# *Amish Shah Supports A Socialist Government Run Healthcare System That Will Abolish Private, Employer Based Health Insurance, Put Government Bureaucrats In Charge Of Your Healthcare Choices, Instead Of Doctors And Other Healthcare Professionals, While Doubling Your Income Taxes*

## Support For Universal Health Care System

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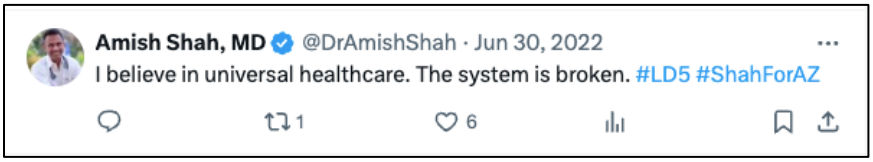


(Amish Shah, MD, Twitter, 6/30/22)

**VIDEO When Asked If He Supports Medicare For All, Shah Said "I've Been Talking About Universal Healthcare For All My Time In Politics …"** MODERATOR: "Doctor Shah, Medicare for All." AMISH SHAH: "For eight years in politics, I have talked about universal healthcare. And so it takes many forms. There are single payer systems across the world. There are multi payer system. We have to pick one that works for America. That's less important than I think, you know, picking which one of those compared to covering everybody. And I personally live that on a daily basis. A few months ago, woman comes into the ER, has an allergic reaction. Of course we take care of her and she gets better. She couldn't breathe and she's terrified. She was terrified about her medical condition, but even more terrified about the financial cost. And, and the twist in this story was this woman worked in the emergency department. She was somebody who sat and tried to help others and was somebody who was left out in the system. This is an American tragedy. And so I've been, I've been talking about universal healthcare for all my time in politics, but it doesn't have to be at odds with affordability. You can actually talk about getting people onto a Medicare buy in plan and reduce costs for everybody. It's a win win for everybody, except perhaps the insurance companies." (AZ-01 Democratic Candidates Attend A Candidate Forum, Phoenix, AZ, PBS, 6/9/26) Minute 36:28 – 37:2

**VIDEO: In April 2026, Shah Said Republicans Scream Socialism When He Talks About Obamacare's Public Option To Buy Into Medicare.** AMISH SHAH: "The original version of Obamacare had a public option in it to buy into Medicare. And I still think that that is the best strategy. When you talk about strategy, that is the best strategy to get there. Um I I'm not I'm not going to trash single payer or or any of the the other systems, right? They they have their pros and cons, but I will tell you that a lot of like with when I'm I'm just talking political reality, you know, when this happens, Republicans start screaming socialism." (Amish Shah Speaks At A Town Hall, Amish Shah, 4/29/26)

## The Cost Of Medicare For All

**Medicare For All Is Single Payer Health Care.** "Single-payer national health insurance, also known as "Medicare for all," is a system in which a single public or quasi-public agency organizes health care financing, but the delivery of care remains largely in private hands." (Physicians for a National Health Program, "About Single Payer," Accessed 8/22/23)

- **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)

**In March 2019, *The Hill* Reported That The 2019 Medicare For All Bill Was Projected To Cost Between $32 And $33 Trillion Over 10 Years.** "Various projections have concluded that the bill, which is formally backed by 107 House Democrats, would cost the government $32 trillion to $33 trillion over 10 years." (Scott Wong and Mike Lillis, "Dem Campaign Chief: Medicare For All Price Tag 'A Little Scary'," *The Hill*, 3/6/19)

**Per H.R. 1384, "Every Person In The United States" Would Have Access To Health Care, Including People Who Are Not Residents Of The US.** (H.R. 1384, Introduced 2/27/19)

> **SEC. 102. UNIVERSAL COVERAGE.**
>
> (a) IN GENERAL.—Every individual who is a resident of the United States is entitled to benefits for health care services under this Act. The Secretary shall promulgate a rule that provides criteria for determining residency for eligibility purposes under this Act.
>
> (b) TREATMENT OF OTHER INDIVIDUALS.—The Secretary may make eligible for benefits for health care services under this Act other individuals not described in subsection (a), and regulate the eligibility of such individuals, to ensure that every person in the United States has access to health care. In regulating such eligibility, the Secretary shall ensure that individuals are not allowed to travel to the United States for the sole purpose of obtaining health care items and services provided under the program established under this Act.

(H.R. 1384, Introduced 2/27/19)

**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)

**Sanders' Medicare For All Bill Would Force Upward Of 150 Million People To Switch From Their Employer-Based Insurer To The Single Government-Run Plan.** "[Sanders' Medicare for all] bill would require a tax hike, likely in the trillions of dollars, and force upward of 150 million people to switch from their current employer-based insurer to the single government-run plan." (Jeff Stein, "Bernie Sanders's New Single-Payer Bill, Explained In Under 450 Words," Vox, 9/13/17)

- **"156 Million People Get Their Insurance Through Work And 22 Million People Buy Their Own Insurance."** (Haeyoun Park and Margot Sanger-Katz, "How Medicare for All Would Affect You," *The New York Times*, 9/14/17)

## Experts On Rural Hospitals Across The Country Reported Medicare For All Would Force Them To Close Their Doors

**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 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, 8/16/19)

**Peter Wright, Center Maine Healthcare Executive In Charge Of Hospitals In Bridgeton And Rumford, Maine Said, "If You're Talking About Medicare For All And Turning Every One Of Our Patients Into A Medicare Patient, We'd Probably End Up Closing Our Doors Eventually."** (Peter O'Dowd, "Rural Hospitals Say 'Medicare For All' Would End Up 'Closing Our Doors'," WBUR, 8/16/19)

**John Henderson, Head Of A Texas Organization Representing Rural Hospitals Said At Least 23 Hospitals Could Close Under Medicare For All.** "John Henderson, who runs Torch, a group that represents rural and community hospitals in Texas, says no state has been hit harder by rural hospital closures. 'We now count 23 hospital closures since 2013 and another 40% to 45% with negative operating margins,' he says. 'So there could be at least that many more if something doesn't improve.' Henderson adds that forcing patients to move off of lucrative private insurance plans and into Medicare will only make the problem worse. 'The problem with Medicare for All is that we aren't just talking about trying to get people without coverage into a program that covers them,' he says. 'You can't make it up on volume.'" (Maine Hospital Association, "The Rural Maine Hospital Crisis: How to Help," 2019)

**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 Over All" 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*, 4/21/19)

## Any Program That Pays Providers At Medicare Rates Would Put More Than 1,000 Rural Hospitals At High Risk Of Closure, Costing 420,000 Jobs

**"As Many As 55% Of Rural Hospitals, Or 1,037 Hospitals Across 46 States, Would Be At High Risk Of Closure If A Public Option Were Implemented. The Closures Could Cost 420,000 Jobs."** (Richard Daly, "Public Option Could Endanger 1,000 Rural Hospitals: Analysis," HMFA – Healthcare Financial Management Association, 8/12/19)

**A Navigant Analysis Found A Plan That Pays Medicare Rates Would Place As Many As 1,037 Hospitals (55% Of Rural Hospitals) Across 46 States Putting More Than 63,0000 Beds And 420,000 Employees At High Risk.** "Creation of a public-option government insurance plan could endanger the solvency of more than 1,000 rural hospitals, according to a Navigant analysis. The consultancy analyzed the financial impact of incorporating a government insurance program in the individual-insurance market, with providers paid at Medicare rates as is the case in the four leading legislative proposals. Some of the proposals offer the possibility that rates would increase under various scenarios. The impact, according to the analysis, would place as many as 55% of rural hospitals, or 1,037 hospitals across 46 states, at high risk of closure. The rural hospitals at high risk represent more than 63,000 staffed beds and 420,000 employees, according to Navigant." (Richard Daly, "Public Option Could Endanger 1,000 Rural Hospitals: Analysis," HMFA – Healthcare Financial Management Association, 8/12/19)

- **Rural Hospitals That Were Not Forced To Close Could Have To Eliminate Services And Reduce Staff.** "Additionally, rural hospitals not placed at high risk of closure could have to eliminate services and reduce clinical and administrative staff." (Richard Daly, "Public Option Could Endanger 1,000 Rural Hospitals: Analysis," HMFA – Healthcare Financial Management Association, 8/12/19)

**Switching The Uninsured And Individual Market Participants To A Public Option Would Put 25% Of Rural Hospitals At Risk Of Closure.** "A 2.3% revenue loss to rural hospitals if only the uninsured and current individual-market participants shift to the public option, with 28% of rural hospitals then at high risk of closure[.]" (Richard Daly, "Public Option Could Endanger 1,000 Rural Hospitals: Analysis," HMFA – Healthcare Financial Management Association, 8/12/19)

**Switching 25% Of Employer Covered Workers To A Public Option Could Put 51% Of Rural Hospitals At Risk Of Closure.** "An 8% revenue decrease if employers shift 25% of covered workers from commercial coverage to a public option, placing 51% of rural hospitals at high risk of

closure[.]" (Richard Daly, "Public Option Could Endanger 1,000 Rural Hospitals: Analysis," HMFA – Healthcare Financial Management Association, 8/12/19)

**Switching 50% Of Employer Covered Workers To A Public Option Could Put 55% Of Rural Hospitals At Risk Of Closure.** "A 13.9% revenue decrease if employers shift 50% of covered employees to a public option, placing 55% of rural hospitals at high risk of closure[.]" (Richard Daly, "Public Option Could Endanger 1,000 Rural Hospitals: Analysis," HMFA – Healthcare Financial Management Association, 8/12/19)