

STATEMENT

Stefany Shaheen supports a complete government takeover of health care that would eliminate private insurance, massively increase taxes on working families and would put 10 New Hampshire hospitals at risk of closing.

Verification

In September 2026, Shaheen Said That She Supported Medicare For All. “Health care is the reason Stefany is in this race. We need wholesale reform, that’s why she supports Medicare for All. Because doctors – not the insurance companies – should be making treatment decisions. #NHPolitics #NH01 #Debate” (@Stefany4NH, [Twitter](#), 9/3/26)



Stefany Shaheen ✓
@Stefany4NH



Health care is the reason Stefany is in this race. We need wholesale reform, that’s why she supports Medicare for All. Because doctors – not the insurance companies – should be making treatment decisions.
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8:10 PM · Sep 3, 2026 · 1,016 Views

(@Stefany4NH, [Twitter](#), 9/3/26)

Medicare For All Would Kick Millions Off Their Private Healthcare Plans, Lead To Longer Wait Times And Fewer Doctors, And Increase Taxes On The Middle Class

Medicare For All Would Eliminate Private Health Insurance And Replace It With A Government Run System, Removing Hundreds Of Millions Off Their Private Plans. “At the heart of the ‘Medicare for all’ proposals championed by Senator Bernie Sanders and many Democrats is a revolutionary idea: Abolish private health insurance. Proponents want to sweep away our complex, confusing, profit-driven mess of a health care system and start fresh with a single government-run insurer that would cover everyone. But doing away with an entire industry would also be profoundly disruptive. The private health insurance business employs at least a half a million people, covers about 250 million Americans, and generates roughly a trillion dollars in revenues. Its companies’ stocks are a staple of the mutual funds that make up millions of Americans’ retirement savings.” (Reed Abelson And Margot Sanger-Katz, “Medicare For All Would Abolish Private Insurance. ‘There’s No Precedent In American History,’” [The New York Times](#), 3/23/19)

Medicare For All, Or Single Payer Health Care, Leads To Longer Wait Times And Fewer Doctors. “When debating the merits and pitfalls of single-payer health care systems, one oft-discussed sticking point centers on wait times. Patients in single-payer systems typically have significantly longer wait times for services than patients here in the United States. Why? In short, long wait times are a feature, not a bug, of single-payer systems. The first and most obvious reason for this disparity in wait times is that single-payer systems often have fewer resources, such as MRI machines or orthopedic surgeons. For example, Canada has roughly half the number of orthopedic surgeons per capita compared to the United States – a critical shortage that Canadian professional societies have been calling out for more than 20 years. An underrecognized reason for longer wait times, however, is that single-payer systems are designed to produce them as a means of reducing costs. In fact, they are designed to explicitly organize delays in care because it is the only way to make them work.” (Michael Baker, “Single-Payer Health Care Wait Times: A Feature, Not A Bug,” [American Action Forum](#), 2/26/25)

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)

Bernie Sanders’ Plan For Medicare For All Could Cost \$32 Trillion, And Would Require A Tax Increase Across The Board

Sanders’ Medicare For All Plan Would Be Funded Through An Increase In Taxes, Including A New Payroll Tax, Higher Income Taxes, Higher Taxes On Capital Gains And Dividends, And Changes To The Estate Tax. “They propose a 2.2 percent income-based premium on households, a 6.2 percent payroll tax imposed on employers, additional revenues from revisions to the estate tax, increases in taxes on capital gains and dividends, new limits on deductions for high-income taxpayers, and increases in income taxes that largely affect high-income people.” (John Holahan, et. al, “The Sanders Single-Payer Health Care Plan,” [The Urban Institute](#), May 2016)

Sanders’ Plan Includes A Wealth Tax And Changes To The Estate Tax. “There are other financing proposals in the Sanders white paper too, including a wealth tax on the top 0.1 percent of American earners (which Sanders estimates to be approximately 160,000 households) and altering the estate tax to gain more revenue from especially high-value estates above \$50 million.” (Sarah Kliff, “How Much Is That Medicare-For-All Plan In The Window?,” [Vox](#), 9/13/17)

Sanders’ Plan Would Implement A 7.5% Payroll Tax On Employers And A New 4% Income Tax. “He suggests a 7.5 percent payroll tax on employers, which his office expects to raise \$3.9 trillion over the next decade (these numbers have not yet been evaluated by the Congressional Budget Office). Sanders would exempt a company’s first \$2 million in payroll from this tax, a way to shield small businesses from this provision. He also proposes a 4 percent income tax surcharge on individuals.” (Sarah Kliff, “How Much Is That Medicare-For-All Plan In The Window?,” [Vox](#), 9/13/17)

Sanders’ Plan Would Increase Taxes For 8.5 Million Seniors Over The Age Of 65 And Eligible For Medicare. “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.” (Heidi M. Przybyla, “Sanders’ ‘Medicare For All’ Plan May Not Help Working Seniors,” [USA Today](#), 1/24/16)

According To The Mercatus Center, Doubling Federal Individual And Corporate Income Tax Collections Would Be “Insufficient” To Pay For The Cost Of The Plan. “A doubling of all currently projected federal individual and corporate income tax collections would be insufficient to finance the added federal costs of the plan.” (Charles Blahous, “The Costs Of A National Single-Payer Healthcare System,” [Mercatus Center](#), 7/30/18)

Medicare For All Legislation Proposed By Senator Sanders Would Liquidate The Existing Medicare Trust Funds. “While Mr. Sanders claims that his bill would extend Medicare to all, it would instead create an entirely new program while borrowing the Medicare name. Case in point: Section 701(d) of the Sanders bill would liquidate the existing Medicare trust funds, transferring their entire proceeds into a new “Universal Medicare Trust Fund.” (Chris Jacobs, “Sanders Proposes Medicare For None,” [Wall Street Journal](#), 1/17/18)

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 63,000 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)

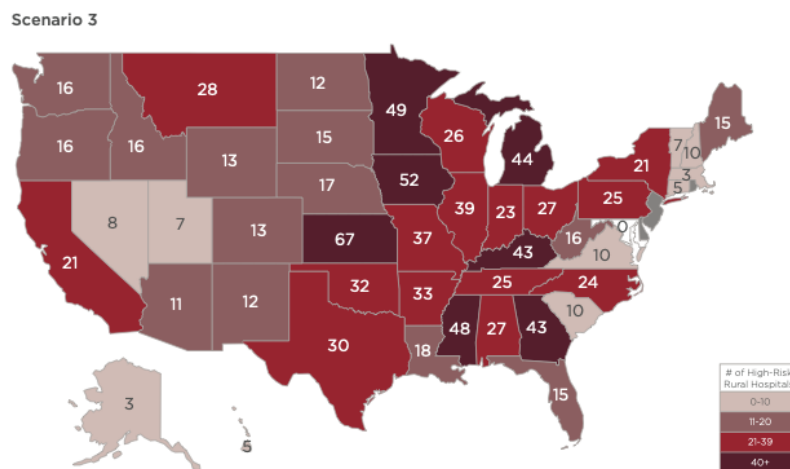
Rural Hospitals That Were Not Forced To Close Could Have To Eliminate Services And Reduce Staff. “Additionally, rural hospitals not placed at high risk of closure could have to eliminate services and reduce clinical and administrative staff.” (Richard Daly, “Public Option Could Endanger 1,000 Rural Hospitals: 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)

An August 2019 Study Found That Ten Hospitals In New Hampshire Could Be At Risk Of Closure If Medicare For All Were To Pass. (Jeff Goldsmith And Jeff Leibach, “The Potential Impact Of A Medicare Public Option On U.S. Rural Hospitals And Communities: A Scenario Analysis,” [Navigant](#), August 2019)



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