

Pat Ryan supports a pathway to a complete government takeover of our healthcare system that could cost trillions, raise taxes on all Americans, and jeopardize access to quality healthcare in a timely manner.

BACKUP:

Ryan believes “we need” universal healthcare, it is “the overarching goal,” and it is his “guiding principle”:

- **VIDEO:** Ryan stated, “we need universal coverage” and “it’s the economically smart thing to do for our country.” “We need universal coverage that is quality and affordable for every single American. Period. This is not a partisan issue. It’s the right thing to do and it’s the economically smart thing to do for our country. Yet somehow, we find ourselves day after day, week after week, defending the gains that we fought for and won over the past decade.” (CJ DeGennaro, “New York District 19 Congressional Candidate Forum, The Contenders,” [YouTube](#), 12/14/17)
- **VIDEO:** Ryan stated that he is “encouraged” by growing support for universal healthcare and views it as “the overarching goal” that “we can unify behind and rally behind.” “I’m encouraged because for the first time in at least my life, there’s broad support in the country for universal healthcare. That every single American should have healthcare that’s quality and that’s affordable. And that to me is the overarching goal that I think we can unify behind and rally behind.” (Hudson Register-Star, “NY-19 Democratic Candidate Pat Ryan Meets with Columbia-Greene Media,” [YouTube](#), 6/7/18)
- **VIDEO:** Ryan stated that his “guiding principle” is “universal coverage” for healthcare. “And then we consolidate those gains and how do we move forward. And the guiding principle for me, that there’s finally broad support in this country for, is universal coverage that’s quality and affordable. And we also have to talk about the fact of how we reduce the cost. Because I’m worried, we get something done now that my kids and future generations aren’t going to be able to enjoy over time. So those will be the guiding principles that I will look at.” (Kerry Muldoon, “NY19 Congressional Debate 2/4/18,” [YouTube](#), 2/16/18)
- **VIDEO:** Ryan believes in universal healthcare. “I believe that every single American has to have quality, affordable healthcare. That is the overarching aim. That’s universal coverage. We also have to address the cost side which I can talk about in a minute. But, bringing down costs so we actually have a sustainable system so my kids and grandkids can have care and count on support.” (Andy Bobrow, “NY 19 Candidate Forum 5-12-18,” [YouTube](#), 5/14/18)

Ryan supports a “pretty aggressive” plan as a “pathway to a single payer system” that includes “lowering the Medicare age down to 55” as proposed by Sen. Stabenow, creating a public option for those under 55 and allowing the federal government to negotiate prescription drug prices:

- **VIDEO:** Ryan supports a “pretty aggressive” three-point plan as a “pathway to a single payer system” that includes “lowering the Medicare age down to 55” as proposed by Sen. Stabenow, creating a public option for those under 55 and allowing the federal government to negotiate prescription drug prices. “One – would be lowering the Medicare age down to 55, which is, uh, Senator Debbie Stabenow has a great bill that does this. There’s a few others out there. Two – for those under 55, create the, uh, uh, allow the

ability to opt-in/buy-in to that same Medicare-type of coverage plan – effectively a public option that would bring down prices against you know the private market. And then three – give negotiating power to the government, the federal government on Medicare Part D, to bring down prescription drug prices – single biggest driver of costs in the system. Those are all things that I think are pretty aggressive steps toward universal care and on the pathway to a single payer system that we can actually get done on January 1, 2019.” (Hudson Register-Star, “NY-19 Democratic Candidate Pat Ryan Meets with Columbia-Greene Media,” [YouTube](#), 6/7/18)

Ryan believes “we’re headed towards” a “Single Payer system” for healthcare:

- **VIDEO: Ryan believes “we’re headed towards” a “Single Payer system” for healthcare.** “What would I do from Day 1, January 1st, 2019. Well I think the Single Payer system is what we’re headed towards. I’m not sure we can do it Day 1. And what I’m focused on is what I can do in office in my first term. I think we can lower the Medicare age from 65-55, cover millions more people and make that healthier pool bring down Medicare costs.” (Andy Bobrow, “NY 19 Candidate Forum 5-12-18,” [YouTube](#), 5/14/18)

Ryan supports Medicare as a public option, a policy which could force rural hospitals to close, including up to 21 hospitals in New York:

- **VIDEO: Ryan supports introducing a Public Option those under 55.** “Two – introduce a Public Option for those under 55, which would bring down prices as compared to the private market.” (Andy Bobrow, “NY 19 Candidate Forum 5-12-18,” [YouTube](#), 5/14/18)
- **VIDEO: Ryan supports the Medicare-X Public Option plan for healthcare.** “I think the best option I’ve seen right now is Senator Kaine and Bennett’s bill to opt-in to Medicare. I think that would rapidly get help to those who need it. Thank you.” (Kerry Muldoon, “NY19 Congressional Debate 2/4/18,” [YouTube](#), 2/16/18)

Editor’s Note: The [Medicare X Choice Act](#) is a bill that would establish a public option within the exchanges of Obamacare.

- **A public option could put up to 55% of rural hospitals at risk of closure.** “Those who think rural families will be immune to the consequences of an incremental approach like a public option or Medicare buy-in should take a closer look. The outlook isn’t good for our rural hospitals at risk under any of the three proposals. According to a new Navigant study, offering a government insurance program reimbursing at Medicare rates as a public option on the health insurance exchanges created by the Affordable Care Act (ACA) could place as many as 55% of rural hospitals, or 1,037 hospitals across 46 states, at high risk of closure across the country. Here in Iowa, a public option could put 58% of our rural hospitals at high risk of closure, according to the study.” (Julius Schaaf, “Medicare expansion plans would jeopardize rural hospitals,” [Des Moines Register](#), 9/9/2019)
- **In August 2019, Navigant released a study on the impact and potential risk a public option would have on rural hospitals in the U.S.** “Chicago-based data company Navigant released an analysis this past month that studies the impact of a public option, a proposal to create a government-run insurance plan to compete with private insurance companies. It’s also a pitch that’s become common – in various iterations – among Democratic candidates running for president.” (Michaela Ramm, “52 rural Iowa hospitals at risk of closing under public option, analysis shows,” [The Gazette](#), 9/3/19)

- The study found three possible scenarios where rural hospitals could potentially have to “shift of patients from higher-paying commercial plans, driving down rural hospital net revenue and negatively impacting the communities they serve” as a result of a Medicare public option. “The analysis incorporated three scenarios in which the availability of a Medicare public insurance option would induce a shift of patients from higher-paying commercial plans, driving down rural hospital net revenue and negatively impacting the communities they serve.” (Jeff Goldsmith and Jeff Leibach, “THE POTENTIAL IMPACT OF A MEDICARE PUBLIC OPTION ON U.S. RURAL HOSPITALS AND COMMUNITIES: A SCENARIO ANALYSIS,” [Navigant](#), 8/19)
- In the first scenario, Navigant found rural hospitals could lose 2.3% in revenue under a public option, which would place 28 % of rural hospitals at a higher risk of closure. “. Revenue loss to rural hospitals is projected to be 2.3% under a Medicare public option if only the uninsured and current individual market participants shift to the public option, placing an estimated 28% of rural hospitals at high risk of closure (Scenario 1).” (Jeff Goldsmith and Jeff Leibach, “THE POTENTIAL IMPACT OF A MEDICARE PUBLIC OPTION ON U.S. RURAL HOSPITALS AND COMMUNITIES: A SCENARIO ANALYSIS,” [Navigant](#), 8/19)
 - The first scenario puts 8 rural hospitals in New York at “high-risk” of closure.

High-Risk Rural Hospitals in NY – Scenario 1		
State	High-Risk Rural Hospitals	% of High Risk Rural Hospitals
New York	8	16.7%
(Jeff Goldsmith and Jeff Leibach, “THE POTENTIAL IMPACT OF A MEDICARE PUBLIC OPTION ON U.S. RURAL HOSPITALS AND COMMUNITIES: A SCENARIO ANALYSIS,” Navigant , 8/19)		

- The second scenario found that if hospitals switched between 25% and 50% of workers with private insurance to a public option, revenues would decrease significantly and increase the risk of closure. “If employers shift between 25% and 50% of their covered workers from commercial coverage to a Medicare public option, hospital revenues are projected to drop between 8% and 14% and cause an estimated 51% to 55% of rural hospitals to face high risk of closure, with an additional 39% to 41% facing moderate risk (Scenarios 2 & 3).” (Jeff Goldsmith and Jeff Leibach, “The Potential Impact Of A Medicare Public Option On U.S. Rural Hospitals And Communities: A Scenario Analysis,” [Navigant](#), 8/19)
 - The second scenario puts 15 rural hospitals in New York at “high-risk” of closure.

High-Risk Rural Hospitals in NY – Scenario 2		
State	High-Risk Rural Hospitals	% of High Risk Rural Hospitals
New York	15	31.3%
(Jeff Goldsmith and Jeff Leibach, “The Potential Impact Of A Medicare Public Option On U.S. Rural Hospitals And Communities: A Scenario Analysis,” Navigant , 8/19)		

- The last scenario found that Medicare would have to increase its hospital payments to keep up with a public option, which in turn could cost between \$4 billion and \$25 billion annually. “To keep hospitals whole from the financial consequences of any of these scenarios, Medicare would have to increase hospital payment levels for a public option between 40% and 60% above present Medicare rates, costing between \$4 billion and \$25 billion annually (depending on the severity of the employer shift).” (Jeff Goldsmith and Jeff Leibach, “The Potential Impact Of A Medicare Public option On U.S. Rural Hospitals And Communities: A Scenario Analysis,” [Navigant](#), 8/19)

- The third scenario puts 21 rural hospitals in New York at “high-risk” of closure.

High-Risk Rural Hospitals in NY – Scenario 3		
State	High-Risk Rural Hospitals	% of High Risk Rural Hospitals
New York	21	43.8%
(Jeff Goldsmith and Jeff Leibach, “The Potential Impact Of A Medicare Public Option On U.S. Rural Hospitals And Communities: A Scenario Analysis,” Navigant , 8/19)		

The American Hospital Association published a report claiming the Medicare-X Choice Act does not pay them enough money and that it would “stifle hospitals’ ability to keep pace with new life-sustaining advances in medicine, to continue to invest in new payment and delivery models and to manage rapidly escalating drug prices:”

- In 2019, the American Hospital Association and the Federation of American Hospitals published a report saying the Medicare-X Choice Act did not pay them enough money to provide care. “But in a new report Tuesday, the American Hospital Association and the Federation of American Hospitals, which represents for-profit hospital giants like HCA Healthcare, Community Health Systems and Tenet Healthcare, see the Medicare-X Choice Act as not paying them enough money. The legislation was introduced two years ago by Democratic Senators Tim Kaine of Virginia and Michael Bennet of Colorado and could regain momentum as legislators and candidates running for the Presidency in 2020 begin to float ideas to expand health insurance coverage. ‘Under Medicare X-Choice, the public plan would reimburse providers using Medicare rates, which are significantly less than commercial rates and, for hospitals, fall below the cost of providing care,’ the 21-page report says.” (Bruce Jaspén, “Hospitals: Medicare-Like Public Options Don’t Pay Us Enough Money,” [Forbes](#), 3/12/19)
- “In a statement accompanying their report, the hospital lobbies say the Medicare-X Choice Act would ‘stifle hospitals’ ability to keep pace with new life-sustaining advances in medicine, to continue to invest in new payment and delivery models and to manage rapidly escalating drug prices.” (Bruce Jaspén, “Hospitals: Medicare-Like Public Options Don’t Pay Us Enough Money,” [Forbes](#), 3/12/19)

A Medicare-X Public Option could pave the way for a full government takeover of health care

- A Medicare-X healthcare proposal creates a public option. “Two groups of Democratic senators have recently released bills to create a public option, both of which envision a considerably more aggressive role for government than even the House proposal did nine years ago. One plan, from Senators Michael Bennet of Colorado and Tim Kaine of Virginia, would phase in the new public option. Americans buying coverage on the individual insurance market would be able to purchase it starting in 2020 in areas where few or no private insurance options are available. By 2023, the public option would be available for individuals nationwide. And in 2024, small businesses would be allowed to buy into the plan. An alternative proposal, from [CT Sen. Chris] Murphy and Oregon Senator Jeff Merkley, would move faster and further. It would make a public option immediately available not only to individuals, but also to employers of all sizes. And unlike the Bennet-Kaine plan, the Murphy-Merkley bill would also change how the ACA’s subsidies are distributed, by extending eligibility further into the middle class to help people buy coverage and by making those subsidies more generous.” (Ronald Brownstein, “The Democratic Push for a ‘Public Option on Steroids,’” [The Atlantic](#), 4/26/18)

- **When questioned about Medicare-X legislation leading to government-run single payer healthcare, the bill's author noted that it may do so.** “To critics who argue that a public option might lead to a government-run single-payer plan by pricing private insurers out of the market, Murphy, in effect, says: So what? ‘I don’t foreclose the possibility that ultimately enough people will choose [the public option] that it would be hard for private insurers to stay in business,’ he told me. ‘But that would be up to consumers.’” (Ronald Brownstein, “The Democratic Push for a ‘Public Option on Steroids,’” [The Atlantic](#), 4/26/18)

Medicare for All could cost as much as \$32 trillion:

- **Bernie Sanders’ Medicare for All plan would cost \$32 trillion.** “Presidential candidate Bernie Sanders proposed a single-payer system to replace all current health coverage. His system would cover all medically necessary care, including long-term care, without cost-sharing. We estimate that the approach would decrease the uninsured by 28.3 million people in 2017. National health expenditures would increase by \$6.6 trillion between 2017 and 2026, while federal expenditures would increase by \$32.0 trillion over that period. Sanders’s revenue proposals, intended to finance all health and nonhealth spending he proposed, would raise \$15.3 trillion from 2017 to 2026—thus, the proposed taxes are much too low to fully finance his health plan.” (John Holahan, Matthew Buettgens, Lisa Clemans-Cope, Melissa M. Favreault, Linda J. Blumberg, and Siyabonga Ndwandwe, “The Sanders Single-Payer Health Care Plan: The Effect on National Health Expenditures and Federal and Private Spending,” [Urban Institute](#), 5/9/16)

Medicare for All would eliminate private insurance:

- **Industry leaders, argue that “any type of public insurance option would drive private companies out of business, raise costs for employers and workers and increase budget deficits.”** “President Obama challenged the health insurance industry Tuesday to drop its steadfast opposition to a government-run plan that could compete with private insurers to drive down costs in a revamped health care system. Industry leaders, however, said any type of public insurance option would drive private companies out of business, raise costs for employers and workers and increase budget deficits.” (Ron Edmonds, Obama Spars with Insurers on Health Care,” [USA Today](#), 6/23/09)
- **“Basically every existing health insurance program would become illegal overnight” if a version of single payer government healthcare proposed in the US House of Representatives became law.** “Under the bill as written, very few Americans could avoid joining this plan. The bill makes it illegal for insurers to sell coverage deemed ‘duplicative’ with Conyers’s program; since the bill provides unlimited free coverage for virtually every possible ailment, basically every existing health insurance program would become illegal overnight. That choice separates Conyers’s bill from other single-payer proposals. In some Western countries with single-payer health systems, such as France, robust private health insurance exists that is complementary to government-run insurance. But HR 676 would circumscribe private health insurers’ roles to “supplemental insurance” alone. Only insurance covering ‘cosmetic surgery or other services and items that are not medically necessary’ would be allowed to be sold privately, the legislation says.” (Jeff Stein, “What Rep. John Conyers’s Sweeping Single-Payer Health Care Bill Would Actually Do,” [Vox](#), 8/28/17)

- **“Private health insurance is coverage by a health plan provided through an employer or union and coverage purchased directly by an individual from an insurance company or through an exchange.”** (United States Census Bureau, Health Insurance, [Glossary](#), accessed 7/30/18)
- **On Bernie Sanders’ Medicare-for-All plan: “The employer-based insurance that now covers 156 million people would be eliminated. Those people would lose their current coverage and be enrolled in the new program instead.”** (Haeyoun Park and Margot Sanger-Katz, “How Medicare for All Would Affect You,” [New York Times](#), 9/14/17)
- **Medicare for All legislation “would outlaw almost all private insurance and create a government health care monopoly: a single entity delivering, as well as financing, medical benefits and services.”** “Senator Bernie Sanders (I-VT), along with 16 Senate Democrats, is sponsoring the Medicare for All Act of 2017 (S. 1804). The bill is co-sponsored by Senators Baldwin, Blumenthal, Booker, Franken, Gillibrand, Harris, Heinrich, Hirono, Leahy, Markey, Merkley, Schatz, Shaheen, Udall, Warren, and Whitehouse. The legislation would outlaw almost all private insurance and create a government health care monopoly: a single entity delivering, as well as financing, medical benefits and services.” (Robert Moffit, “Government Monopoly: Senator Sanders’ ‘Single-Payer’ Health Care Prescription,” [Heritage Foundation](#), 10/31/17)

Medicare for All would cost so much you would have to double income taxes for every family and small business to pay for it:

- **Proposed taxes are “much too low to fully finance” the Sanders Medicare for All single payer plan.** “Presidential candidate Bernie Sanders proposed a single-payer system to replace all current health coverage. His system would cover all medically necessary care, including long-term care, without cost-sharing. We estimate that the approach would decrease the uninsured by 28.3 million people in 2017. National health expenditures would increase by \$6.6 trillion between 2017 and 2026, while federal expenditures would increase by \$32.0 trillion over that period. Sanders’s revenue proposals, intended to finance all health and nonhealth spending he proposed, would raise \$15.3 trillion from 2017 to 2026—thus, the proposed taxes are much too low to fully finance his health plan.” (John Holahan, Matthew Buettgens, Lisa Clemans-Cope, Melissa M. Favreault, Linda J. Blumberg, and Siyabonga Ndwandwe, “The Sanders Single-Payer Health Care Plan: The Effect on National Health Expenditures and Federal and Private Spending,” [Urban Institute](#), 5/9/16)
- **“Doubling federal individual and corporate income tax receipts would not cover the full cost” of Sanders’ Medicare for All plan.** “The latest plan from the Vermont independent would deliver significant savings on administration and drug costs, but increased demand for care would drive up spending, according to the analysis by the Mercatus Center at George Mason University in Virginia. Doubling federal individual and corporate income tax receipts would not cover the full cost, the study said.” (Ricardo Alonso-Zaldívar, “Study: ‘Medicare for all’ projected to cost \$32.6 trillion,” [Associated Press](#), 7/30/18)

Medicare for All would eliminate private insurance and increase taxes on the middle class:

- **Medicare for All would eliminate private insurance.** “The co-chair of the Progressive Caucus is releasing a proposal Wednesday to transition the United States to a single-payer health care system, one in which a single, government-run health plan provides insurance

coverage to all Americans. ‘We mean a complete transformation of our health care system and we mean a system where there are no private insurance companies that provide these core benefits,’ Jayapal told reporters Tuesday. ‘We mean universal care, everybody in, nobody out.’” (Sarah Kliff, “Medicare-for-all: Rep. Pramila Jayapal’s new bill, explained,” [Vox](#), 2/26/19)

- **According to the Committee for a Responsible Federal Budget, Medicare for All would increase taxes on the middle class.** “With several 2020 presidential candidates endorsing a move to single-payer health care (Medicare for All), there is an ongoing debate over whether such a plan would include higher taxes on the middle class... Regardless of the overall impact of Medicare for All, it is clear that taxes on the middle class would have to rise in order to pay for it. Those taxes could be imposed directly on workers, indirectly through taxes on employers or consumption, or through a combination of direct or indirect taxes. There is simply not enough available revenue from high earners and businesses to cover the full cost of eliminating premiums, ending all cost-sharing, and expanding coverage to all Americans and for (virtually) all health services.” (“Would Medicare for All Require a Middle-Class Tax Hike?” [Committee for a Responsible Federal Budget](#), 10/22/19)

Medicare for All could increase wait times and reduce access to care:

- **A May 2019 analysis on single-payer health care by the Congressional Budget Office (CBO) noted that a single-payer system would put pressure on the available supply of care.** “An expansion of insurance coverage under a single-payer system would increase the demand for care and put pressure on the available supply of care. People who are currently uninsured would receive coverage, and some people who are currently insured could receive additional benefits under the single-payer system, depending on its design. Whether the supply of providers would be adequate to meet the greater demand would depend on various components of the system, such as provider payment rates. If the number of providers was not sufficient to meet demand, patients might face increased wait times and reduced access to care. In the longer run, the government could implement policies to increase the supply of providers.” (“Key Design Components And Considerations For Establishing A Single-Payer Health Care System,” [Congressional Budget Office](#), 5/1/19)
- **CBO: “If the number of providers was not sufficient to meet demand, patients might face increased wait times and reduced access to care.”** (“Key Design Components And Considerations For Establishing A Single-Payer Health Care System,” [Congressional Budget Office](#), 5/1/19)