

“Susan Wild supports a single payer Medicare for All health care system. Such a system would cost as much as thirty two trillion dollars and end private employer based health insurance for nearly 150 million people, putting us on a path towards socialism.”

BACKUP:

Susan Wild supports Medicare for All, which would put the government in charge of your health insurance:

- **Medicare for All is a type of single payer health care plan.** “What is single-payer health care? This one is pretty simple if you understand Medicare for all. Single-payer is a more general term used to describe a government system, typically backed by taxes, in which everyone gets health care from one insurer, run by the government. Think of Medicare for all as a brand-name single-payer plan.” (Margot Sanger-Katz, “The Difference Between a ‘Public Option’ and ‘Medicare for All?’ Let’s Define Our Terms,” [New York Times](#), 2/19/19)
 - **Medicare for All is a system in which all Americans get health insurance through the government.** “What is Medicare for all? This increasingly popular term was coined to describe a system in which all Americans, not just older ones, get health insurance through the government’s Medicare system.” (Margot Sanger-Katz, “The Difference Between a ‘Public Option’ and ‘Medicare for All?’ Let’s Define Our Terms,” [New York Times](#), 2/19/19)
 - **Single payer is government run health care.** “What is single-payer health care? This one is pretty simple if you understand Medicare for all. Single-payer is a more general term used to describe a government system, typically backed by taxes, in which everyone gets health care from one insurer, run by the government.” (Margot Sanger-Katz, “The Difference Between a ‘Public Option’ and ‘Medicare for All?’ Let’s Define Our Terms,” [New York Times](#), 2/19/19)
- **There are multiple Medicare for All proposals, including a plan by Sen. Bernie Sanders, a 2017 plan by former Rep. John Conyers and a 2019 plan by Rep. Pramila Jayapal.** “Nearly four years after Senator Bernie Sanders launched an unlikely presidential campaign and pushed the notion of Medicare for everyone irrevocably into public view, progressive House Democrats unveiled their own comprehensive Medicare for All bill this week. ... Former Michigan representative John Conyers had introduced a Medicare for All bill every year since 2003, but in 2017, a record number of House Democrats signed on to co-sponsor the legislation. ... The Conyers bill – which was vaguer than this year’s – likely owed its sudden popularity to the Republican Party’s failed attempts to repeal and replace the Affordable Care Act with legislation that didn’t protect people with preexisting conditions. ... The legislation Jayapal introduced this week is more expansive than Sanders’s vision, as Jeff Stein reported for the Washington Post. Jayapal’s bill would move every American onto a single public insurance provider within two years, while Sanders has proposed a four-year transition process. Both would leave only a small role for private insurance.” (Sarah Jones, “What You Should Know About Progressives’ Ambitious New Medicare for All Bill,” [New York Magazine](#), 3/2/19)
 - **Susan Wild supports a single payer health system, writing on her campaign website, “We need to work toward a single-payer health care system.”** “I don’t believe your health insurance should be tied to your job. Employer-sponsored

health insurance plans are a drain on employers, entrepreneurship, and often cause employees' wages to be lower. We need to work toward a single-payer health care system, and in the meantime, have a public option available." (Susan Wild for Congress, "[Principles](#) - Health Care for All," Accessed 4/15/19)

- **Wild supported the 2017 Medicare for All bill.** "Six Democrats, all vying for the seat that Republican Charlie Dent will leave open when he retires after this term, squared off Thursday night at Lehigh Valley Active Life in Allentown for a forum on Medicare. The six ~ Gregory Edwards, Bill Leiner, John Morganelli, Laura Quick, David Weidman and Susan Wild ~ all advocated their support for House Bill 676 and Senate Bill 915, known better as the Expanded and Improved Medicare for All bill." (Stephen Althouse, "Democratic candidates give views on single-payer health care," [WFMZ](#), 1/19/18)
 - **Wild is a co-sponsor of H.R.1384 - To establish an improved Medicare for All national health insurance program.** ([H.R.1384](#), [Co-Sponsors](#), Introduced 2/27/19)

Susan Wild supports legislation to enact Medicare for All which would cost up to \$32 trillion:

- **Wild is a co-sponsor of H.R.1384 - To establish an improved Medicare for All national health insurance program.** ([H.R.1384](#), [Co-Sponsors](#), Introduced 2/27/19)

Editor's Note: The Medicare for All Act of 2019 was introduced by Rep. Pramila [Jayapal](#).

- **In 2019, the Committee for a Responsible Federal Budget estimated Rep. Jayapal's Medicare for All bill was estimated to cost \$28-32 trillion over a decade.** "Representative Pramila Jayapal (D-WA), a co-chair of the Medicare for All Caucus, released a bill today that would adopt a single-payer system, where the federal government replaces private health insurance companies as the sole provider of most health care financing. While we are not aware of any estimates of this particular proposal, similar proposals have been estimated to cost the federal government roughly \$28-32 trillion over a decade." (Committee for a Responsible Federal Budget, "[How Much Will Medicare for All Cost?](#)," 2/27/19)
 - **The CFPB called Jayapal's bill "broadly similar to Senator Sander's proposed single-payer plan."** "The proposal is broadly similar to Senator Sanders's proposed single-payer plan introduced during the 2016 Presidential campaign." (Committee for a Responsible Federal Budget, "[How Much Will Medicare for All Cost?](#)," 2/27/19)

An October 2019 study from the Urban Institute found that a single payer "Medicare for all" health care system that includes all U.S. residents, including illegal immigrants, would cost \$32 trillion over 10 years and prohibit private insurance:

- **An 'enhanced' version of single payer healthcare would cover everyone, including undocumented immigrants.** "The modeled "enhanced" single-payer system would cover everyone, including undocumented immigrants." ("From Incremental to Comprehensive Health Reform: How Various Reform Options Compare on Coverage and Costs," [Urban Institute](#), 10/16/19)
 - **Including the undocumented population would increase the uncertainty of the estimates, and thus the costs could be underestimated.** "Again, as noted above, including the undocumented population in this reform increases the uncertainty of the

estimates. For example, if providers and the federal government cannot differentiate between permanent US residents and visitors, or if the availability of coverage for all residents increases immigration, the federal costs presented here underestimate the actual effects.” (“From Incremental to Comprehensive Health Reform: How Various Reform Options Compare on Coverage and Costs,” [Urban Institute](#), 10/16/19)

- **Under this plan, all current forms of insurance, including private insurance, would be eliminated.** “All current forms of insurance for acute care would be eliminated, including private insurance, Medicaid, and Medicare, and everyone residing in the US would be covered by a new public insurance program.” (“From Incremental to Comprehensive Health Reform: How Various Reform Options Compare on Coverage and Costs,” [Urban Institute](#), 10/16/19)
 - **The elimination of private insurance is the reason why federal expenditures increase in a single-payer system.** “Our analysis shows both single-payer approaches greatly increase federal expenditures because private insurance is eliminated...” (“From Incremental to Comprehensive Health Reform: How Various Reform Options Compare on Coverage and Costs,” [Urban Institute](#), 10/16/19)
- **Federal government spending would increase by \$32 trillion over 10 years.** “The enhanced single-payer approach eliminates all cost-sharing, offers broader benefits, and includes all US residents, including undocumented immigrants. Uninsurance is thereby eliminated, providing 32.2 million more people with insurance coverage than under current law in 2020. The additional federal spending for this reform is \$34.0 trillion over 10 years, or \$32.0 trillion after tax offsets.” (“From Incremental to Comprehensive Health Reform: How Various Reform Options Compare on Coverage and Costs,” [Urban Institute](#), 10/16/19)

The study also found that households will face increased taxes to finance any of these proposed reforms:

- **Under a single-payer plan, households will face increased taxes to pay for these programs.** “However, households will face increased taxes to finance any of these reforms, and we do not account for this.” (“From Incremental to Comprehensive Health Reform: How Various Reform Options Compare on Coverage and Costs,” [Urban Institute](#), 10/16/19)
 - **As more costs are covered by the federal government instead of private entities, the greater the increase in federal taxes.** “The more costs are covered by the federal government instead of private entities (employers and households) and states, the greater the increase in federal taxes needed to finance them.” (“From Incremental to Comprehensive Health Reform: How Various Reform Options Compare on Coverage and Costs,” [Urban Institute](#), 10/16/19)
 - **Higher income families will likely face the greatest increase in taxes.** “Higher-income people will likely face the greatest increases in taxes, meaning their new tax burdens would likely exceed their savings; the reverse is likely true for lower-income populations.” (“From Incremental to Comprehensive Health Reform: How Various Reform Options Compare on Coverage and Costs,” [Urban Institute](#), 10/16/19)

In a Single-Payer enhanced plan, nearly 150 million people will lose their employer-based health insurance and nearly 130 million people combined would be thrown off of Medicare and Medicaid:

- An estimated 147.6 million people would lose their employer-based health insurance under a single-payer enhanced plan.

TABLE 13
Health Insurance Coverage and Health Care Spending in 2020 under Current Law and Reform 8 (Single-Payer Enhanced)
Health insurance coverage

	Current Law		Reform 8		Difference from Current Law	
	Millions of people	%	Millions of people	%	Millions of people	%
Insured with minimum essential coverage	296.9	89.6	331.5	100.0	34.6	11.7
Employer	147.6	44.5	0.0	0.0	-147.6	-100.0
Nongroup (with tax credits)	9.1	2.7	0.0	0.0	-9.1	-100.0
Nongroup (without tax credits)	6.4	1.9	0.0	0.0	-6.4	-100.0
Medicaid/CHIP	68.8	20.8	0.0	0.0	-68.8	-100.0
Medicare	60.4	18.2	0.0	0.0	-60.4	-100.0
Other	4.6	1.4	0.0	0.0	-4.6	-100.0
Single-payer plan	0.0	0.0	331.5	100.0	331.5	n/a
Lacking minimum essential coverage	34.6	10.4	0.0	0.0	-34.6	-100.0
Uninsured	32.2	9.7	0.0	0.0	-32.2	-100.0
Legally present	25.6	7.7	0.0	0.0	-25.6	-100.0
Not legally present	6.6	2.0	0.0	0.0	-6.6	-100.0
Short-term, limited-duration plans	2.4	0.7	0.0	0.0	-2.4	-100.0
Total	331.5	100.0	331.5	100.0	0.0	0.0

(“From Incremental to Comprehensive Health Reform: How Various Reform Options Compare on Coverage and Costs,” [Urban Institute](#), 10/16/19)

- A combined 129.2 million people would be thrown off either Medicaid or Medicare.

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Medicaid/CHIP	68.8	20.8	0.0	0.0	-68.8	-100.0
Medicare	60.4	18.2	0.0	0.0	-60.4	-100.0
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(“From Incremental to Comprehensive Health Reform: How Various Reform Options Compare on Coverage and Costs,” [Urban Institute](#), 10/16/19)

Susan Wild said that Obamacare was a “great start,” and supports “Medicare for All,” a government-run health care platform that could cost \$32 trillion over 10 years:

- Wild said that she believes that the Affordable Care Act was a “great start” and that she supports a “Medicare for All-style plan that would ensure affordable coverage for all Americans.” WILD: “I believe the Affordable Care Act was a great start. But I also believe we can do better, because here’s where we are as a country – one party tells you that health care is a privilege, not a right, and another party suggests you should be grateful to be paying a \$1,500/month premium with a \$10,000 deductible for your care. That’s not cutting it for anyone, especially not the working-class families I’m going to Congress to fight for. That’s why I support a Medicare for All-style plan that would ensure affordable coverage for all Americans.” (Laura Olson and Nicole Radzевич, “Susan Wild, Democratic candidate for Congress in PA-7,” [The Morning Call](#), 3/30/18)

- **Wild said establishing Medicare for All was one of her “top priorities.”** “Susan Wild ... Response: I'm running for Congress to fight for families, and my top priorities are establishing Medicare for all, so no family must choose between getting health care and putting food on the table; protecting Social Security at all costs, so no seniors face financial uncertainty after a lifetime of playing by the rules; and implementing campaign finance reform to get dark money out of politics and shift influence from the corporate class back to the working class.” (League Of Women Voters Of Lehigh County, “[Voters' Guide](#) for the Primary Election, May 15, 2018,” Accessed 6/6/18)
- **According to Bernie Sanders’ 2016 presidential campaign website, Sanders’ plan is Medicare for All, a federally administered single-payer health care program.** “Bernie’s plan would create a federally administered single-payer health care program. Universal single-payer health care means comprehensive coverage for all Americans. Bernie’s plan will cover the entire continuum of health care, from inpatient to outpatient care; preventive to emergency care; primary care to specialty care, including long-term and palliative care; vision, hearing and oral health care; mental health and substance abuse services; as well as prescription medications, medical equipment, supplies, diagnostics and treatments.” (Friends of Bernie Sanders, “[Medicare for All: Leaving No One Behind](#),” Accessed 11/20/17)
 - **According to a study by the Urban Institute, Sanders’ single-payer system would increase national health expenditures by \$6.6 trillion and federal expenditures by \$32 trillion from 2017 to 2026.** “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, et al., “The Sanders Single-Payer Health Care Plan: The Effect on National Health Expenditures and Federal and Private Spending,” [Urban Institute](#), 5/9/16)

***Editor’s Note:** The [Urban Institute](#) is the United States’ leading nonprofit research organization dedicated to developing evidence-based insights and analysis into social and economic policy. The organization states that it is a trusted source for unbiased, authoritative insights that inform consequential choices about the well-being of people and places in the United States. According to [mediabiasfactcheck.com](#), however, Urban Institute exhibits a slight to moderate liberal bias, often publishing factual information that utilizes loaded words to favor liberal causes.*

Wild said everyone should have health care, yet on another occasion she said benefits like health insurance should be reflective of amount of time spent in a job:

- **Wild said establishing Medicare for All was one of her “top priorities.”** “Susan Wild ... Response: I'm running for Congress to fight for families, and my top priorities are establishing Medicare for all, so no family must choose between getting health care and putting food on the table; protecting Social Security at all costs, so no seniors face financial

uncertainty after a lifetime of playing by the rules; and implementing campaign finance reform to get dark money out of politics and shift influence from the corporate class back to the working class.” (League Of Women Voters Of Lehigh County, “[Voters' Guide](#) for the Primary Election, May 15, 2018,” Accessed 6/6/18)

- **Wild said benefits paid, such as health insurance, should be reflective of the amount of time spent in a job.** WILD: “I don't think anybody should go to Congress and make it a lifetime career. It's certainly not something that I aim to do at the age of 60. I've had a healthy career for the last 35 years and I have no interest in spending another 35 years in a different career. I think that benefits paid, whether they be pension, health insurance, or otherwise should be reflective of the amount of time spent in a job. That's how it is for everybody else and that's how it should be in Congress.” (PBS39 YouTube Channel, “PBS39 Congressional Candidates Forum - 7th District,” [Clip](#) begins 1:21:05, Uploaded 5/10/18)

Wild supports Obamacare's tax penalties for most people who fail to have health coverage:

- **Wild supports the individual mandate enacted by Obamacare.** “Since the Republican Congress failed at ‘repealing and replacing’ the Affordable Care Act – their top political promise for the better part of a decade – they snuck into the dark crevices of this tax bill an elimination of the individual mandate enacted by the ACA. The ACA is not perfect, and I want to go to Washington to fix what’s not working; but Republicans’ plan ignores simple economics – when millions more Americans are uninsured, insurance companies don’t want to lose profits, so they’ll hike prices to make up for it, skyrocketing costs and blowing up the insurance market in the process.” (“Statement: Susan on Today's Republican Tax Travesty,” Wild for Congress, [Press Release](#), 12/20/17)
 - **The individual mandate, which charged most people who did not have health coverage a tax penalty of \$695 per adult or 2.5 percent of household income, whichever is higher, was repealed as part of tax reform.** “The individual mandate's enforcement was repealed, effective in 2019, as part of a major tax bill passed by Congress last month. The mandate remains in effect for 2018. Most people who do not have health coverage that complies with minimum standards outlined by the Affordable Care Act this year face a tax penalty of \$695 per adult or 2.5 percent of household income, whichever is higher.” (Dan Mangan, “Trump touts repeal of key part in 'disastrous Obamacare' – the individual mandate,” [CNBC](#), 1/30/18)
 - **“The Affordable Care Act rule imposes a fine on people who fail to have health coverage.”** (Dan Mangan, “Trump touts repeal of key part in 'disastrous Obamacare' – the individual mandate,” [CNBC](#), 1/30/18)

Wild criticized that we “open our checkbook to defense contractors,” but do not provide health care for everyone, which she called a “federal responsibility:”

- **Wild criticized that we “open our checkbook to defense contractors,” but do not provide health care for everyone, which she called a “federal responsibility.”** WILD: “We have a perversion of priorities in this country. We spend, we open our checkbook to defense contractors, but we don't provide health care for everyone as a matter of right. I believe that we have a federal responsibility to provide good, accessible health care to everyone. We have a terrible problem in this country with healthcare inequality. If you can afford good

health care, you get it. If you can't afford it, you don't, and that's all there is to it. And we can realign things in the budget. As I said, I think we have a perversion of priorities in terms of what we spend money on in this country, and we absolutely must provide health care for all, and that would solve the Medicaid problem to the states. (PBS39 YouTube Channel, "PBS39 Congressional Candidates Forum - 7th District," [Clip](#) begins 45:59, Uploaded 5/10/18)

- **VIDEO: WILD: “We have a perversion of priorities in this country. We open our checkbook to defense contractors, but we don't provide healthcare for everyone as a matter of right.”** (PBS39 YouTube Channel, "PBS39 Congressional Candidates Forum - 7th District," [Clip](#) begins 45:59, Uploaded 5/10/18)
- **VIDEO: WILD: “I believe that we have a federal responsibility to provide good, accessible healthcare to everyone.”** (PBS39 YouTube Channel, "PBS39 Congressional Candidates Forum - 7th District," [Clip](#) begins 46:10, Uploaded 5/10/18)

Wild said “we must get profit out of health care” and criticized private insurance companies, calling the private market system a “problem:”

- **In 2018, Wild said “we must get profit out of health care” and criticized private insurance companies.** WILD: “The other thing that I have to say is we must get profit out of health care. Private insurance companies are making a ton of money on healthcare insurance policies. We would get that out of the healthcare cost and that would thereby reduce overall healthcare costs.” (PBS39 YouTube Channel, "PBS39 Congressional Candidates Forum - 7th District," [Clip](#) begins 46:46, Uploaded 5/10/18)
- **In 2019, Wild said it was a “problem” that we’ve turned our medical system to private market forces.** “Though Rep. Susan Wild, D-Pa. acknowledged surprise billing is one problem that both parties are motivated to solve, she was skeptical that a path forward was on the horizon. ‘The solutions I’m hearing don’t sound workable in the context of our present medical system,’ Wild said. ‘Isn’t the real problem the fact that we’ve turned over our medical system to private market forces?’ she asked.” (Rachel Bluth, “Fixing surprise medical bills shouldn't fall to consumers, panel told,” [New Hampshire Union Leader](#), 4/8/19)

Wild said invalidating the Affordable Care Act would mean “enormous harm” to Southeastern Pennsylvanians, but she supports Medicare for All which would invalidate the ACA marketplaces:

- **An April 2019 joint op-ed by Reps. Madeleine Dean, Chrissy Houlahan, Mary Gay Scanlon and Susan Wild said “Invalidating the Affordable Care Act would mean enormous harm to Southeastern Pennsylvanians who rely on the ACA for coverage – especially for those with pre-existing conditions.”** “Unfortunately, our first weeks in office were clouded by a senseless government shutdown and continued efforts to dismantle the healthcare that millions of Americans rely on – so our first votes were on bills to reopen the government and protect the Affordable Care Act from a Texas lawsuit. Invalidating the Affordable Care Act would mean enormous harm to Southeastern Pennsylvanians who rely on the ACA for coverage – especially for those with pre-existing conditions.” (Reps. Dean, Houlahan, Scanlon and Wild, Op-Ed, “100 Days into the new Congress, we’re bringing change to Washington,” [Pennsylvania Capitol Star](#),” 4/13/19)

- **Rep. Wild is a co-sponsor of H.R.1384 - To establish an improved Medicare for All national health insurance program.** ([H.R. 1384](#), Introduced 2/27/19)
 - **H.R. 1384 would replace the ACA marketplaces and value-based programs including the Center for Medicare and Medicaid Innovation.** “Jayapal’s bill would also replace the Affordable Care Act’s marketplaces and eliminate its pay-for-performance and value-based programs. This includes eliminating the Center for Medicare and Medicaid Innovation (CMMI), incentive payments for quality reporting, accountable care organizations, bundled payments, hospital readmission programs, and other value-based purchasing programs. Conversely, Sanders’ proposed bill maintains CMMI and does not include the elimination of these programs.” (Samantha DiGrande, “5 Things to Know About Medicare for All,” [American Journal of Managed Care](#), “3/8/19)

Under Medicare for all, over 150 million Americans who are insured through work would lose their coverage and be enrolled in a new government program, would almost certainly cause hospital closings, and millions of working seniors would face higher taxes:

- **156 million people covered by employer-based insurance would lose their current coverage and be enrolled in the new government program.** “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. Both employers and workers would probably face new taxes to pay for the coverage but would not have to pay the premiums or deductibles they’re paying now. For some people, the tax increases could be lower than current premium costs, but not necessarily for everyone. Without a detailed financing plan, it’s impossible to say for sure.” (Haeyoun Park and Margot Sanger-Katz, “How Medicare for All Would Affect You,” [New York Times](#), 9/14/17)
- **“Universal Medicare-like payment rates would almost certainly cause some major disruptions, like hospital closings.”** (Haeyoun Park and Margot Sanger-Katz, “How Medicare for All Would Affect You,” [New York Times](#), 9/14/17)
- **Bernie Sander’s Medicare for all would raise taxes on the nations 8.5 million working seniors.** “Bernie Sanders’ plan to deliver “Medicare for all” may be a good deal for many Americans, but it might be bad for working seniors already enrolled in the government health plan. The Democratic presidential candidate has said his universal health-care plan would result in a tax increase, including for middle and lower-income Americans. But, he argues, that would be more than offset by savings from ending high-cost private health insurance plans. Yet, under his plan, the nation’s 8.5 million seniors over the age of 65 and already eligible for Medicare would also get hit with tax increases. With more of the nation’s baby boom generation working into traditional retirement years, the concern is that the costs to seniors are higher than Sanders’ plan suggests.” (Heidi M. Przybyla, “Sanders’ Medicare for all’ plan may not help working seniors,” [USA Today](#), 1/24/16)