

The Healthcare Sector and the Failure of  
Single-Payer Health Plans in the United States

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On my honor as a University student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments.

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## **The Healthcare Sector and the Failure of Single-Payer Health Plans in the United States**

All 330 million Americans need access to healthcare. The current U.S. health insurance system of public payers, private insurance, and individual payments (Herzlinger, 2010) constrains or practically bars many Americans' access to care. Private health insurance covered 66% of Americans in 2021, while public coverage insured 35.7% (Keisler & Bunch, 2022). In 2021, 27.2 million people, or 8.3% of the population, "did not have health insurance at any point during the year" (Keisler & Bunch, 2022). Among the 35 countries of the Organization for Economic Cooperation and Development (OECD), the U.S. ranks 26th in life expectancy and 29th in infant mortality (AHR, 2016). Despite these outcomes, the U.S. spent \$10,921 per capita on health in 2019, more than any other country (WHOGHE, 2022).

To address these deficiencies, a political movement favoring a single-payer health system has grown in popularity. Independent U.S. senator Bernie Sanders, the second most popular Democratic candidate for the 2020 presidential election, ran in favor of a "single-payer, national health insurance program... with comprehensive health care coverage, free at the point of service" (FBS, n.d.). Congresswoman Pramila Jayapal's Medicare for All Act of 2021 gained 122 cosponsors in the U.S. House of Representatives (Cosponsors, 2021). National Nurses United (NNU), the nation's largest nurses' union, supports Medicare for All, arguing that "health care is a human right" (2022).

A single-payer plan would threaten the interests of U.S. hospitals, pharmaceutical firms, and especially health insurance companies. Industry trade associations oppose Medicare for All, including hospital groups such as the American Hospital Association (AHA) and Federation of American Hospitals (FAH); Pharmaceutical Research and Manufacturers of America (PhRMA),

a representative for pharmaceutical companies; and America's Health Insurance Plans (AHIP), composed of health insurance firms. The Partnership for America's Healthcare Future (PAHCF), a trade association of "doctors, nurses, clinicians, community hospitals, health insurance providers, and biopharmaceutical companies" (PAHCF, 2019a), was established in 2019 to fight single-payer and public option plans before the 2020 presidential election. Health insurance, hospital, and pharmaceutical trade associations have mobilized to successfully prevent the implementation of a single-payer system. The healthcare sector uses its advantages in resources to spread its arguments and lobby legislators. Industry trade associations characterize single-payer systems not as threats to profits, but as policies that would increase costs, decrease freedom, worsen care and coverage, and disrupt popular institutions.

## **Review of Research**

Researchers have examined the historical reasons for the U.S.'s lack of a single-payer health insurance system, the current political challenges to its implementation, and the messaging that proponents could use to improve its political viability.

Oberlander discusses the 75 years of attempts to implement Medicare for All in the U.S. He highlights failed attempts under Franklin Delano Roosevelt, Harry Truman, and the Clinton administration plan's "spectacular defeat in 1994." He lists the primary reasons for its historic infeasibility as business resistance along with stigma against "socialized medicine" and increased federal power (2019).

Oberlander contends that Medicare for All's main implementation challenges are the nation's "political institutions and health care system" that "both have powerful biases toward incrementalism," "public anxieties about rationing... medical services," the "disruption in the

health system” and to the national economy, and “increases in taxes” (2019). Lightfoote and Ragland argue that a single-payer system is not politically viable in the U.S. due to popular myths about healthcare systems. They claim that misconceptions include that the U.S. has the best healthcare in the world, an insurance market is the most efficient and effective way to guarantee care for all, and a single-payer system would be more bureaucratic than the current system (1996).

In her analysis of the reasons for the recent Swiss rejection of a single payer healthcare plan during a referendum, Chaufan argues that corporate propaganda uses the narrative that the people prefer the status quo, assuming that their “will is the key driver of policy,” leading advocates to conclude that “those who struggle for... social justice are more alone than they really are.” She maintains that people incorrectly assume that the current system is the will of the people, rather than a result of large corporations’ ability to “shape the public debate to suit their interests” (2016).

Mound presents communication strategies that Democrats could use to ultimately pass Medicare for All. He mentions that a single-payer system needs to be simple and that its benefits must be clearly communicated to voters. He argues that the program could be highly popular among young voters and voters already on Medicare given accurate messaging. He also contends that Democrats will need to lessen the public’s fears of transitioning to a new health insurance plan by highlighting that there will be no more churn between insurance plans (2018).

### **Healthcare Industries and Their Interests**

Hospital, pharmaceutical, and health insurance firms would lose profits under Medicare for All. Such a system would shift all health insurance to a single payer, the U.S. government.

This would legislate existing health insurance companies out of existence and shift negotiating power toward the entity that would pay for hospital and pharmaceutical bills. Considering this threat to profits, healthcare firms have responded with propaganda attacking such plans, supporting the current system, and suggesting small reforms instead. They have used their political power and influence to spread this messaging and successfully prevent the implementation of single-payer plans.

### **Arguments Against Single-Payer Systems**

Healthcare industries allege that Medicare for All proposals would decrease Americans' healthcare freedom, forcing them into government-supported coverage. On their Medicare for All webpage, AHA claims that Medicare for all could “establish a national health insurance program with no competition” (2023). PAHCF asserts that Medicare for all “threaten[s] to impose a one-size-fits-all new government health insurance system on American families” (2019b). PAHCF's proposals page maintains that single-payer plans “would... eliminate patient choice and control over their coverage and force every American off their current plan and into a single, government-controlled health insurance system” (2019c).

Health trade associations also claim that single-payer plans increase taxes and costs for healthcare. FAH's Medicare for All webpage states that the federal government would have to raise “trillions of dollars in taxes necessary to finance a Medicare For All insurance program.” They claim that Medicare for All would not help achieve “more affordable coverage” (2023). A PAHCF home page header lists “\$32 TRILLION” as the price tag of Representative Jayapal's Medicare for All bill. The page states that “any one-size-fits-all new government health insurance system would mean Americans have to pay more” and that “Medicare for All ...

would mean higher taxes for every American” (2019b). AHIP CEO Matt Eyles claimed that “there’s a feeling that Medicare for All will make things more affordable,” but “there’s good information and data out there that show that that’s probably not the case” (AHIP, 2019).

Health trade associations assert that a single-payer system would worsen quality of care, decrease coverage, and increase wait times. AHA maintains that Medicare for All “could do more harm than good to patient care” (2023). FAH’s Medicare for All page states that such plans are unnecessary to achieve “better... coverage” (2023). AHIP’s CEO goes further, claiming that Medicare for All “would lead to longer wait times” and “worse health outcomes” (AHIP, 2019). PAHCF agrees, claiming that “any one-size-fits-all new government health insurance system” would cause Americans to “wait longer for worse care.” The group claims that a single-payer plan will not “protect patient choice, expand access, improve quality and foster innovation” (2019b).

Healthcare industries often argue against the instability caused by creating a new health insurance system. They express fears of the unintended consequences of scrapping existing programs and institutions. In a letter to the House of Representatives, AHA stated that Medicare for All would “throw into chaos one of the largest sectors of the U.S. economy.” AHA warns that “not only would this move more than 250 million people into some new form of coverage, it could radically alter the coverage of the more than 55 million people currently enrolled in the Medicare program, including the tens of millions who have voluntarily opted to enroll in Medicare Advantage” (2019). FAH’s Medicare for All advocacy webpage states that “dismantling our current hybrid public-private framework as well as the coverage that comes with it... instead of continuing to build on what works is no solution.” They mention that “Medicare for All repeals the ACA, it repeals employer-based health insurance, it repeals

Medicare, it repeals Medicaid,” and that a new system “will force patients into an untested system that will disrupt care for every American” (2023).

### **Supporting the Current Health Insurance System**

Hospitals argue that the current U.S. healthcare system has favorable ratings, works for most, and has recently increased coverage. FAH asserts that the current system that “blends Medicare, Medicaid, ACA, and a robust private sector” is “favored by a wide majority of Americans” (2023). AHA also claims that the current system “is working for the vast majority of Americans” and that “approximately 90 percent of Americans are currently enrolled in comprehensive coverage with high rates of satisfaction” (2019). AHA’s Medicare for All page presents the progress made within the current system: “the number of people with health insurance has increased significantly over the past five years, with more than 20 million individuals newly insured.” (2023).

PAHCF and the health insurance industry also praise the system’s coverage and satisfaction levels. PAHCF claims that “63 percent of voters believe that private coverage should have a role in our health care system” and “80 percent of Americans rate the quality of the health care they receive as ‘excellent’ or ‘good’” (2019b). In a 2021 letter to Chairs of powerful congressional committees, AHIP claimed that “approximately 300 million Americans – more than 90% – have health insurance coverage today. They are served through different markets specifically designed for their needs” (Eyles, 2021).

## **Advocating for Changes to the Existing System**

Though the health sector claims to support the current system, they recognize that millions remain uninsured and that costs have risen unsustainably. Rather than implementing universal healthcare, they propose minor reforms to the current system, especially to the Affordable Care Act (ACA) and Medicaid.

AHIP's letter to congress urged lawmakers to "advance policies that build on what works by strengthening the Affordable Care Act (ACA) to lower health care costs, increase coverage choices, and encourage competition and innovation." They hope lawmakers will "expand on the market-based solutions and public-private partnerships that are proven successes" (Eyles, 2021). AHA supports building on ACA, stating that "we think a better solution lies in continuing to build on the progress we've made in increasing coverage over the past decade" (2023). AHA also urged lawmakers to improve accessibility of coverage for those that qualify, claiming that "many of the uninsured are likely eligible for but not enrolled in subsidized coverage" (2019). FAH recommends minor reforms to the ACA, stating that they "hope Congress will refocus on real-world policies – like stabilizing the Affordable Care Act that will increase options and affordability for tens of millions of American families" (2023).

## **Differing Diagnoses and Prescriptions**

Though most healthcare industries agree that Medicare for All would be detrimental to their business interests, they occasionally disagree about the reforms they would prescribe for the health insurance system.

PhRMA claims that high pharmaceutical costs are caused by discounts not being passed onto consumers: "we should make sure the rebates and discounts insurers receive get passed on



to patients at the pharmacy counter – not pocketed by the insurance companies, hospitals and middlemen.” The trade association still argues against further government involvement in healthcare, stating that “government price setting... threatens Americans’ access to crucial, breakthrough medicines” (n.d.). AHIP, in contrast, blames hospitals, emergency rooms, and prescription drug creators: to “drive better value in health care spending,” claims AHIP’s CEO, “requires zeroing in on the increasingly indefensible rates charged by... many health care providers and facilities, such as hospitals and standalone emergency rooms” and “promoting greater competition in all aspects of health care including prescription drugs” (2021). None of the health sector’s trade associations endorse single-payer health insurance plans, instead favoring reforms within the current, primarily privatized, system.

### **Political Power and Influence**

To spread its anti-single-payer propaganda and guarantee that nationalized health insurance never comes to fruition, the healthcare sector uses its influence as a major U.S. economic force, campaign contributions and lobbying, and public advertisement campaigns.

The healthcare sector is a significant employer and major U.S. economic power. It employed 20 million people in 2018, making it the largest U.S. employment sector (Dowell, 2020). The U.S. Bureau of Labor Statistics also projects that the sector will grow 14% from 2018 to 2028 (Dowell, 2020). It is also big business: \$4.3 trillion were spent on healthcare in the U.S. in 2021, accounting for 18.3% of the U.S. Gross Domestic Product (CMS, 2022). Of this spending, \$1.2 trillion were spent by private health insurance and \$433 billion were out-of-pocket (CMS, 2022).

Like other big business in the U.S., healthcare industries exert their influence over U.S. politics through monetary campaign contributions. This is treated as a cost of doing business. In the 2021-2022 election cycle, the health care sector's total PAC and individual spending of \$200 or more totaled \$141 million, with over \$83 million going toward Democratic candidates and over \$57 million contributed to Republicans (OS, 2023a). Health professionals PACs gave over \$21 million to candidates in 2021-2022 (OS, 2023b), while pharmaceutical and health products PACs contributed over \$13 million (OS, 2023d). Healthcare corporations help politicians stay in power, and in return legislators often favor their interests, including the prevention of single-payer plans.

To maximize profits, healthcare industries also use their influence throughout a politician's career, directing tremendous resources toward lobbying in D.C. But campaign contributions and lobbying often only help businesses accomplish their goals when used together. Former congressman and White House Chief of Staff Mick Mulvaney stated that "we had a hierarchy in my office in Congress... If you're a lobbyist who never gave us money, I didn't talk to you. If you're a lobbyist who gave us money, I might talk to you" (Berman, 2018). The health sector spent \$718 million on lobbying in 2022 (OS, 2023e). Within the sector, pharmaceuticals/health products were the greatest spenders at \$373 million, followed by hospitals/nursing homes and health services/HMOs at \$122 million and \$120 million respectively (OS, 2023e).

This money helps the healthcare sector shape the U.S. health insurance system. Harvard health professor John McDonough, who helped draft the Affordable Care Act (ACA), "would hear from industry lobbyists every day as he worked on the bill. He noted the final version of the bill — with many concessions, including the removal of a public option — passed with support

from major industry players.” He also claimed that “had the pharmaceutical industry been on the other side of the fence in 2010 there never would have been an ACA... It would’ve been an afternoon’s work for them to kill it” (Evers-Hillstrom, 2019).

To apply further pressure on politicians to support the current healthcare system, health insurance companies produce advertisements for voters. During the Democratic primaries for the 2020 presidential election, PAHCF focused its resources on TV, Facebook, and YouTube advertisements. PAHCF spent more than \$200,000 on TV ads in August 2019 to persuade voters not to support Medicare for All and a public option (Piper, 2019). PAHCF’s YouTube advertisements also reached a large audience, with one anti-public option ad having 3.2 million views and eight of the trade association’s ads having over 500,000 views (PAHCF, 2023). In 2020, Colorado lawmakers introduced a bill to establish a moderate public option plan to compete with existing private health insurance. PAHCF spent \$2.7 million for “broadcast, cable, and digital ads” to combat this bill (Fang, 2020).

### **The Medicare for All Movement**

A largely grassroots movement has grown in support of single-payer health insurance. Single-payer leaders appeal to popular discontent and critiques against the healthcare system in their advocacy. Though popular, the Medicare for All movement has not been politically effective at a national level.

### **Arguments Against Corporations**

Medicare for All proponents often appeal to populist sentiments that the healthcare system is built to exploit the powerless for profit. Senator Sanders’ 2020 presidential campaign

site argues for his Medicare for All plan by claiming to want to “stop the pharmaceutical industry from ripping off the American people” and to stop “wasting hundreds of billions of dollars a year on profiteering” and “huge executive compensation packages.” The website states that “the giant pharmaceutical and health insurance lobbies have spent billions of dollars... to ensure that their profits come before the health of the American people,” but that “we say to the private health insurance companies: whether you like it or not, the United States will join every other major country on earth and guarantee healthcare to all people as a right” (FBS, n.d.).

Other prominent voices in the Medicare for All movement share this sentiment. NNU claims that “insurers and health plan middlemen deny and limit care — avoiding coverage of the sickest, restricting provider networks, creating financial barriers – all to maintain corporate bottom lines.” It also argues that “insurance companies continue to soak-up billions of health care dollars as millions of children’s basic needs go unmet” (NNU, 2022). Representative Jayapal’s press release for her Medicare for All legislation states that her plan prioritizes “people over profits and care over corporations” and that the plan would include “everyone in, nobody out” (Jayapal, 2021).

### **Arguments Against the Current System**

Medicare for All movement leaders often mention the high costs of health care that they allege their plans will solve. The Sanders presidential campaign stated that “we spend significantly more of our national GDP on this inadequate health care system” and argued that “all Americans are entitled to go to the doctor when they're sick and not go bankrupt after staying in the hospital” (FBS, n.d.). Congresswoman Jayapal highlights that Americans are “paying more per capita for health care than any other country in the world” (Jayapal, 2021).

NNU alleges that the “astronomical health care costs and lack of access continue to drive individuals, families, and businesses past their breaking point” (NNU, 2023). A NNU press release states that “patients forgo the medications and care they need simply because they cannot afford it” (CNA, 2022).

Single-payer advocates often highlight other shortcomings of the U.S. health insurance system. The Sanders presidential campaign states that “Americans have worse health outcomes and a higher infant mortality rate than countries that spend much less on health care.” His campaign site also claims that his single-payer plan would simplify the system with “no networks, no premiums, no deductibles, no copays,” and “no surprise bills” (FBS, n.d.). Representative Jayapal also discusses the system’s existing issues, where “we were already leaving nearly half of all adults under the age of 65 uninsured or underinsured before COVID-19 hit” (Jayapal, 2021). Where the healthcare industry boasts of 90% coverage, Senator Sanders highlights that “30 million Americans still don’t have health insurance and even more are underinsured. Even for those with insurance, costs are so high that medical bills are the number one cause of bankruptcy” (FBS, n.d.).

### **The Power of the Medicare for All Movement**

The Medicare for All political movement has achieved popularity through its broad appeals to working people. A 2020 Kaiser Family Foundation (KFF) poll found that 53% of Americans favored a “national health plan, sometimes called Medicare-for-all, in which all Americans would get their insurance from a single government plan” (KFF, 2020). A 2020 Hill-HarrisX poll even found that 69% of Americans supported “providing Medicare to every American” (Schulte, 2020). One of Senator Sanders’ main focuses during the 2020 Democratic

presidential primaries was on creating Medicare for All, leading him to win seven state primaries and become the runner-up candidate (USAT, 2020).

Despite the popularity of a single-payer healthcare plan in the U.S., the plan has never come close to implementation. A plan with more than 50% approval might reasonably be expected to have roughly 50% support in congress. Senator Sanders instead stated in a 2023 interview that “I think if we had a vote tomorrow, we’d get 15 to 20 votes in the Senate and would not win in the House” (Allen, 2023). Representative Jayapal’s Medicare for All Act of 2021 bill had 122 cosponsors out of 435 representatives, though it never received a vote (Cosponsors, 2021). A more moderate public option is unlikely to pass at a national level either. Though President Joe Biden campaigned in favor of a public option for health insurance (DNC, n.d.) he has rarely mentioned the policy and excluded it from his proposed fiscal year 2024 budget (OMB, 2023).

Medicare for All advocates do not have the institutional power of the industries fighting against the movement. Various labor and political organizations endorsed Senator Sanders’ proposed 2022 Medicare for All senate bill, including National Nurses United, American Medical Student Association, Nation Union of Health Care Workers, Service Employees International Union (SEIU), Association of Flight Attendants-CWA, Indivisible, Public Citizen, People’s Action, National Immigration Law Center, Center for Popular Democracy, and Working Families Party (SSA, 2022). The biggest political spender among these groups is SEIU, which spent \$11.5 million on lobbying in 2022 (OS, 2023f). In contrast, PhRMA, a single group representing the pharmaceutical industry, spent \$29 million in 2022 (OS, 2023e).

## **Conclusion**

Medicare for All's political infeasibility despite its popularity reveals worrisome lessons about American politics. There is no guarantee that the federal government can respond to urgent situations for citizens when business interests are at risk. Though the U.S. pays more for worse coverage and care, there has been no proportionate response over 75 years of attempted healthcare reform. It is more politically effective to collect resources that can be poured into D.C. than to have popular ideas. This allows businesses to stop single-payer insurance plans from having any chance of existence, regardless of popularity.

This raises other questions about the nature of American politics. In what other ways have healthcare industries shaped U.S. policy in the health landscape and otherwise? How have other high-political-spending industries such as insurance, banking, oil and gas, defense, and telecommunications influenced the actions of the U.S. government historically, and how will they affect future U.S. federal responses to emergencies? Finally, what should be done to ensure that the U.S. functions more democratically, favoring the will and wellbeing of its citizens over business interests?

## References

- AHA (2023). American Hospital Association. Medicare for All. [www.aha.org/medicare-all](http://www.aha.org/medicare-all)
- AHA (2019, April 30). American Hospital Association. Statement of the AHA for the Committee on Rules of the U.S. House of Representatives “Medicare for All Act of 2019.” [www.aha.org/lettercomment/2019-04-30-statement-aha-committee-rules-us-house-representatives-medicare-all-act](http://www.aha.org/lettercomment/2019-04-30-statement-aha-committee-rules-us-house-representatives-medicare-all-act)
- AHIP (2019, Sep. 12). America's Health Insurance Plans. Medicare for All & Health Care's Path Forward: AHIP CEO. [www.ahip.org/news/articles/medicare-for-all-health-carespath-forward-ahip-ceo](http://www.ahip.org/news/articles/medicare-for-all-health-carespath-forward-ahip-ceo)
- AHR (2016, Oct. 25). America’s Health Rankings. Comparison with Other Nations. [www.americashealthrankings.org/learn/reports/2016-annual-report/comparison-with-other-nations](http://www.americashealthrankings.org/learn/reports/2016-annual-report/comparison-with-other-nations)
- Allen, A. (2023, Feb. 8). ‘We Ain’t Gonna Get It’: Why Bernie Sanders Says His ‘Medicare for All’ Dream Must Wait. KHN. [khn.org/news/article/bernie-sanders-senate-help-committee-chair-medicare-for-all-big-pharma](http://khn.org/news/article/bernie-sanders-senate-help-committee-chair-medicare-for-all-big-pharma)
- Berman, R. (2018, May 1). An Exodus From Congress Tests the Lure of Lobbying. The Atlantic. [www.theatlantic.com/politics/archive/2018/05/lobbying-the-job-of-choice-for-retired-members-of-congress/558851](http://www.theatlantic.com/politics/archive/2018/05/lobbying-the-job-of-choice-for-retired-members-of-congress/558851)
- Chaufan, C. (2016). What Can US Single-Payer Supporters Learn From the Swiss Rejection of Single Payer? *International Journal of Health Services* 46(2), 331–345.
- CMS (2022, Dec. 14). U.S. Centers for Medicare & Medicaid Services. NHE Fact Sheet. [www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet](http://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet)
- CNA (2022, Jan. 12). California Nurses Association. Nurses praise Assembly Health Committee passage of guaranteed health care bill as ‘hope for California’ (press release). [www.nationalnursesunited.org/press/nurses-praise-assembly-health-committee-passage-of-guaranteed-health-care-bill](http://www.nationalnursesunited.org/press/nurses-praise-assembly-health-committee-passage-of-guaranteed-health-care-bill)
- DNC (n.d.). Democratic National Committee. Plan to Protect and Build on Obamacare. Joe Biden. [joebiden.com/healthcare](http://joebiden.com/healthcare)
- Dowell, E. (2020, Oct. 14). Census Bureau’s 2018 County Business Patterns Provides Data on Over 1,200 Industries. [www.census.gov/library/stories/2020/10/health-care-still-largest-united-states-employer.html](http://www.census.gov/library/stories/2020/10/health-care-still-largest-united-states-employer.html)



- Evers-Hillstrom, K. (2019, March 7). Big Pharma, insurers, hospitals team up to kill Medicare for All. OpenSecrets. [www.opensecrets.org/news/2019/03/big-pharma-insurers-hospitals-team-up-to-kill-medicare-for-all](http://www.opensecrets.org/news/2019/03/big-pharma-insurers-hospitals-team-up-to-kill-medicare-for-all)
- Eyles, M. (2021, July 30). AHIP Public Option Letter. [www.ahip.org/documents/AHIP-Public-Option-Letter-7.30.21-1.pdf](http://www.ahip.org/documents/AHIP-Public-Option-Letter-7.30.21-1.pdf)
- FAH (2023). Federation of American Hospitals. Medicare For All. [www.fah.org/issues-advocacy/medicare-for-all](http://www.fah.org/issues-advocacy/medicare-for-all)
- Fang, L. (2020, April 28). Private Hospitals, Now Demanding Bailouts, Lobbied to Defeat Cost-Saving Health Reform as Coronavirus Crisis Grew. The Intercept. [theintercept.com/2020/04/28/pahcf-for-profit-hospitals-coronavirus-health-insurance](https://theintercept.com/2020/04/28/pahcf-for-profit-hospitals-coronavirus-health-insurance)
- FBS (n.d.). Friends of Bernie Sanders. Medicare for All. Bernie Sanders. [berniesanders.com/issues/medicare-for-all](http://berniesanders.com/issues/medicare-for-all)
- Herzlinger, R. E. (2010). Healthcare reform and its implications for the U.S. economy. *Business Horizons* 53(2), 105-117.
- 117th Congress H.R.1976 Cosponsors. (2021, May 18) Medicare for All Act of 2021. [www.congress.gov/bill/117th-congress/house-bill/1976/cosponsors](http://www.congress.gov/bill/117th-congress/house-bill/1976/cosponsors)
- Keisler, K., and Bunch, L. N. (2022, Sep. 13). Health Insurance Coverage in the United States: 2021. U.S. Census Bureau. [www.census.gov/library/publications/2022/demo/p60-278.html](http://www.census.gov/library/publications/2022/demo/p60-278.html)
- Jayapal, P. (2021, March 17). Jayapal Introduces Medicare for All Act of 2021 Alongside More Than Half of House Democratic Caucus After Millions Lose Health Care During a Pandemic (press release). [jayapal.house.gov/2021/03/17/medicare-for-all](http://jayapal.house.gov/2021/03/17/medicare-for-all)
- KFF (2020, Oct. 16). Kaiser Family Foundation. Public Opinion on Single-Payer, National Health Plans, and Expanding Access to Medicare Coverage. [www.kff.org/slideshow/public-opinion-on-single-payer-national-health-plans-and-expanding-access-to-medicare-coverage](http://www.kff.org/slideshow/public-opinion-on-single-payer-national-health-plans-and-expanding-access-to-medicare-coverage)
- Lightfoote, J., and Ragland, K. (1996). Single-payer health insurance systems: National myths and immovable mountains. *Journal of the National Medical Association* 88(4), 217-224.
- Mound, J. (2018). How to Win Medicare for All. *Dissent* 65(2), 23-33.
- NNU (2022, May 12). National Nurses United. Nurses Applaud Reintroduction of Senate Medicare for All Legislation (press release). [www.nationalnursesunited.org/press/nurses-applaud-reintroduction-of-medicare-for-all-legislation](http://www.nationalnursesunited.org/press/nurses-applaud-reintroduction-of-medicare-for-all-legislation)

- NNU (2023). National Nurses United. Medicare for All. [www.nationalnursesunited.org/medicare-for-all](http://www.nationalnursesunited.org/medicare-for-all)
- Oberlander, J. (2019, Nov.). Lessons From the Long and Winding Road to Medicare for All. *Am J Public Health* 109(11), 1497–1500.
- OMB (2023). Office of Management and Budget. Budget of the U.S. Government Fiscal Year 2024. [www.whitehouse.gov/wp-content/uploads/2023/03/budget\\_fy2024.pdf](http://www.whitehouse.gov/wp-content/uploads/2023/03/budget_fy2024.pdf)
- OS (2023a, Feb. 1). Open Secrets. Health: Money to Congress. [www.opensecrets.org/industries/summary.php?cycle=2022&ind=H](http://www.opensecrets.org/industries/summary.php?cycle=2022&ind=H)
- OS (2023b, Feb. 1). Open Secrets. Health Professionals PACs contributions to candidates, 2021-2022. [www.opensecrets.org/political-action-committees-pacs/industry-detail/H01/2022](http://www.opensecrets.org/political-action-committees-pacs/industry-detail/H01/2022)
- OS (2023c, Feb. 16). Open Secrets. Industry Profile: Pharmaceuticals/Health Products. [www.opensecrets.org/federal-lobbying/industries/summary?id=H04](http://www.opensecrets.org/federal-lobbying/industries/summary?id=H04)
- OS (2023d, Feb. 1). Open Secrets. Pharmaceuticals/Health Products PACs contributions to candidates, 2021-2022. [www.opensecrets.org/political-action-committees-pacs/industry-detail/H04/2022](http://www.opensecrets.org/political-action-committees-pacs/industry-detail/H04/2022)
- OS (2023e, Jan. 23). Open Secrets. Sector Profile: Health. [www.opensecrets.org/federal-lobbying/sectors/summary?id=H](http://www.opensecrets.org/federal-lobbying/sectors/summary?id=H)
- OS (2023f, Feb. 1). Service Employees International Union. [www.opensecrets.org/orgs/service-employees-international-union/summary?id=d000000077](http://www.opensecrets.org/orgs/service-employees-international-union/summary?id=d000000077)
- PAHCF (2019a). Partnership for America’s Health Care Future. About Us. [americashealthcarefuture.org/about-us](http://americashealthcarefuture.org/about-us)
- PAHCF (2019b). Partnership for America's Health Care Future. Partnership for America's Health Care Future. [americashealthcarefuture.org](http://americashealthcarefuture.org)
- PAHCF (2019c). Partnership for America's Health Care Future. Proposals Archive. [americashealthcarefuture.org/?post\\_type=proposal](http://americashealthcarefuture.org/?post_type=proposal)
- PAHCF (2023). Partnership for America's Health Care Future. Partnership for America's Health Care Future (YouTube channel). [www.youtube.com/@partnershipforamericasheal7656/videos](http://www.youtube.com/@partnershipforamericasheal7656/videos)
- PhRMA (n.d.). Pharmaceutical Research and Manufacturers of America. Building A Better Health Care System. [www.phrma.org/BetterWay](http://www.phrma.org/BetterWay).

Piper, J. (2019, Aug. 12). Healthcare giants attack 2020 Democrats' healthcare plans with Iowa ad blitz. OpenSecrets. [www.opensecrets.org/news/2019/08/healthcare-giants-attack-2020-democrats-medicare-for-all](http://www.opensecrets.org/news/2019/08/healthcare-giants-attack-2020-democrats-medicare-for-all)

Schulte, G. (2020, April 24). Poll: 69 percent of voters support Medicare for All. The Hill. [thehill.com/hilltv/what-americas-thinking/494602-poll-69-percent-of-voters-support-medicare-for-all](http://thehill.com/hilltv/what-americas-thinking/494602-poll-69-percent-of-voters-support-medicare-for-all)

SSA (2022, May 12). U.S. Senate Sergeant at Arms. News: Sanders Introduces Medicare for All with 14 Colleagues in the Senate (press release). [www.sanders.senate.gov/press-releases/news-sanders-introduces-medicare-for-all-with-14-colleagues-in-the-senate](http://www.sanders.senate.gov/press-releases/news-sanders-introduces-medicare-for-all-with-14-colleagues-in-the-senate)

USAT (2020, Oct. 29). USA Today. Democratic Primary Results. USA Today. [www.usatoday.com/elections/results/primaries/democratic](http://www.usatoday.com/elections/results/primaries/democratic)

WHOGHE. (2022, Jan. 30). World Health Organization Global Health Expenditure. Current health expenditure per capita. [data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD](http://data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD)