






Human Rights Assessment of the Medicare for All Act of 2019

The Medicare for All Act of 2019 is the strongest Congressional proposal to protect the right to health care in the United States. In the summary assessment below, fully shaded circles indicate full adherence to human rights standards and partially shaded circles indicate room for improvement. A detailed assessment is available at www.nesri.org/M4All2019.








UNIVERSALITY

Everyone must have guaranteed access to comprehensive, quality health care.

STANDARD	ASSESSMENT OF THE MEDICARE FOR ALL ACT
Inclusivity	 Includes and automatically enrolls all U.S. residents. Provides free choice of providers.
Comprehensiveness	 Guarantees comprehensive coverage (including dental, mental health, reproductive, long-term care, and more).
Equal access	 Eliminates gaps and inequities between insurance programs. Eliminates non-medical factors as determinants of access to care. Provides for a swift two-year transition to Medicare for All.
Availability	 Monitors medical schools and encourages providers to work in understaffed specialties and geographies. Intervenes where private hospitals and clinics fail to meet health care needs by financing the construction, renovation, and staffing of health care facilities. Should take similar public action where drug companies fail to meet needs.
Adequacy	 Guarantees sufficient financing to meet health needs. Implements and enforces quality control standards.

EQUITY

Health care resources and services must be distributed according to people's needs without any systemic barriers to access. Everyone must get what they need and contribute what they can.

STANDARD	ASSESSMENT OF THE MEDICARE FOR ALL ACT
Responsiveness to health needs	 Delivers health care according to health needs, adjusting for variation across communities. Guarantees culturally appropriate care. Preserves the Indian Health Service and Veterans Administration to protect tribes' sovereignty and best meet health needs, but should ensure these agencies have adequate funding and accountability.
Elimination of financial barriers	 Eliminates premiums, deductibles, coinsurance, copayments, and out-of-network fees as barriers to care.
Elimination of financial burdens	 Eliminates the imposition of medical debt and financial hardship on patients and families. Should propose measures to assist those already burdened by debt.
Equitable financing	 Shifts from private financing falling heavily on people who are sick, poor, and middle-income to a unified public financing system. The degree to which equitable financing is achieved will ultimately depend on the progressivity of the tax structure, which the Act does not specify.
Elimination of discrimination and disparities	 Prohibits discriminatory treatment. Eliminates structural discrimination against people with low incomes, non-traditional workers, immigrants, people of color, rural residents, people with chronic illnesses, etc. Finances facilities and staffing in rural and underserved areas. Monitors and addresses health disparities across communities. Eliminates waiting periods and asset tests.
Access to social determinants of health	 Provides funding for public health programs. Should enable doctors to prescribe housing, utilities, or other basic needs to a patient when they determine access to such services is necessary to treat the patient's condition. Should also obligate the health care system to interface with social service systems to ensure those needs are met.
Protection of workers' rights	 Requires safe staffing levels at hospitals and clinics. Provides five years of support to workers who are no longer needed to conduct complicated billing and enrollment to transition into new jobs, education, or retirement. Should include additional protections for long-term care workers.

ACCOUNTABILITY

Government has an obligation to establish a health care system that meets people's medical needs. All public and private actors in the health care system must be held accountable to human rights standards through well-defined public processes.

STANDARD	ASSESSMENT OF THE MEDICARE FOR ALL ACT
Primacy of health and public welfare	● Reorients the health care system around a clear goal of meeting patients' health needs by removing insurers as intermediaries, prohibiting providers and manufacturers from extracting profits, eliminating payment schemes pressuring physicians to under-prescribe care, and eliminating pressure on states to cut Medicaid. Shifts decision-making from private companies to doctors and the public. By promoting health and financial security, enhances the wellbeing of individuals, communities, the economy, and democracy.
Deconcentration of anti-democratic power	● Reduces the power of health care corporations to warp legislation and regulatory policy.
Streamlining of administration	● Unifies nearly the entire American health care system under a single publicly financed insurance program, and vastly simplifying administration for providers, patients, and employers.
Cost control	● Halts the inflation of health care prices by publicly negotiating prices with providers, prohibiting profit-making, instituting global budgets for hospitals, establishing drug-cost controls, and streamlining public and private health care billing and administration.
Monitoring and enforcement	● Holds the government and private providers accountable by requiring reporting, establishing accountability and enforcement mechanisms, and creating appeals processes.

TRANSPARENCY

The health care system must be open with regard to information, decision-making, and management.

STANDARD	ASSESSMENT OF THE MEDICARE FOR ALL ACT
Individual access to information	● By unifying health insurance, vastly simplifies the information patients need to successfully navigate the system. Gives patients access to medical records. Should be strengthened by explicitly requiring the government to ensure information on navigating the health care system reaches communities facing language and informational barriers.
Data transparency and reporting	● Requires robust collection, standardization, and reporting of data across the health care system. Should go further by requiring that data be made easily accessible to the public.

PARTICIPATION

The health care system must enable meaningful public participation in all decisions affecting people's right to health care.

STANDARD	ASSESSMENT OF THE MEDICARE FOR ALL ACT
Participation	● The Act was developed with significant community and provider input. It requires the Secretary to consult with provider and patient advocacy organizations, researchers, and public officials to inform policies, a major improvement over private decision-making in insurance markets. It should go farther in creating additional opportunities for communities to participate in assessing health needs, budgeting, monitoring, and accountability.