer, universal health-care system is likely to lead to a 13% savings in national health-care expenditure, equivalent to more than US$450 billion annually (based on the value of the US$ in 2017). The entire system could be funded with less financial outlay than is incurred by employers and households paying for health-care premiums combined with existing government allocations. This shift to single-payer health care would provide the greatest relief to lower-income households. Furthermore, we estimate that ensuring health-care access for all Americans would save more than 68 000 lives and 1·73 million life-years every year compared with the status quo.

Economic Analysis of
Medicare for All

BY ROBERT POLLIN, JAMES HEINTZ, PETER ARNO,
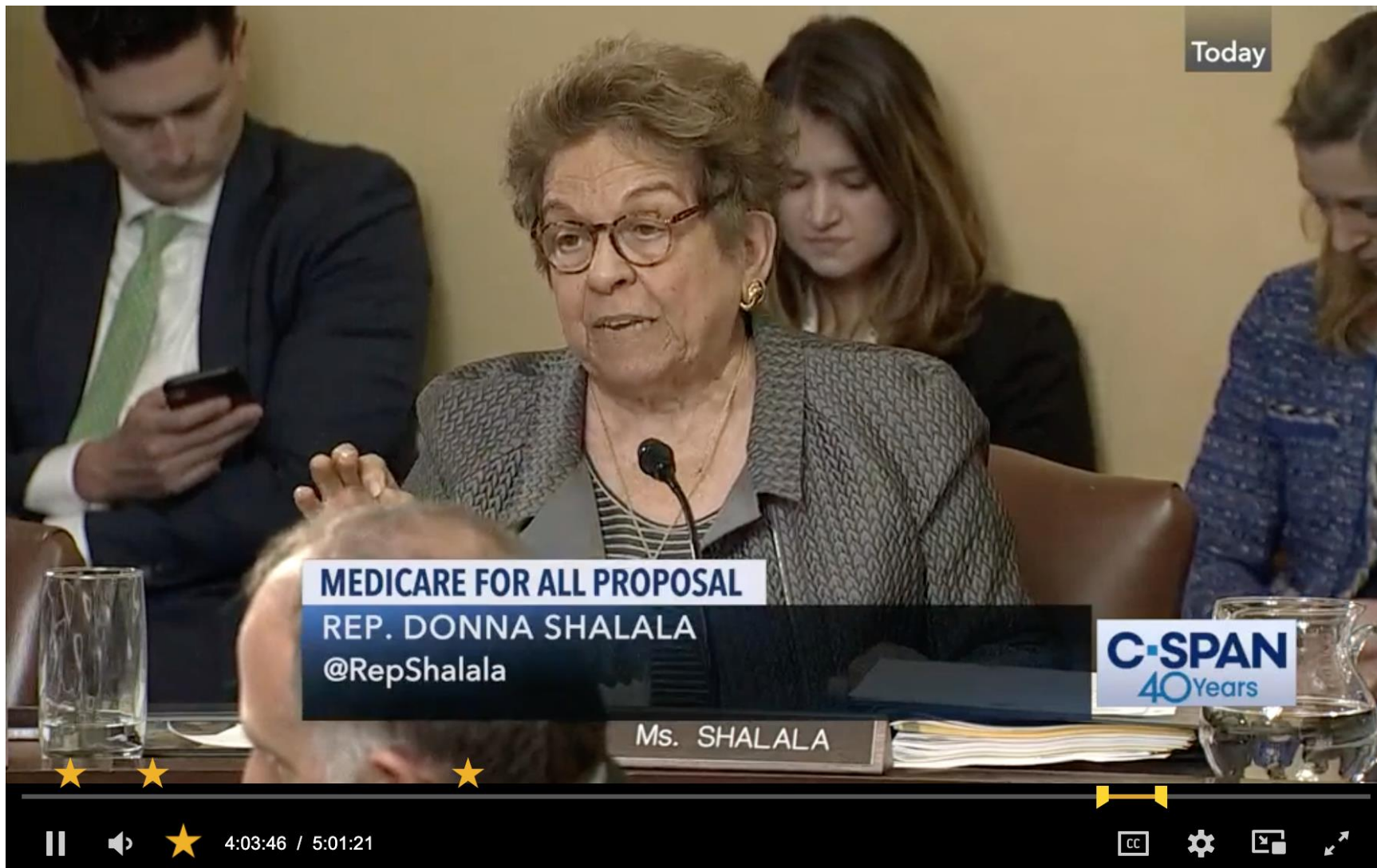
JEANNETTE WICKS-LIM, AND MICHAEL ASH

NOVEMBER 2018
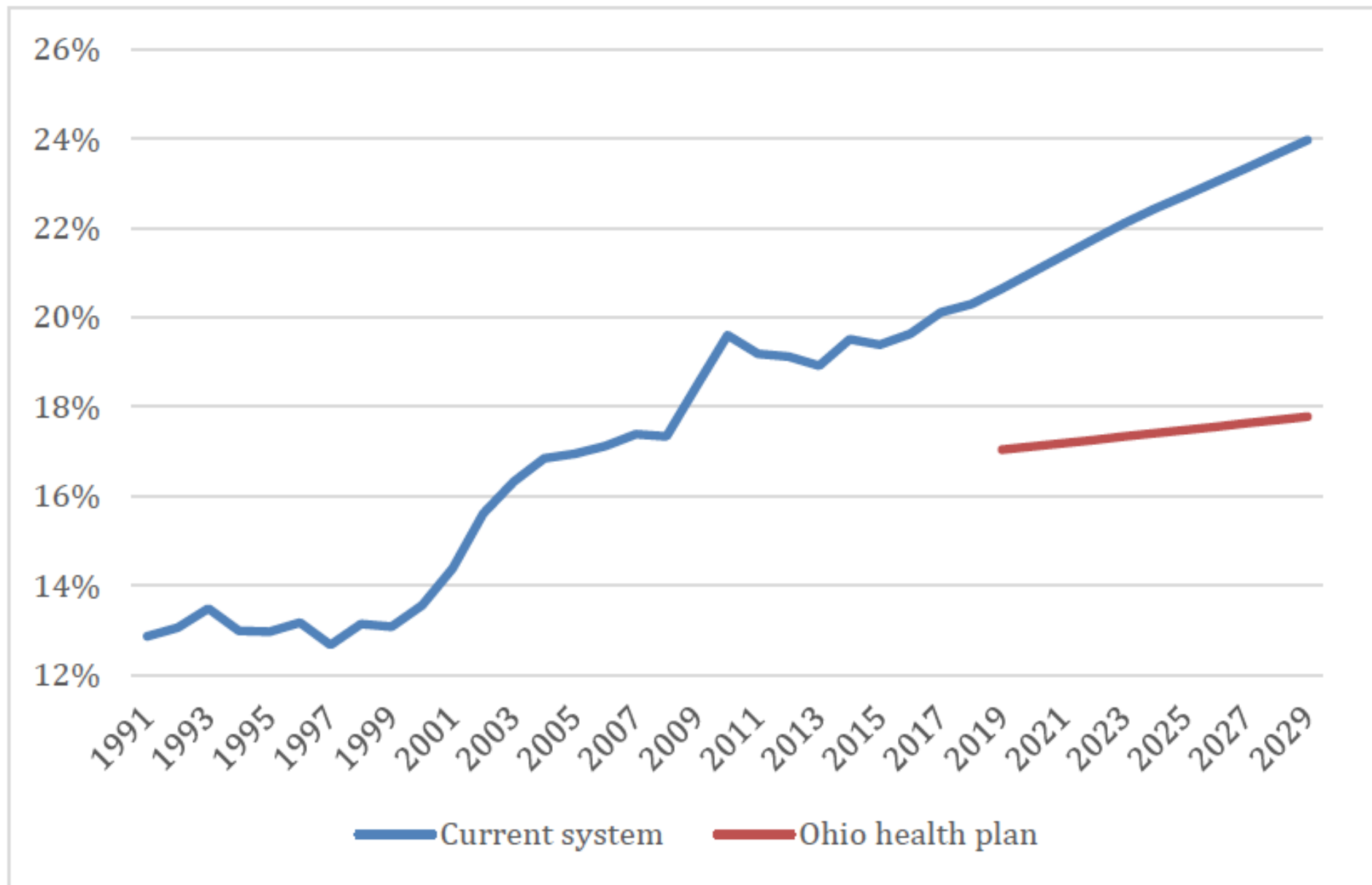
Figure 19. Health care as share of state GDP: Current system and proposed single payer

https://www.c-span.org/video/?460207-1/medicare-all-house-hearing

Our Churchill Moment Is Here

"You can always count on Americans to do the right thing – after they've tried everything else."
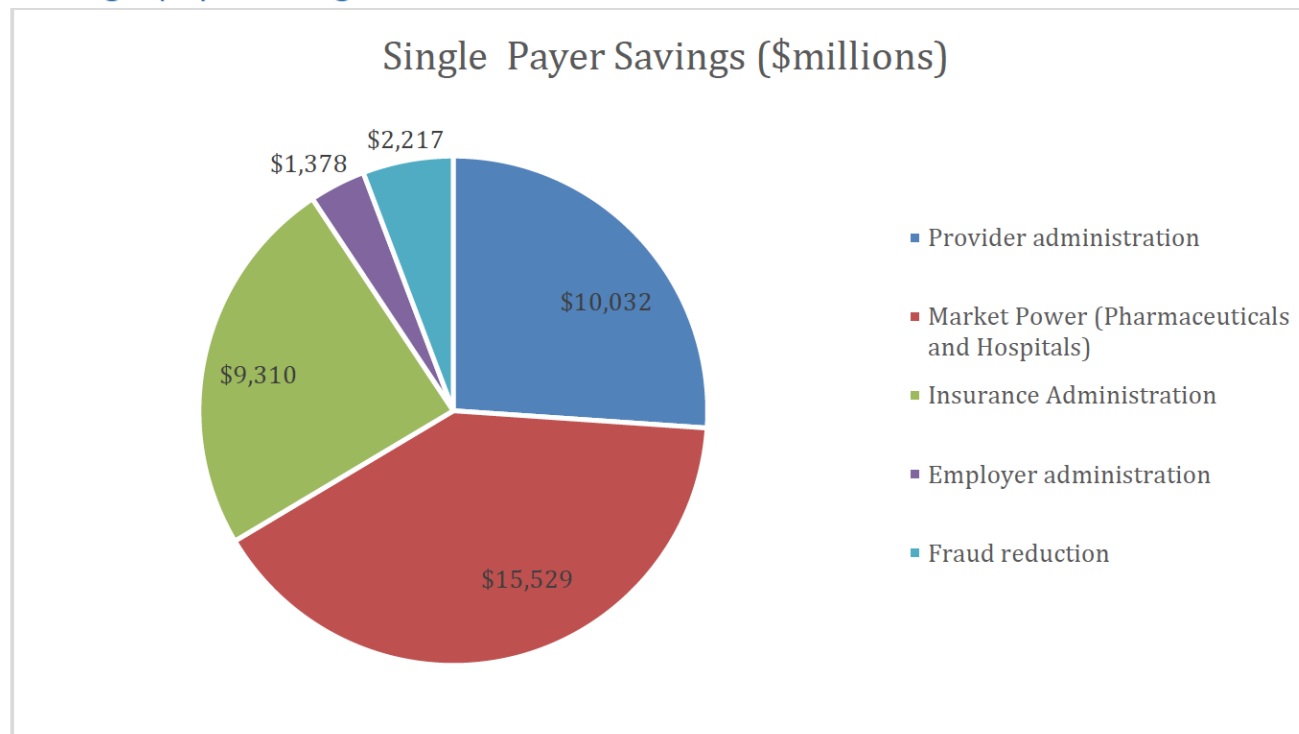
Winston Churchill

Single Payer Savings ($millions)

- Provider administration
- Market Power (Pharmaceuticals and Hospitals)
- Insurance Administration
- Employer administration
- Fraud reduction

$2,217
$1,378
$10,032
$9,310
$15,529

Figure 13. Projected single payer savings, Ohio, 2019 $millions.

Altogether, projected gross savings on current health care activities come to over $38 billion for 2019, which is nearly 28% of projected health care spending in that year. Savings are itemized in Table 2 and in Figure 13, below.

Table 2. Projected savings (in $millions) from single payer in Ohio

Provider administration	$	10,032
Market Power (Pharmaceuticals and Hospitals)	$	15,529
Insurance Administration	$	9,310
Employer administration	$	1,378
Fraud reduction	$	2,217
Total savings	$	38,467

Table 5. Funding options, Ohio single payer program, 2019, in $millions[100]

	Less Progressive Program	More Progressive Program
11% charge on salaries and wages with $15,000 exemption, sliding scale at 33% and small business deduction	$ 23,587,562	
11% business or professional net income with $15,000 exemption, sliding scale at 33%	$ 969,621	
11% capital income (for AGI>$50,000)	$ 3,114,944	
10% charge on salaries and wages with income sliding scale at 33% and small employer deduction		$ 21,443,238
10% business or professional net income with sliding scale		$ 881,474
10% capital income (for AGI>$50,000)		$ 2,831,767
Income tax at 3% above $15,000 with sliding scale		$ 10,156,563
Double Gross Receipts Tax (CAT)	$ 2,091,041	
High income surtax of 5%		$ 3,961,550
Excise taxes on alcohol, marijuana, tobacco	$ 2,843,698	
Premiums at Medicare rate with low income and children deduction	$ 7,494,399	
Capture insurance health costs	$ 2,876,366	$ 2,876,366
Total revenue:	$ 42,977,630	$ 42,150,958
Needed revenue:	$ 39,614,381	$ 39,614,381
Surplus (deficit)	$ 3,363,249	$ 2,536,577

The above proposed funding sources described more fully:

Economic Analysis of Single Payer Health Care in Ohio: Context, Savings, Costs, Financing

Gerald Friedman
Professor of Economics
University of Massachusetts at Amherst
Amherst, MA. 01003
August 19, 2018

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@gfriedma

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