

Monica Tranel supports “Medicare for All,” a government takeover of the health care system that could eliminate employer-provided health insurance and increase taxes while also forcing rural hospitals – like the 49 in Montana – to close their doors.

BACKUP:

Monica Tranel said, “So I support Medicare For All”:

Editor’s Note: *Monica Tranel said she wanted to have private insurance as an option. However, Medicare For All [would abolish](#) private insurance.*

- **HOST:** “A little controversial...What’s your position on Medicare For All?”
 - **TRANEL:** “So the healthcare system right now in America is broken. And Medicare is and should be an option that is available to everyone in America. If you have private insurance and you like it, you should have the option of keeping that. But, having Medicare available for folks, it creates so many opportunities. It helps our small businesses. It neutralizes one of the largest line-item expenses...Medicare should be able to negotiate for drug prices. It’s insane that they can’t...So I support Medicare For All. Incremental changes are going to happen in our government. That’s the way America works. That’s the way politics works...But we should move in that direction and allow people to have the option of keeping their private insurance if they like it.” (Democratic Candidate Forum, Flathead Democrats, [Facebook](#), 04/18/22) ([NRCC YouTube](#))

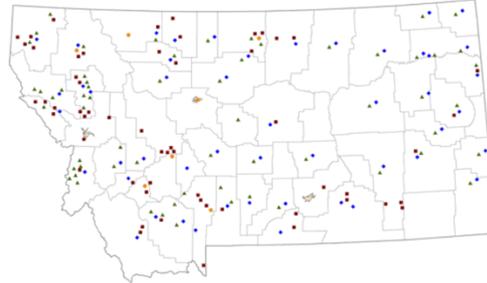
Medicare for all would “implement a highly disruptive single-payer plan, under which employer-sponsored insurance would be displaced:”

- According to Neil Bradley, executive vice president and chief policy officer, U.S. Chamber of Commerce, Medicare For All would “implement a highly disruptive single-payer plan, under which employer-sponsored insurance would be displaced.” “The newly proposed ‘Medicare for All’ legislation would implement a highly disruptive single-payer plan, under which employer-sponsored insurance would be displaced by an untested, experimental program,’ said Neil Bradley, executive vice president and chief policy officer, U.S. Chamber of Commerce. (“U.S. Chamber: Medicare for All Would Decimate Employer-Sponsored Insurance Coverage for 180 Million Americans,” [US Chamber of Commerce](#), Accessed 7/6/22)

Experts say it could force rural hospitals - like the 49 rural hospitals in Montana - to close their doors. Such a plan could affect patients’ access to care and eliminate jobs at those hospitals:

- As of January 2022, there were 49 Critical Access Hospitals in Montana and 61 Rural Health Clinics.

Montana Rural Healthcare Facilities



*Sites located outside of Urbanized Areas according to data.HRSA.gov, January 2022.

(State Guides, [Rural Health Information Hub](https://www.ruralhealthinfo.org/), Accessed 06/16/22)

- According to an article from December of 2019, CAHs are critical to counties with fewer than 100 people per square mile. “CAHs are viewed as critical lifelines for these counties, which are home to fewer than 100 people per square mile. They serve isolated communities that experience different barriers to health care, including less access to specialty services. And many are under threat.” (Emily McCarty, “One-third of Washington’s rural hospitals are at risk. What will happen if they close?,” [Crosscut](https://www.crosscut.org/), 12/3/19)
- **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](https://www.wbur.com/), 8/16/19)
- **Hospital administrators from Texas to Maine reported that a single-payer government health care program would force rural hospitals to close.** “Adopting a single-payer government health care 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](https://www.wbur.com/), 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 hard 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](https://www.nytimes.com/), 4/21/19)

- **Per the *New York Times*, Medicare for All’s change in billing structure could cause some hospitals, “especially 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,’” [New York Times](#), 4/21/19)
 - **The House bill would abandon per-patient billing and fund hospitals through “global budgets.”** “The House bill would abandon per-patient payments and instead fund hospitals through ‘global budgets.’ (The Senate version also calls for global budgets for hospitals but suggests that some elements of Medicare’s current payment approach might persist.) Under global budgeting, hospitals would receive an annual lump sum, distributed in monthly installments, similar to how US fire departments or hospitals in Canada are financed. Under this system, hospitals would receive extra funding in the case of unexpected deficits and would not keep surpluses for themselves. At present, surpluses (or the expectation of future surpluses available to pay back loans or bonds) is the main source of funding for hospital upgrades or expansion.” (Christopher Cai and James Kahn, “Medicare For All Would Improve Hospital Financing,” [Health Affairs](#), 12/9/19)
 - **Under the House bill, hospitals would no longer be paid above their costs, and the money for new equipment or investments would come from a separate pool of money.** “Under the Jayapal bill, hospitals would no longer be paid above their costs, and the money for new equipment and other investments would come from a separate pool of money.” (Reed Abelson, “Hospitals Stand to Lose Billions Under ‘Medicare for All,’” [New York Times](#), 4/21/19)
- **The typical rural hospital employs 300 people and serves a community of about 60,000 – 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 Maine” Accessed 1/22/20)

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)