

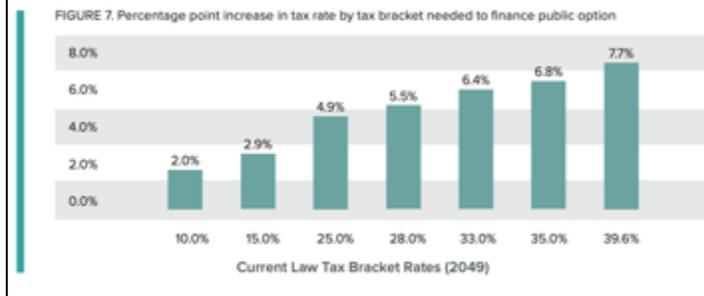
Vasquez supports a public healthcare option that could cost one point five trillion dollars, raise taxes on the middle class, increase the deficit, and threaten access to care.

BACKUP:

Vasquez supports a public health care option, which could cost \$1.5 trillion, raise taxes on the middle class, increase the deficit, and threaten access to care:

- **Vasquez supports implementing a public health care option.** “Every New Mexican deserves access to high-quality, affordable healthcare. This pandemic has shown us how fragile our healthcare system truly is and how high medical costs can quickly bankrupt entire families. In Congress, Gabe will work to lower healthcare costs for New Mexicans by fighting for a public option, adding dental and vision benefits and lowering the eligibility age for Medicare to 55, and ensuring that Medicare can negotiate for lower prescription drug costs, because everyone should be able to afford life-saving care without going broke.” (“Issues,” [Gabe for Congress](#), Accessed 2/4/22)
- **A public option could cost \$1.5 trillion.** “Under ‘Medicare for All,’ the federal government picks up basically the whole bill. As a result, according to Urban, the federal government’s spending on health care would increase by \$34 trillion over the next decade. Federal spending would go up under the ‘public option,’ too, but by a lot less: just \$1.5 trillion over that same time period.” (Dan Gorenstein, “New report stacks up ‘Medicare for All’ and the ‘public option’ by cost and coverage,” [WHYY PBS](#), 10/16/19)
- **A public option could increase the federal deficit by \$700 billion and require “tax increases on middle-income families” to avoid larger deficit increases.** “Using historically realistic assumptions, we estimate a politically realistic public option would increase federal deficits by \$700 billion over 10 years, with dramatically larger losses in subsequent years. To avoid large increases in deficits, this public option would likely require tax increases on middle-income families.” (“The Fiscal Effects of the Public Option,” [Partnership for America’s Health Care Future](#), 1/24/20)
 - **In an across-the-board tax increase scenario, middle class taxpayers in the 28% and 33% bracket could see their taxes raised by 5.5% and 6.4% respectively in 2049.**

Alternatively, an across-the-board increase in tax rates would allow for less aggressive increases to top income tax rates, while still ensuring the tax hike is progressive. By 2049, personal income tax rates would need to grow by 19.5 percent to offset the public option's new spending. Figure 7 shows how this would affect tax rates. The 2049 bottom tax bracket would need to rise 2 percentage points (from 10 percent to 12 percent). Perhaps more significantly, middle-income taxpayers would see tax hikes to pay for the public option. In 2049, taxpayers in the 28 percent tax bracket would see their marginal tax rate increase by 5.5 percentage points, while those in the 33 percent bracket would see their marginal tax rate rise to over 39 percent. While upper-income taxpayers would not see their tax rates rise as dramatically as the option presented above, the top tax rate under this scenario would still need to be over 47 percent.



(“The Fiscal Effects of the Public Option,” [Partnership for America’s Health Care Future](#), 1/24/20)

- **Adding millions more into Medicare “would likely threaten access to needed health care services, particularly for those in vulnerable communities.”** “Medicare already pays less than private insurance for the same procedures, the groups wrote, and ‘adding millions more enrollees whose health care would be reimbursed at Medicare rates would likely threaten access to needed health care services, particularly for those in vulnerable communities.’” (Nathaniel Weixel, “Hospitals Decry Public Option in Democratic Platform,” [Bloomberg.com](#), 7/12/16)
- **A public option could threaten access to care.** “Hospital groups want the Democratic Platform Drafting Committee to remove calls for a public insurance option from the final version of the party's platform. In a letter sent July 8 to the committee, the American Hospital Association and the Federation of American Hospitals said creating a public option with Medicare-like payments would reduce provider payments to hospitals. Medicare already pays less than private insurance for the same procedures, the groups wrote, and ‘adding millions more enrollees whose health care would be reimbursed at Medicare rates would likely threaten access to needed health care services, particularly for those in vulnerable communities.’” Nathaniel Weixel, “Hospitals Decry Public Option in Democratic Platform,” [Bloomberg.com](#), 7/12/16)