

WEST VIRGINIA CENTER ON  
**BUDGET & POLICY**

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# Paying for Medicare for All

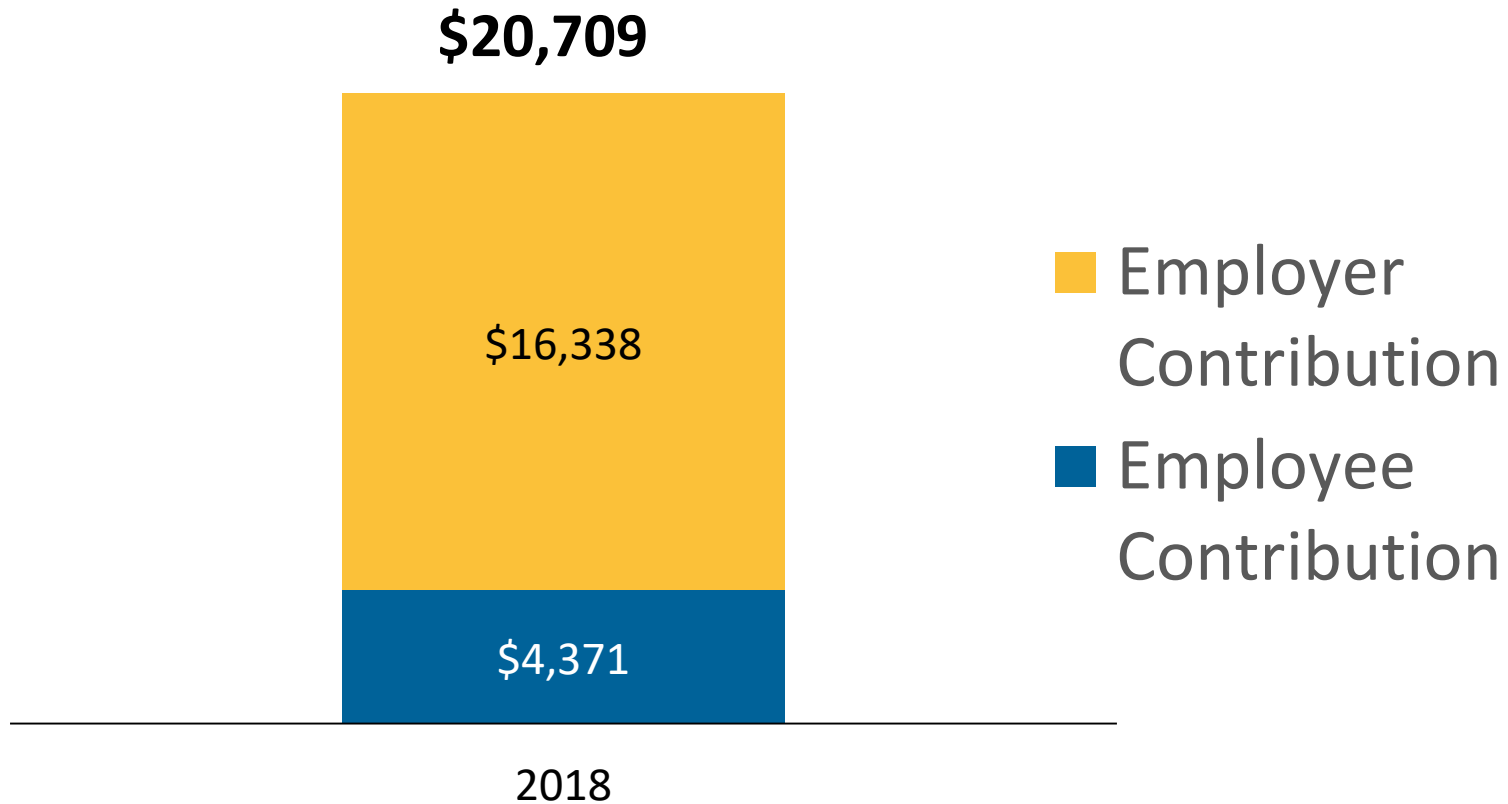
**Ted Boettner**  
Executive Director  
West Virginia Center on Budget & Policy

**What the Heck is Medicare for All?**

St. Johns Episcopal Church

Charleston, West Virginia  
September 16, 2019, 6pm-8pm

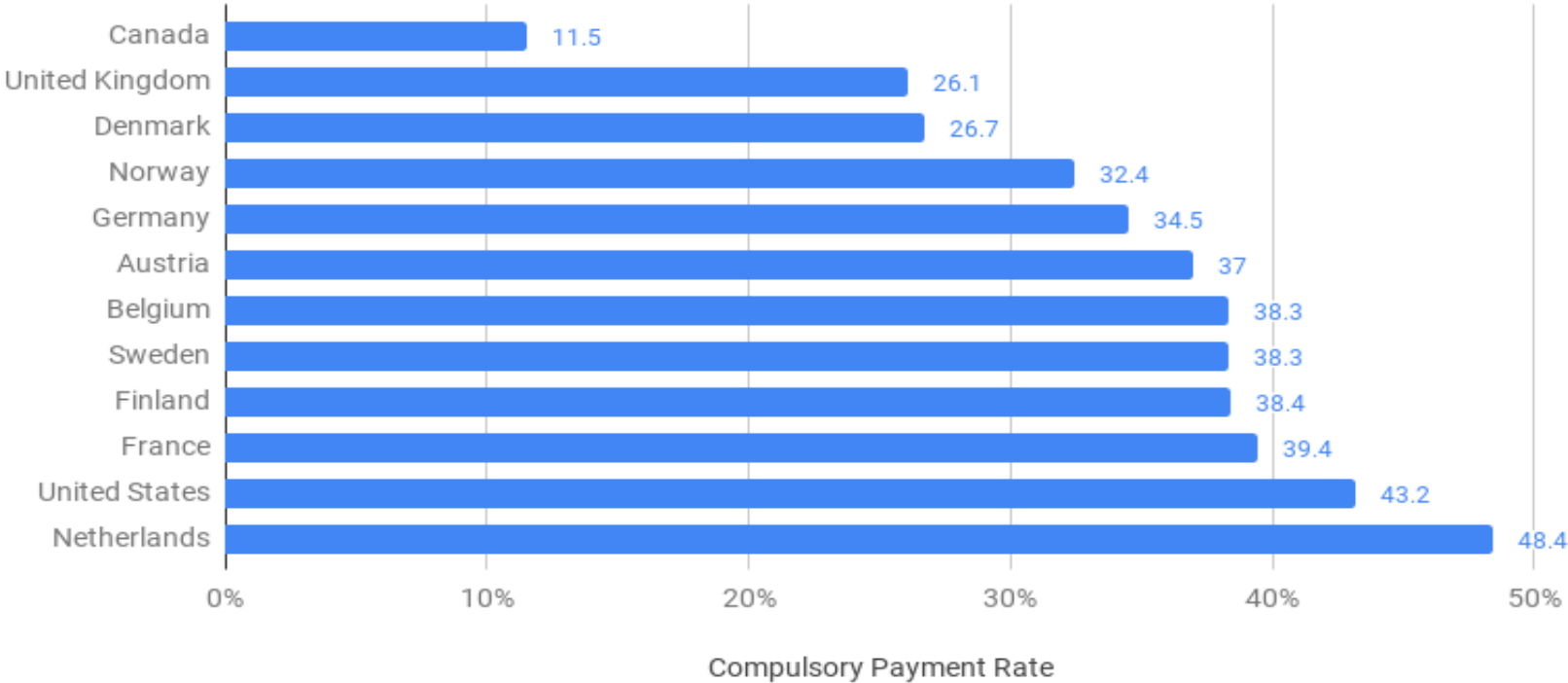
# Average Annual Family Premium per Enrolled Employee For Employer-Based Health Insurance in West Virginia, 2018



Source: Kaiser Family Foundation (MEPS data)

# If the U.S. counted mandatory insurance premiums as taxes, US workers would be second-highest taxed country among OECD countries

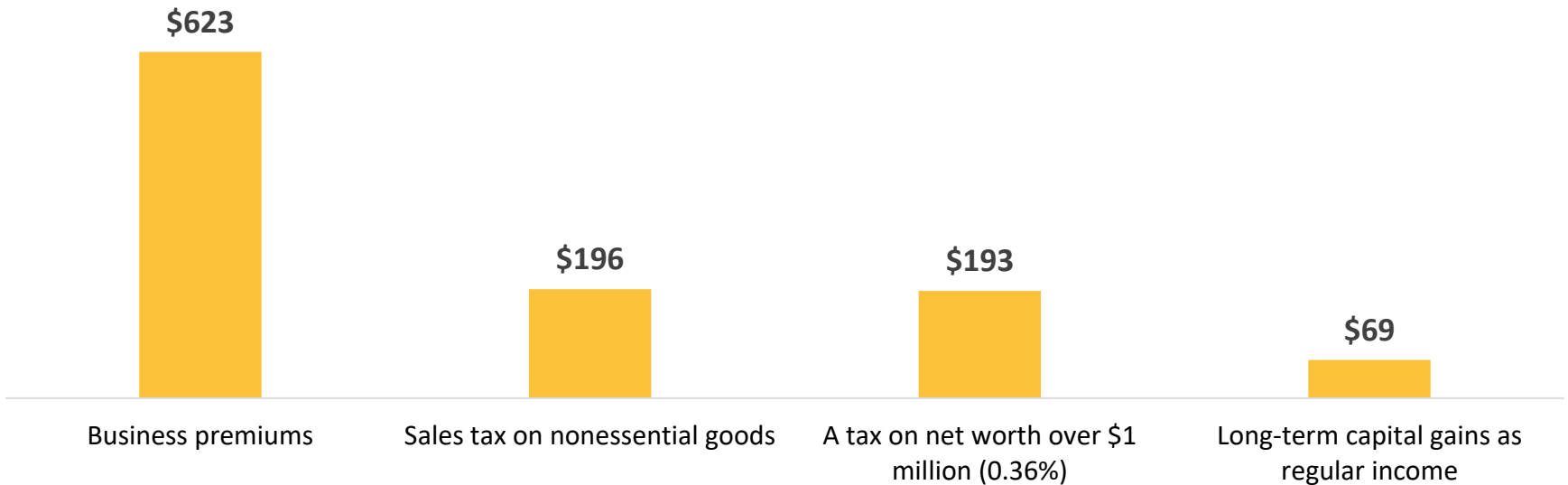
Labor Taxes and Compulsory Payments as Percent of Average Wage  
(2017, Married Worker With 2 Kids)



Source: People's Policy Project

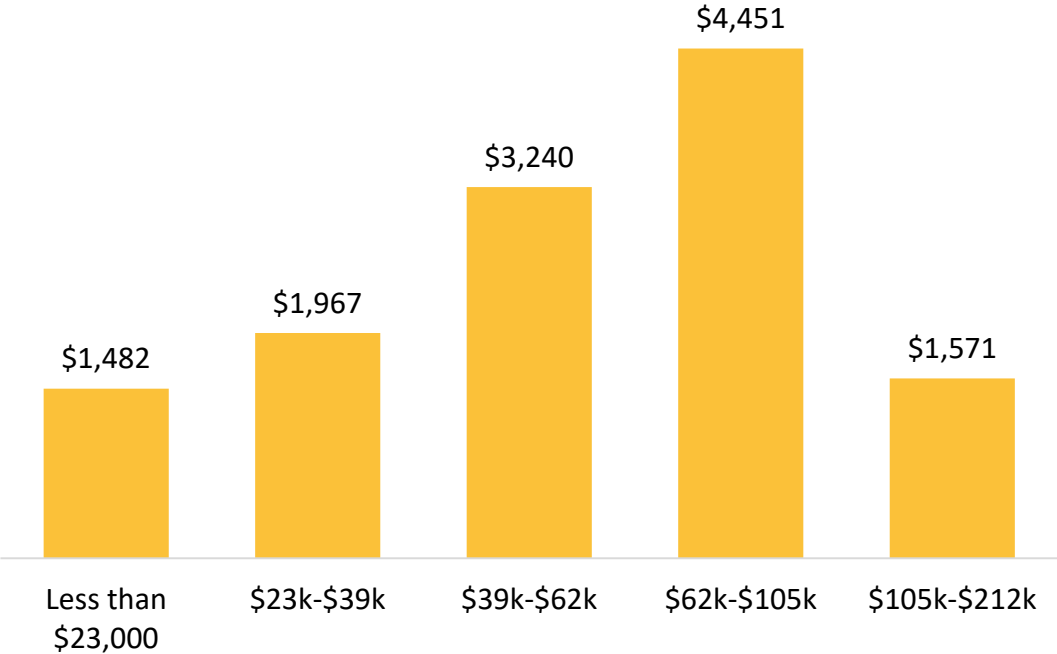
- ✓ Medicare for All reduces overall health expenditures by \$2 trillion (Mercatus Center) over 10 year. PERI estimates \$5 trillion over decade
- ✓ 2018 Census: 8 million of 42.5 million poor people would not be poor if they did not have to pay medical out-of-pocket expenses.
- ✓ 45,000 die each year because of a lack of health insurance (Harvard 2018); 1 unnecessary death occurs annually for every 830 uninsured people (Annals of Internal Medicine, 2014) or 137 people in WV based on 114,000 w/ no insurance.

Four taxes to reach \$1.05 trillion need to pay for M4A (PERI)  
(expressed in billions)

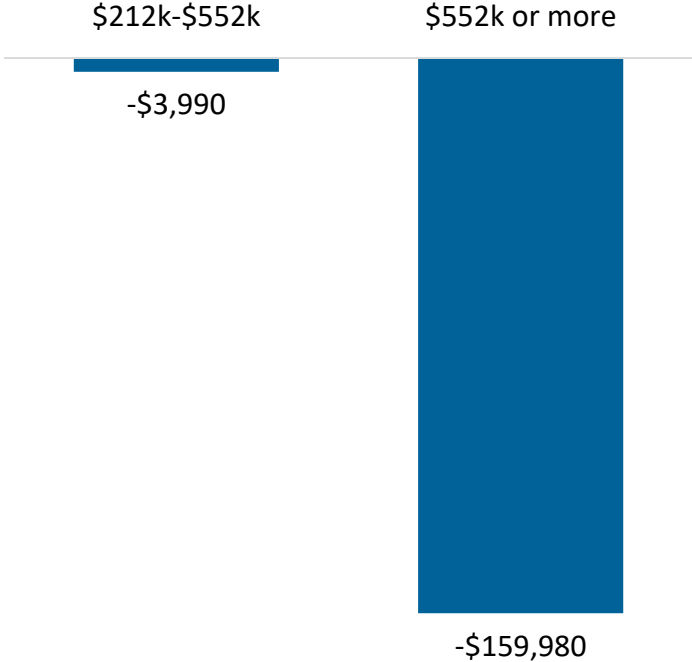


# Citizens for Tax Justice estimated “all but the very top income groups would end up with higher after-tax income under Sanders’s plan.”

Effects of the Tax Provisions in Bernie Sander's Health Plan



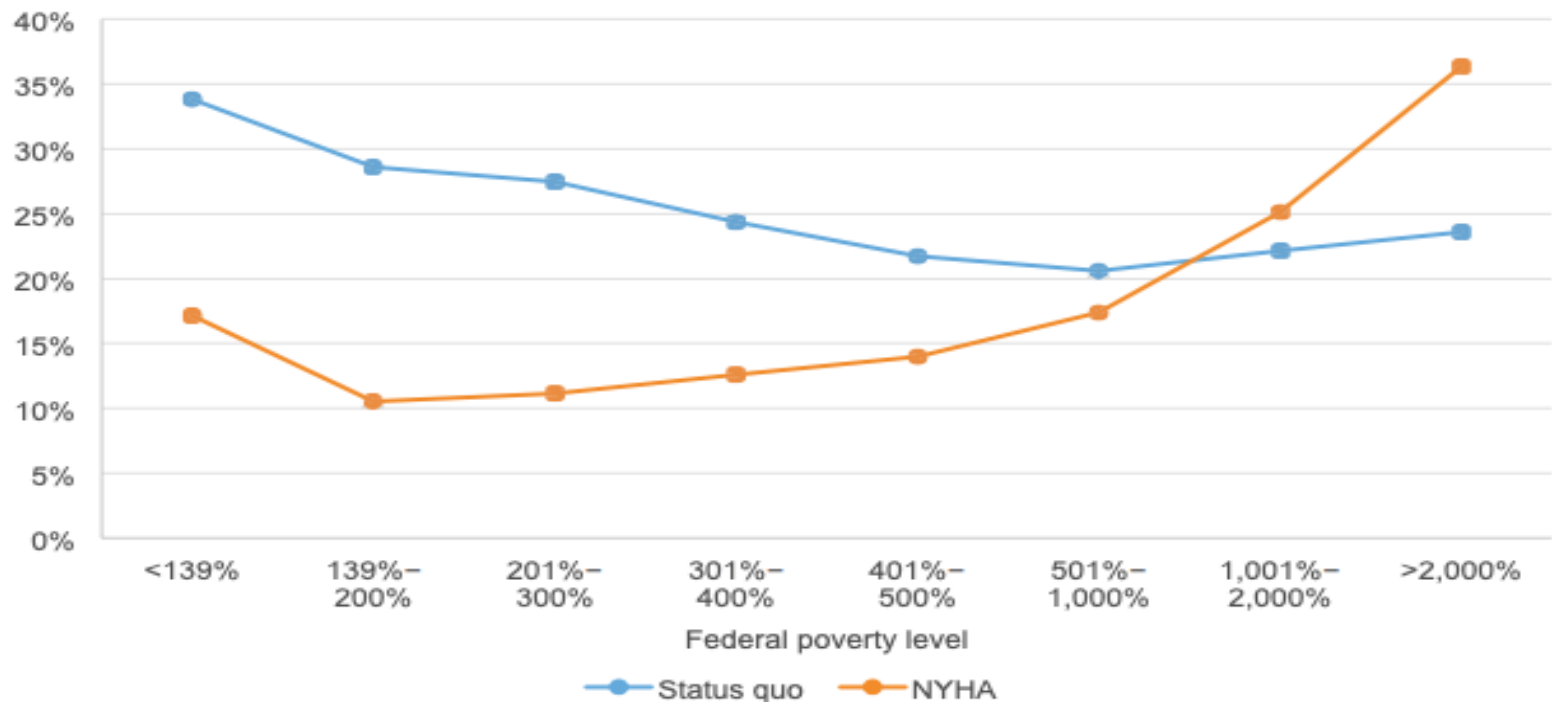
Effects of the Tax Provisions in Bernie Sander's Health Plan on High income



Source: Citizens for Tax Justice (Feb 2016)

# RAND study shows that for NY state families with incomes below \$276,100 (4-person family) would spend less on health care with single-payer plan

Figure 5.4. Average Health Care Payments as a Share of Compensation, by Income Group, 2022



Source: Liu, Jodi L., Chapin White, Sarah A. Nowak, Asa Wilks, Jamie Ryan, and Christine Eibner, An Assessment of the New York Health Act: A Single-Payer Option for New York State. Santa Monica, CA: RAND Corporation, 2018. [https://www.rand.org/pubs/research\\_reports/RR2424.html](https://www.rand.org/pubs/research_reports/RR2424.html)

# PERI study shows that under Medicare for All middle-income families (2 adults/1 child) would spend \$930 in taxes compared to \$9,315 on health care spending (individually insured)

TABLE 26  
Summary Figures: Impact of Transition to Medicare for All on Families

	Health care spending as share of income		3. Change in health care spending as share of income (= column 2 - column 1)	
	1. Existing system	2. Medicare for All		
<b>Low-income families</b>				
\$13,000 in income with Medicaid	3.5%	-0.1%	-3.7%	
\$35,000 in income, uninsured	2.5%	1.7%	-0.8%	
<b>Middle-income families:</b>				
\$60,000 in income				
Underinsured	8.0%	1.6%	-6.4%	+\$3,860
Individually insured	15.5%	1.6%	-14.0%	+\$8,385
Insured by employer	4.2%	1.6%	-2.6%	+\$1,570
<b>High-income families</b>				
Top 20 percent: \$221,000 in income	-0.1%	3.7%	+3.9%	
Top 5 percent: \$401,000 in income	-0.9%	4.7%	+5.6%	

Source: Table 25. Differences in column 3 figures relative to columns (2 - 1) are due to rounding.

Source: Robert Pollin et al, "Economic Analysis of Medicare for All", PERI, November 30, 2018. <https://www.peri.umass.edu/publication/item/1127-economic-analysis-of-medicare-for-all>

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