

Addressing racial health inequities

Medicare for All vs. the public option

Key health problems	Medicare for All	Public option
People of color are more likely to be uninsured or under-insured	✓ Medicare for All provides lifelong coverage for <u>everybody</u> , regardless of income, age, employment, or immigration status. Patients get the care they need without premiums, copays, or deductibles.	✗ Public option plans are <u>not</u> universal and may still leave millions without coverage. They do nothing to help people with expensive, low-quality private insurance that discourages the use of care.
People of color are more likely to die from preventable & treatable illnesses	✓ Medicare for All allows everybody to get the care they need when they need it, by covering <u>all medically necessary care</u> , including preventive and primary care, prenatal and maternal care, dental, mental health, prescriptions, and long-term care.	✗ Many public option proposals require expensive copays and deductibles, which prevent patients from seeking timely care for health problems. A public option would do nothing to help those on high-cost, low-quality private or employer health plans that discourage care.
Minority and low-income communities have fewer health facilities; existing facilities are under-resourced and in danger of closing	✓ Since Medicare for All covers everybody, providers and hospitals are compensated equally for patient care. Medicare for All funds hospitals through global budgets, so funding is based on community needs — not profits.	✗ Public option plans do nothing to equalize funding or direct resources to underfunded facilities. Many patients in low-income minority communities would still be uninsured, leaving hospitals and clinics under-resourced.
Racism is embedded in our health care delivery system	✓ A publicly funded health system can invest in better research and data collection on racial inequity, and provide training and education for health professionals to combat racial bias.	✗ A public option leaves our fragmented health system in place, and provides no resources to research or combat racial bias in the funding and delivery of care.