

# COVID-19 AND MEDICARE FOR ALL

ADAPTED FROM 'PNHP' - PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

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MEMBER - MY COMMENTS, EMPHASIS OR ADDITIONS -



# COVID 19 MANAGEMENT

- Wash your hands. Practice social distancing... And fight for a **single-payer national health program**. A well-designed national health program would cover **every** U.S. resident and would ensure timely care for those who need it most. **With COVID-19 having healthy people around you keeps you well.**
- PNHP has an 8 point plan of needed steps to fight COVID-19 including, but not limited to, single-payer Medicare for All.

# PNHP'S 8 POINT PLAN FOR COVID-19

## NEEDED STEPS IN THE FIGHT AGAINST COVID-19

1. **Immediately** protect patients from medical costs **due to COVID-19**.
2. **Implement universal coverage through a #MedicareForAll reform.**
3. **Restore our** public health infrastructure.
4. **Protect** incarcerated patients.
5. **Protect** immigrant patients.
6. **Stabilize** hospital financing **while protecting** patients from hospital costs.
7. **Ensure that pharmaceuticals and vaccines** — including for COVID-19 — **are** affordable for the public.
8. **Encourage** global cooperation **by easing or ending sanctions, and by eliminating intellectual property constraints.**

[pnhp.org/COVID19Response](https://pnhp.org/COVID19Response)





# 1. IMMEDIATELY PROTECT PATIENTS FROM MEDICAL COSTS DUE TO COVID-19

- Immediately enact legislation providing full coverage for all COVID-19-related care for everyone in the nation. Such a measure would protect patients who are infected, and ensure that those with symptoms do not delay seeking testing and care .
- CDC director, Dr. Robert Redfield's pledge to Rep Ayanna Pressley that cost of testing and treatment will be covered and will be clarified on the CDC site cannot be verified at this time (5.31.2020).

## 2. IMPLEMENT UNIVERSAL COVERAGE THROUGH A MEDICARE-FOR-ALL REFORM

- As millions of Americans lose their health coverage along with their jobs and income, Medicare for All would guarantee coverage for everyone in the US, eliminate cost barriers for needed care, and ensure that precious healthcare dollars are spent on actual care – not administrative waste or profits.

### 3. RESTORE OUR PUBLIC HEALTH INFRASTRUCTURE

- Increase the share of federal funding for public health and prevention from 2.5% to 5% of national health expenditures.



## 4. PROTECT INCARCERATED PATIENTS

- Release persons in pretrial detention or incarcerated for technical violations of parole or probation, stop arrests for low-level offenses and, where possible, allow early release of persons at increased health risk due to advanced age or comorbidities.

## 5. PROTECT IMMIGRANT PATIENTS

- Rescind the public charge rule, release asylum seekers and immigrants held in administrative detention, and ensure secure travel and continuity of medical care for released individuals. Ensure that future Medicare-for-All coverage includes all US residents, regardless of immigrant status.
- With COVID-19 having healthy people around you keeps you well.



## 6. STABILIZE HOSPITAL FINANCING WHILE PROTECTING PATIENTS FROM HOSPITAL COSTS

- Hospitals must end all lawsuits against patients for medical bills. The American Hospital Association should also stop lobbying against Medicare for All and other coverage expansions, and withdraw its membership in the dark money group Partnership for America's Healthcare Future. We should replace hospitals' current per-patient payment system with lump-sum global budgets based on community health needs.

## 7. ENSURE THAT PHARMACEUTICALS AND VACCINES — INCLUDING FOR COVID-19 — ARE AFFORDABLE FOR THE PUBLIC

- Increase public drug R&D and **keep publicly-developed treatments in the public domain**, available to patients without charge. Establish a public drug manufacturing capacity to prevent a critical shortage of essential medicines.

## 8. INTERNATIONAL CONSIDERATIONS

- Ease or end international sanctions that disrupt nations' ability to respond to COVID-19, and eliminate intellectual property constraints like patents and trade agreements that might restrict the low-cost production and distribution of essential drugs and vaccines.
- WHO now lacks funding from the USA and needs support for their ongoing work.  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/donate>



## FOR MORE INFORMATION

- One can refer to PNHP.org for much more on this and other topics of importance in the fight for *#MedicareForAll*
- A more detailed version of this presentation and reference list can be found at: <https://pnhp.org/8-needed-steps-in-the-fight-against-covid-19/>



# BACKUP SLIDES

EXTENDED INFORMATION



# 1. IMMEDIATELY PROTECT PATIENTS FROM MEDICAL COSTS DUE TO COVID-19

- Recently-passed legislation eliminated cost-sharing for COVID-19-related diagnostic testing, and provided coverage of testing for the uninsured. However, it did not expand coverage of treatment, leaving tens of millions of Americans at risk of financial disaster in the face of illness. Even those with insurance who are treated at an in-network hospital are likely to be stuck with thousands of dollars in copays and deductibles. For the uninsured (or the insured who are treated “out-of-network”), costs are likely to rise to tens, or even hundreds of thousands of dollars.<sup>7-9</sup>
- **PNHP calls on Congress and the President to immediately enact legislation providing full coverage for all COVID-19-related care for everyone in the United States.** Such a measure would protect patients who are infected, and ensure that those with symptoms do not delay seeking testing and care.
- CDC director, Dr. Robert Redfield’s pledge to Rep Ayanna Pressley that cost of testing and treatment will be covered and will be clarified on the CDC site cannot be verified at this time.



## 2. IMPLEMENT UNIVERSAL COVERAGE THROUGH A MEDICARE-FOR-ALL REFORM

- Covering the costs of COVID-19 related care is not enough. In the impending recession, millions will lose jobs, income and health insurance, exacerbating the healthcare cost crisis. Some, including those with severe COVID-19 infections, will require costly long-term care. Medicare for All reform would guarantee coverage for everyone in the United States; eliminate cost barriers for needed care, whether for COVID-19 or other conditions; and ensure that precious healthcare dollars are spent on care — not wasteful bureaucracy<sup>10</sup>, corporate profits, or unnecessary, but lucrative interventions. Such reform is needed now more than ever.

### 3. RESTORE OUR PUBLIC HEALTH INFRASTRUCTURE

- Public health agencies are our first line of defense against novel epidemics. However, chronic underfunding of our federal, state, and local public health agencies impeded the response to this outbreak, exemplified by the ongoing diagnostic testing fiasco.<sup>11,12</sup> Funding cuts have forced state and local public health agencies to eliminate 50,000 positions, a 20% decrease in the frontline workforce for fighting epidemics.<sup>13</sup> The shortfall in resources has led some local public health authorities to give up<sup>14</sup> on the case identification and contact tracing efforts that other nations have successfully employed to control spread of the epidemic.<sup>15</sup>
- **PNHP calls for increased federal funding to raise the share of national health expenditures devoted to public health and prevention from 2.5% to 5.0%.** Bolstering the public health infrastructure is vital to combat the current pandemic, and to address other public health needs.

## 4. PROTECT INCARCERATED PATIENTS

- Our nation's densely crowded jails and prisons, which house the largest incarcerated population in the world, put inmates, staff and communities at grave risk of COVID-19. Outbreaks are already being reported among this uniquely vulnerable population.<sup>16</sup>
- In addition to guaranteed healthcare access for the incarcerated population, **PNHP joins other groups in calling for measures to reduce the at-risk population: the release of persons in pretrial detention or incarcerated for technical violations of parole or probation; stopping arrests for low-level offenses; early release where possible, especially for persons at increased health risk due to advanced age (a group known to have a low risk of re-offending) or co-morbidities.**<sup>17</sup>
- Universal coverage via Medicare for All would also ensure that individuals have adequate healthcare access in their communities after release from incarceration.



## 5. PROTECT IMMIGRANT PATIENTS

- The Trump administration's public charge rule, which imposes penalties on immigrant families for enrolling in social programs like Medicaid, will lead many to avoid needed testing or treatment for COVID-19,<sup>18</sup> even though such care is technically exempt from the rule.<sup>19</sup> Meanwhile, immigrants and asylum seekers in Immigration, Customs, and Enforcement (ICE) detention facilities are at serious risk from a COVID-19 outbreak; such facilities are crowded and are often in remote locations with limited accessibility to medical care.<sup>20</sup>
- **PNHP urges the federal government to rescind the public charge rule, and joins other human rights organizations in calling for ICE to release asylum seekers and immigrants held in administrative detention, and to ensure secure travel and continuity of medical care for released individuals.<sup>20</sup> Additionally, PNHP calls for a universal Medicare-for-All coverage expansion to cover all US residents regardless of immigrant status.**
- With COVID-19 having healthy people around you keeps you well.

## 6. STABILIZE HOSPITAL FINANCING WHILE PROTECTING PATIENTS FROM HOSPITAL COSTS

- In the face of the coronavirus threat, hospitals across the country have cancelled elective procedures and stockpiled supplies, leading to falling revenue and rising costs.<sup>21</sup> For some hospitals, particularly smaller rural hospitals, the coronavirus crisis could lead to closure.<sup>21</sup> In response, recent legislation provided almost \$100 billion in relief to the nation's hospitals.<sup>22</sup>
- Our nation can ill afford hospital closures, particularly at this moment. However, reform is also needed in how hospitals are paid to ensure their stability in the face of future crises, and to protect patients, who have faced lawsuits, wage garnishment, and home foreclosures as a result of hospital efforts to recoup medical debt.<sup>23</sup> Hospital associations, meanwhile, continue to spend precious resources lobbying against public insurance expansions. PNHP hence calls for action from the nation's community hospitals, the American Hospital Association, and the federal government.

## 6. STABILIZE HOSPITAL FINANCING WHILE PROTECTING PATIENTS FROM HOSPITAL COSTS, CONT'D

- **Hospitals must end all lawsuits against patients for medical bills, including those hospitalized for COVID-19. The AHA should cease spending member hospitals' funds on lobbying efforts against Medicare-for-All and other coverage expansions. In particular the AHA should withdraw from, and stop contributing to, the Partnership for America's Healthcare Future, a dark-money lobbying group.**
- Finally, PNHP calls on the federal government to take action. **It should replace hospitals' current per-patient payment system with global budget funding** similar to how fire departments are paid. This would free up substantial funds that hospitals currently spend on administration, which could be redirected to patient care — including for infectious disease-related surges.<sup>24</sup> **Global budgets would also ensure that hospitals are not dependent on lucrative elective procedures for their financial stability, and that hospitals caring for disproportionate numbers of poor and poorly-insured individuals have adequate resources. Finally, such a reform of hospital financing should include separate and dedicated funding for new hospital infrastructure, to ensure that an adequate and equitable supply of infrastructure — including hospital beds, ICUs, and a reserve supply of emergency equipment and protective gear — are available throughout the nation. Until then, the federal government should take direct action and provide necessary funding to procure needed personal protective equipment for the nation's hospital workers.**



## 7. ENSURE THAT PHARMACEUTICALS AND VACCINES — INCLUDING FOR COVID-19 — ARE AFFORDABLE FOR THE PUBLIC

- A recent bill signed into law by President Trump provided needed funds for the development of drugs and vaccines for COVID-19. However, the new law will not ensure that patients could afford the newly-developed therapeutics.<sup>25</sup>
- The current crisis underlines the need for the comprehensive pharmaceutical reform policy advocated by PNHP.<sup>26</sup> **We call for increased public drug R&D, including publicly-financed clinical trials. However, publicly-developed therapeutics — including for COVID-19 — should remain in the public domain, and be available to patients without charge. Additionally, prescription drug supply chains are threatened by the COVID-19 crisis, which could lead to shortages of essential medicines.<sup>27</sup> The US should establish public drug manufacturing capacity as one backup to address such shortfalls.<sup>26</sup>**

## 8. INTERNATIONAL CONSIDERATIONS

- Every nation faces major challenges fighting COVID-19. Some current US policies hinder other nations' responses to the pandemic, and the global cooperation vital to containment. **PNHP hence recommends easing or ending international sanctions that disrupt nations' ability to respond to COVID-19. Additionally, the US should eliminate intellectual property constraints like patents and trade agreements that might restrict the low-cost production and distribution of essential drugs and vaccines, including those developed from publicly-funded research. Finally, we call for an end to the racist and xenophobic rhetoric that sows division and undermines cooperation.**
- WHO now lacks funding from the USA and needs support for their ongoing work.  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/donate>