



# MEDICARE FOR ALL!

## Nurses' Campaign to Win Medicare for All Frequently Asked Questions:

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### Why not implement a public option instead?

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A common misconception is that a public option could get us to universal healthcare easier and quicker than trying to pass Medicare for All outright. In reality, a public option will not be any easier to pass than Medicare for All and it won't fix our broken healthcare system.

- **The insurance and drug industries will fight against a public option as aggressively as they would fight against Medicare for All, as they have proven in prior efforts to pass reforms.** The Partnership for America's Healthcare Future, a conglomerate of insurance and drug companies formed to oppose universal healthcare, state on their [own website](#) that to them, a public option is just as unacceptable as Medicare for All. These industries have proven that they will stop at nothing to block even small reforms. A coalition of drug companies [spent over 100 million](#) in 2016 to kill Proposition 61 in California, a ballot initiative that would have controlled prescription drug prices. If they're willing to spend that much to kill *one cost control over one sector of healthcare in only one state in the country*, they will spend much more to kill any substantial national reform.
- **A public option won't fix our system.** A [2013 CBO study](#) predicted that a public option would have minimal effect on the number of uninsured because any increase in the number of people with coverage through a public option would be offset by a reduction in the number of people who get coverage through their employer. In addition, a public option won't reduce administrative costs, lower the price of drugs, end underinsurance, or otherwise solve the host of problems in our current system.
- **A public option could cost even more for patients than private insurance.** Private insurance companies [aggressively avoid](#) sicker, costlier patients. They use unethical practices such as narrow networks, tiered cost-sharing requirements, and selective advertising, to exclude expensive patients. These practices would push sicker, more costly patients into the public option resulting in higher costs for patients.

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