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What does 'Medicare for all' mean?

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Vermont US Senator Bernie Sanders advocated for "Medicare for all" as he sought the Democratic nomination in the 2016 elections. The idea is gaining support in Washington.

By Matt Rocheleau

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The term "Medicare for all" has been thrown around a lot lately by politicians and pundits.

But, as recent polls show, there's widespread confusion among people about what the term means and

what would happen if the United States were to adopt such a program.

Here's a quick rundown of the basics to get you up to speed:

What is 'Medicare for all' anyway?

The idea of "Medicare for all" is to provide health, dental, vision, and long-term care insurance coverage to all US residents without requiring them to pay any out-of-pocket costs for medical services. That means no more premiums, copays, or deductibles.

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Residents would only potentially have to spend directly on prescription drugs, though they wouldn't have to cough up more than $200 annually, according to two of the major proposals being discussed in Congress.

The program would be paid for and run by the federal government, which would have to increase taxes in order to afford it. (More on the funding and cost piece later.)

It would be a sweeping overhaul, implementing a single program that would replace most existing public programs and virtually all private health coverage sources, including employer-sponsored plans.

The term "Medicare for all" refers to the idea that the program would, in effect, be an extension of the longstanding federally run Medicare program, which is already available to anyone 65 and older as well as others with certain disabilities.

A variety of other similarly named proposals are also circulating to try to expand health coverage and curb costs by broadening Medicare and other public programs.

OK, that idea sounds kind of familiar. Why?

"Medicare for all" is a somewhat newer term, but it describes a concept that's been kicking around for quite a while: universal health coverage.

There is a long history of attempts to institute universal health coverage in the United States, going back to Teddy Roosevelt, whose Progressive Party endorsed it in the 1912 election before he ultimately lost. Numerous proposals have been advanced since then — and all have failed.

President Obama's 2010 Affordable Care Act expanded coverage to millions of uninsured people but did not provide universal health coverage.

Senator Bernie Sanders advocated for universal health coverage as he unsuccessfully sought the Democratic nomination for president in 2016. He's the lead sponsor of one of the major proposals before Congress. It's possible he may run for president again in 2020.

Are there other names for this same idea?

The general idea has also been described as a "national health plan," "a single-payer health insurance

system," and "socialized medicine."

And words seem to matter in the public debate.

A November 2017 poll by the nonpartisan Kaiser Family Foundation found 62 percent of Americans had a "very or somewhat positive" reaction to "Medicare for all."

But other terms were less well-received.

About 61 percent had a "very or somewhat positive" reaction to "universal health coverage," 57 percent for "national health plan," 48 percent for "single-payer health insurance system," and 44 percent for "socialized medicine."

Where do the political parties stand?

Like many issues in Washington, there is a partisan divide over the issue.

More and more Democrats in Washington are backing the idea, which has been a goal of the party's left for decades, and it's quite possible that Sanders, or some other Democrat, will champion it in the 2020 presidential race. President Trump and other Republicans have opposed the idea.

What are the arguments for and against?

Arguments for the idea include that it would guarantee health insurance coverage as a right and would virtually eliminate people's out-of-pocket spending, which has soared. Supporters also say it could improve the efficiency of the United States' health care system; other major developed countries with universal coverage spend far less per capita on health care.

On the other side, opponents criticize how most Medicare-for-all proposals would require people to ditch their existing insurance plans. They worry that such a system would result in people experiencing delays in getting medical care and a decline in quality of care. And they decry how expensive it would be for the government to run.

There's debate and some widely differing estimates so far over how much it would ultimately cost. But both sides agree that Medicare for all would require Americans to pay more taxes, collectively.

At the individual level, some people would pay more, others would pay less. The general thinking has been that, when factoring in both the elimination of out-of-pocket costs and higher taxes, lower-income people would see their health care costs go down, while higher-income residents would see their costs rise.

Another point of contention could be what the proposed program covers: Some proposals, for example, would include coverage for abortions.

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