

HIT: Gina Jones supported Medicare for All. Such a system would cost thirty-two trillion dollars, end private employer-based health insurance for nearly 150 million people, and could even force many rural hospitals to close that so many residents of West Texas depend on.

BACKUP:

Jones supported Medicare for All in 2018:

- **In a February 2018 forum, Jones said she supported Medicare for All.** JONES: “So, that’s why it’s important to me that, one, should I be fortunate enough to represent this district, I’ll fight to protect the ACA. These Republicans have shown us that they are intent on repealing it and have no replacement. Two, immediately pushing for the ability to negotiate, for the government to negotiate prescription drug prices. This is one of the fastest growing aspects of health care so we can immediately address that. This is one of the fastest growing aspects of healthcare, so we can immediately address that. Also though, looking to, we do need to move to a healthcare system where everybody is covered, right? Which is why I support a way to do that which is Medicare for all.” (Gina Ortiz Jones, [Remarks At A Democratic Forum For TX-23 Forum](#), 2/27/18) Minute 29:49 - 30:21
- **In an April 2018 interview, Jones said she supported Medicare for All.** “I think there are some immediate steps, also, we can take, for example, negotiating on pharma prices. But, I think ultimately in the long term economic and national security interests of this country, we need to move to a system that covers everybody, right? Medicare for All is a system that does that, and that’s why I support it.” (“Gina Jones Supports Medicare for All,” [YouTube](#), 4/2/18)

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

Medicare for All could force hundreds of rural hospitals in Texas to close:

- As of 2017, there were 163 rural hospitals in Texas that cover 85% of the state and directly provide for 15% of the population (more than 4 million people).

Twenty-Five Things to Know About Texas Rural Hospitals

Prepared by the Texas Organization of Rural & Community Hospitals

1. Sixteen (16) Texas rural* hospitals – more than 8% – have closed permanently or for a period of time** in the last four years and more closures are expected.
1. The driving force behind the closures is cuts and underpayments to rural hospitals by Medicare and Medicaid totaling an estimated \$120 million a year.
2. There are currently 163*** rural hospitals in Texas out of approximately 550 acute care general hospitals.
3. Texas rural hospitals provide access to emergency and other care for 15% of the state's population but cover 85% of the state's geography.

(“Twenty-Five Things To Know About Texas Rural Hospitals,” [Texas Organization Of Rural & Community Hospitals](#), February 2017)

- **WBUR Headline: “Rural Hospitals Say ‘Medicare For All’ Would End Up ‘Closing Our Doors’”** (Peter O’Dowd, “Rural Hospitals Say ‘Medicare For All’ Would End Up ‘Closing Our Doors,’” [WBUR](#), 8/16/19)
- **Hospital administrators from Texas to Maine reported that a single-payer government healthcare program would force rural hospitals to close.** “Adopting a single-payer government healthcare program that covers all Americans would force more rural hospitals to close, according to hospital administrators from Texas to Maine.” (Peter O’Dowd, “Rural Hospitals Say ‘Medicare For All’ Would End Up ‘Closing Our Doors,’” [WBUR](#), 8/16/19)
- **Tom Nickels, an Executive Vice President of the American Hospital Association, said Medicare for All would have a “devastating effect on hospitals and the system overall” with rural hospitals hit hardest because they lack the financial cushion of the larger systems.** “The American Hospital Association, an industry trade group, is starting to lobby against the Medicare For All proposals. Unlike the doctors’ groups, hospitals are not divided. ‘There is total unanimity,’ said Tom Nickels, an Executive Vice President for the association. ‘We agree with their intent to expand coverage to more people,’ he said. ‘We don’t think this is the way to do it. It would have a devastating effect on hospitals and on the system over all.’ Rural hospitals, which have been closing around the country as patient numbers dwindle, would be hit hard, he said, because they lack the financial cushion of larger systems.” (Reed Abelson, “Hospitals Stand To Lose Billions Under ‘Medicare For All,’” [New York Times](#), 4/21/19)
- **Per *The New York Times*, Medicare for All’s billing structure could cause some hospitals, specifically “struggling rural centers,” to “close virtually overnight.”** “If Medicare For All abolished private insurance and reduced rates to Medicare levels – at least 40 percent lower, by one estimate – there would most likely be significant changes throughout the health care industry, which makes up 18 percent of the nation’s economy and is one of the nation’s largest employers. Some hospitals, especially struggling rural centers, would close virtually overnight, according to policy experts.” (Reed Abelson, “Hospitals Stand To Lose Billions Under ‘Medicare For All,’” [The New York Times](#), 4/21/19)

In the past 15 years, 173 rural hospitals (including 24 in Texas, the most of any state) have closed, mainly due to financial reasons:

- **Since 2005, 173 rural hospitals have closed, including 24 in Texas, the most of any state.**

Chillicothe Hospital	Texas	10.2	Neither	CAH	2019	21	Outpatient/Primary Care/Rural Health Clinic
Little River Healthcare Rockdale Hospital	Texas	7.1	Neither	CAH	2018	25	None
Hunt Regional Community Hospital of Commerce	Texas	7.2	Metro	CAH	2015	24	None
Good Shepherd Medical Center	Texas	10.1	Neither	CAH	2014	25	None
Deleon Hospital	Texas	10	Neither	CAH	2005	14	None
Central Hospital of Bowie	Texas	7	Neither	MDH	2020	37	None
Hamlin Memorial Hospital	Texas	10.1	Metro	MDH	2019	25	Outpatient/Primary Care/Rural Health Clinic
East Texas Medical Center- Trinity	Texas	7.2	Micro	MDH	2017	45	None
East Texas Medical Center- Mount Vernon	Texas	9	Neither	MDH	2014	49	Outpatient/Primary Care/Rural Health Clinic
East Texas Medical Center- Clarksville	Texas	7.2	Neither	MDH	2014	30	None
Lake Whitney Medical Center	Texas	10.1	Neither	MDH	2014	49	None
Texas General- Van Zandt Regional Medical Center	Texas	7.0	Neither	PPS	2019	1	Outpatient/Primary Care/Rural Health Clinic
Little River Healthcare Cameron Hospital	Texas	7.1	Neither	PPS	2018	34	None
Stamford Memorial Hospital	Texas	7.1	Metro	PPS	2018	22	Outpatient/Primary Care/Rural Health Clinic
Weimar Medical Center	Texas	10.1	Neither	PPS	2017	38	None
Care Regional Medical Ctr	Texas	4.1	Metro	PPS	2017	63	None
Gulf Coast Medical Center	Texas	7.1	Micro	PPS	2016	94	None
Nix Community General Hospital	Texas	7.0	Neither	PPS	2016	18	None
East Texas Medical Center- Gilmer	Texas	7.1	Metro	PPS	2014	37	Outpatient/Primary Care/Rural Health Clinic
Wise Regional Health System-Bridgeport	Texas	7.0	Metro	PPS	2013	35	Urgent or Emergency Care
Shelby Regional Medical Center	Texas	7.2	Neither	PPS	2013	54	None
Renaissance Hospital Terrell	Texas	4.1	Metro	PPS	2013	106	None
Dickerson Memorial Hospital	Texas	7	Neither	PPS	2008	24	None
Fayette Memorial Hospital	Texas	7	Neither	PPS	2005	24	None

(University of North Carolina Center for Health Services Research, "[173 Rural Hospital Closures: January 2005 - Present \(121 since 2010\)](#)," - Closure Search for Texas" Accessed 8/29/20)

- **Most hospitals closed because of financial problems: 38% of rural hospitals are unprofitable and the majority of unprofitable hospitals are rural.** "Most hospitals closed because of financial problems. 38% of rural hospitals are unprofitable. In 2016, 31 percent of all acute care hospitals (1,375 / 4,471) were unprofitable, and the majority of unprofitable hospitals were rural: 847 unprofitable rural hospitals versus 528 unprofitable urban hospitals." (University of North Carolina Center for Health Services Research, "[Rural Hospital Closures: More Information](#)," - Closure Search for Texas" Accessed 1/22/20)

The typical rural hospital employs 300 people, contributing a per capita income of \$1,400 to the community, and patients in affected communities typically have to travel 5 to 30 Miles for care:

- **The typical rural hospital employs 300 people and serves a community of about 60,000, so when the sole hospital in the community closes, it decreases per capita income in the county by \$1,400.** "The typical rural hospital employs about 300 people, serves a community of about 60,000. When the only hospital in a county closes, there is a decrease of about \$1,400 (2018 dollars) in per capita income in the county.[6]" (University Of North Carolina Center For Health Services Research, "[Rural Hospital Closures: More Information](#)," - Closure Search For Texas" Accessed 1/22/20)

- **Patients in affected communities typically have to travel 5 – 30 miles to access care.** “Patients in affected communities are traveling 5 to 30 miles to access inpatient care (12.5 miles on average); however, 43% of the closed hospitals are more than 15 miles to the nearest hospital, and 15% are more than 20 miles.[5]” (University Of North Carolina Center For Health Services Research, “[Rural Hospital Closures: More Information](#) - Closure Search For Texas,” Accessed 1/22/20)

TX-23 has 14 rural hospitals:

Editor’s Note: A [rural](#) or Critical Access hospital has less than 25 beds and is located at least 35 miles from another hospital. The rural hospitals in the following table are in italics.

- There are 14 rural hospitals in TX-23.

Hospital	City
<i>Big Bend Regional Medical Center</i>	<i>Alpine</i>
<i>Crane Memorial Hospital</i>	<i>Crane</i>
<i>Dimmit Regional Hospital</i>	<i>Carrizo Springs</i>
<i>Frio Regional Hospital</i>	<i>Pearsall</i>
<i>Medina Regional Hospital</i>	<i>Hondo</i>
<i>Pecos County Memorial Hospital</i>	<i>Fort Stockton</i>
<i>Reeves County Hospital District</i>	<i>Pecos</i>
<i>Reagan Memorial Hospital</i>	<i>Big Lake</i>
<i>Lillian M Hudspeth Memorial Hospital</i>	<i>Sonora</i>
<i>Uvalde Memorial Hospital</i>	<i>Uvalde</i>
<i>Ward Memorial Hospital</i>	<i>Monahans</i>
<i>Winkler County Memorial Hospital</i>	<i>Kermit</i>
<i>McCamey County Hospital District</i>	<i>McCamey</i>
<i>Rankin County Hospital District</i>	<i>Rankin</i>