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REPORT

CONGRESSIONAL PROGRESSIVE CAUCUS CENTER

WE ARE ALL IN THIS TOGETHER:

COVID-19 AND THE CASE FOR MEDICARE FOR ALL

BY HEBAH KASSEM

REVOLUTION ORGANIZE TO WIN · PNHP PHYSICIANS FOR A NATIONAL HEALTH PROGRAM · BLHCT · PEOPLE'S ACTION · ALL MEANS ALL Making Racial Equity a Cornerstone of Medicare for All · PUBLIC CITIZEN · SOCIAL SECURITY WORKS. · THE CENTER FOR POPULAR DEMOCRACY · MEDICARE FOR ALL

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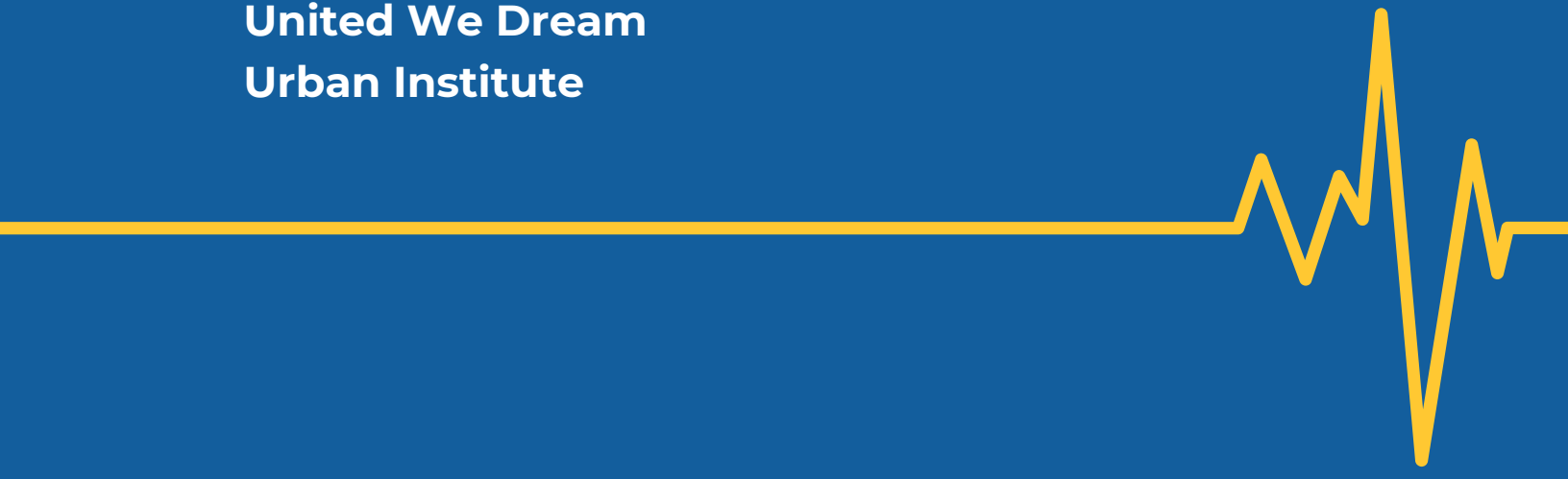

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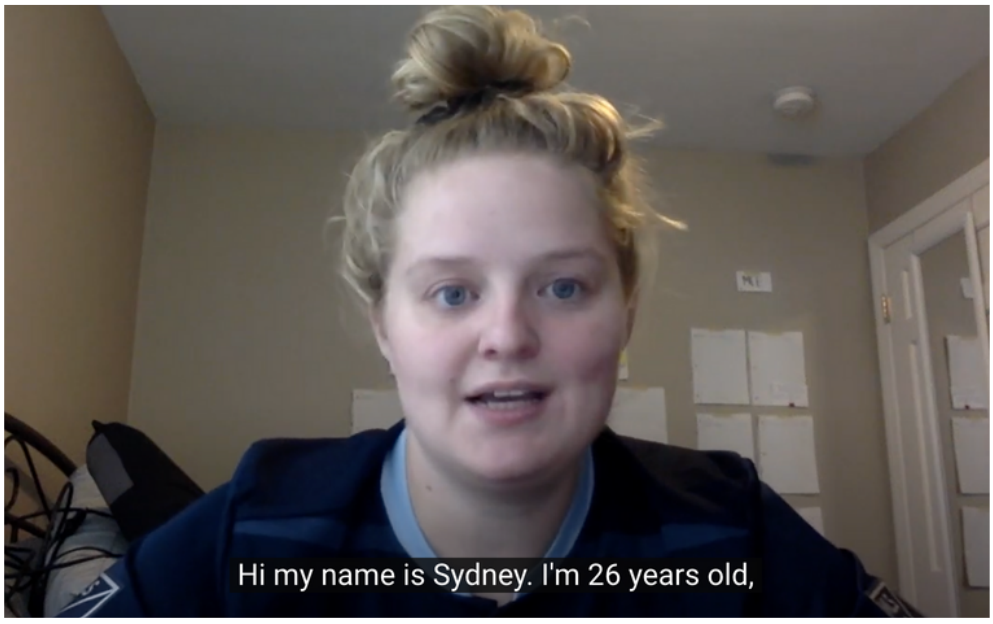
SYDNEY STUDER



Sydney Studer is 26 years old and a Kansas City native. She was diagnosed with COVID-19 in April, which has only underscored her support for Medicare for All.

**Video provided by Healthcare-NOW*

Introduction

We've learned the hard way during this pandemic that America's healthcare system is totally unprepared to handle a national public health crisis. Sick people have gone without testing and treatment, and healthcare workers have been infected because of inadequate personal protective equipment (PPE). More than a half-million people have died in the U.S. from the coronavirus pandemic. In the richest nation on earth, it doesn't have to be this way. We can do so much better.

How was the United States healthcare system so dreadfully unprepared for a pandemic? It didn't happen by accident. Powerful for-profit insurance companies have insisted for decades on maintaining our broken-down healthcare system because it is working exactly as they want it to—churning out exorbitant profits for health insurance and pharmaceutical companies while patients and their families pay the price.

Instead of promoting equity in healthcare access and outcomes, our healthcare system picks winners and losers. The winners profit off illness, and the losers are people who are uninsured or underinsured—unable to get affordable healthcare when they need it. Although the Affordable Care Act (ACA) increased the number of insured people by 20 million, nearly 87 million Americans were still uninsured or underinsured before the pandemic. This lack of insurance is all the more tragic as an analysis by Public Citizen found that "about one-third of COVID-19 deaths and 40 percent of infections were tied to a lack of insurance."

Today, nearly half of Americans still rely on their employment for their healthcare coverage. The precariousness of tying healthcare to employment is painfully obvious after the period of epic job loss we've recently experienced. With almost 26 million workers suffering negative consequences including losing their jobs, having hours or pay cut, or dropping out of the labor force during the pandemic, millions of families are also threatened with the loss of healthcare just when they need it most.

As a result of systemic racism, people of color are far more likely to be uninsured, more likely to work in frontline jobs, and more likely to contract COVID-19. Currently, more than half of America's uninsured are people of color, and people of color contract and die from COVID at higher rates than white people. Systemic discrimination in the economy means that people of color are more likely to be employed in dangerous jobs or jobs that do not offer living wages or adequate health insurance. The same systemic racism also means that families of color are more likely to live in healthcare deserts where high quality healthcare is not accessible.

Immigrants, in particular, have difficulty accessing healthcare in America's for-profit system. As of 2017, an estimated 10.5 million undocumented immigrants in the U.S. accounted for about three percent of the total U.S. population. Many immigrant families in the U.S. include people with mixed immigration status—both undocumented and lawfully present immigrants—and those families' access to health coverage is often uncertain or unreliable.

About 45 percent of undocumented immigrants currently lack health insurance because they are not eligible to enroll in coverage options. At the onset of the pandemic in February of 2020, the Trump Administration issued the Public Charge rule in an effort to identify and prevent any person who may depend on government benefits, including health coverage, from applying for visas and/or lawful permanent resident (LPR) status. This policy change made it even harder for undocumented immigrants to get health insurance coverage. On March 9, 2021, the U.S. Citizenship and Immigration Services reversed this policy and announced it will no longer enforce the Public Charge Rule after the Biden Administration stated it will not defend the regulation issued by the Trump Administration. Although this change was welcome, it was too little too late, as the health of some immigrant families became irreparably damaged.

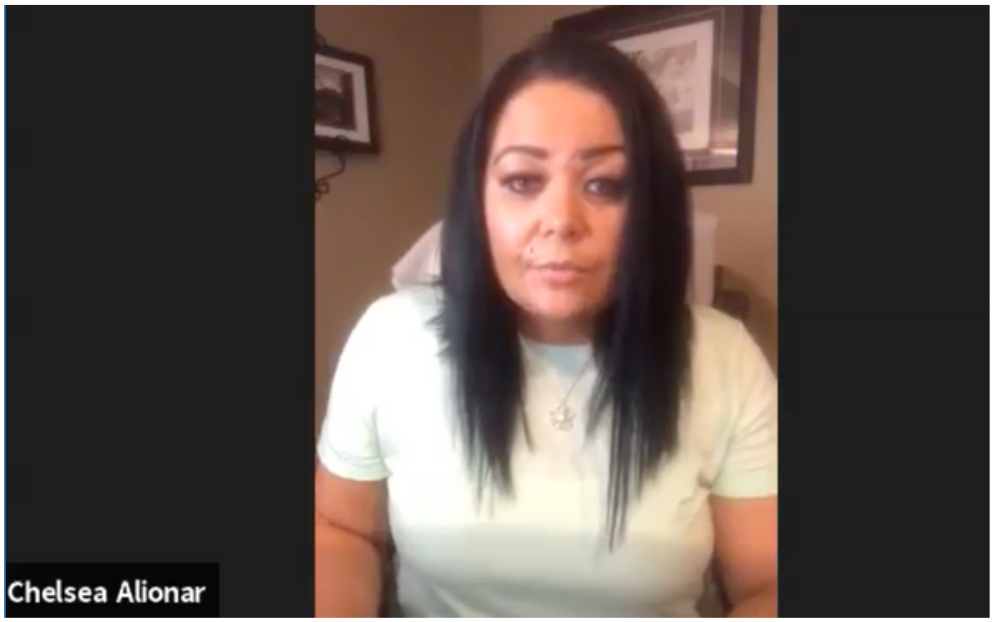
The Trump Administration's decisions to slash necessary funding, delay testing, deny access to healthcare, block public safety measures like workplace safety standards, and downplay the severity of the COVID-19 crisis, have made our dysfunctional healthcare system even more vulnerable. From the beginning of this pandemic, public health experts, including Dr. Anthony Fauci, urged social distancing and quarantines in an effort to slow the spread of COVID-19 and keep everyone safe. For months, public health experts, lawmakers, and advocacy groups called for sufficient and adequate PPE to keep essential workers protected while they are risking their lives to keep us all safe. Additionally, experts called for a mass testing and contact tracing program to help control the spread of the virus, keep our hospitals from being overwhelmed, and rebuild and reopen our economy safely in accordance with the latest public health and science.

The U.S. failed to take these measures and, as a result, the U.S. set record-high numbers in new COVID-19 cases and hospitalizations time and time again. As the summer months ended and autumn began, the U.S. experienced a record high number of new cases—on Friday, October 30, 2020, the U.S. reported 99,321 new cases in a single day breaking a global daily record. As of early November 2020, nearly 50,000 people were hospitalized due to the fall surge. The number of COVID-19 cases and deaths continued to rise as we approached the winter months and millions of people traveled over the Thanksgiving break. On December 1, 2020, the U.S. recorded its 12 millionth COVID-19 case and as experts anticipated, we experienced a post-Christmas COVID surge after holiday gatherings took place across the country and a record 300,00 cases were reported on January 8th, 2021. Since then, three COVID-19 vaccines have been authorized for use and as of March 17, 2021 more than 113 million doses have been administered. Although people are hopeful, the virus is still very much here and continues to spread throughout the nation.

Everyone deserves access to the care and medication they need to survive. Long before the pandemic, high drug prices meant everyday Americans were forced to choose between paying for their prescriptions or paying their mortgage. Now, the problems Americans already face with the current healthcare system are being exacerbated by COVID-19 as millions contracted the COVID-19 virus and mass layoffs caused by the pandemic forced tens of millions of people to lose their employer-sponsored health insurance. No one should have to resort to begging on GoFundMe to afford life-saving care because they lost their job due to a global pandemic. We need guaranteed, comprehensive, high-quality medical care for every person at every hospital and doctor's office. And that means Medicare for All.

Medicare for All would address the many holes and gaps in our current healthcare system and ensure everyone has guaranteed access to comprehensive healthcare regardless of income, ZIP code, or employment status.

CHELSEA ALIONAR



Chelsea Alionar, of Oregon, shares her story about being a COVID-19 longhauler.

**Video provided by Healthcare-NOW*

State of Play in Congress

On March 17, 2021, Representatives Pramila Jayapal and Debbie Dingell introduced the Medicare for All Act of 2021 (H.R. 1976) in the U.S. House of Representatives with a record 113 original cosponsors (including 14 committee chairs) and 300 endorsing organizations. The Medicare for All Act of 2019 (H.R. 1384) ended the 116th Congress with a total of 118 cosponsors and four congressional hearings as support for Medicare for All continued to grow across the country. Since the start of the pandemic, lawmakers have been working hard to find bold solutions to address the world health crisis and ensure everyone has access to healthcare.

Congress has advanced several bills to boost healthcare funding and expand healthcare access during the COVID-19 pandemic. On March 18, 2020, the Families First Coronavirus Response was signed into law. This bill guaranteed access to testing at no out-of-pocket cost (whether the patient uses private insurance, Medicaid, or Medicare) and increased federal funding for Medicaid. The CARES Act was signed into law on March 27, 2020, providing $2 trillion in relief. The CARES Act built on H.R. 6201, requiring private health insurers to cover COVID-19 testing and preventative services at no out-of-pocket cost to patients enrolled in health insurance plans. The CARES Act provided approximately $150 billion for healthcare providers, public health, and medical research. On April 24, 2020, the Paycheck Protection Program and Health Care Enhancement Act was signed into law, providing an additional $75 billion for hospitals and healthcare providers and $25 billion for COVID-19 testing. However, the reliance on the for-profit healthcare system caused significant issues in implementation as families struggled with red tape and surprise bills or simply did not seek care because of the fear of possible bills. Additionally, these laws failed to expand access to free COVID-19 testing to approximately 5 million immigrants, including Legal Permanent Residents (LPRs), Deferred Action for Childhood Arrivals (DACA) recipients, and people with Temporary Protective Status (TPS).

MEDICARE FOR ALL ACT OF 2021

- Provides comprehensive healthcare coverage including all primary care, hospital and outpatient services, dental, vision, audiology, women's reproductive health services, maternity and newborn care, long-term services and supports, prescription drugs, mental health and substance abuse treatment, laboratory and diagnostic services, ambulatory services, and more
- Allows patients to choose the doctors, hospitals, and other providers they wish to see
- Ends private insurance premiums, co-pays, deductibles, and other out-of-pocket costs
- Provides long-term services and supports for people with disabilities and older Americans
- Reduces healthcare spending and improves overall care
- Reduces the costs of prescription drugs
- Preserves the ability of veterans and Native Americans to receive their medical benefits
- Transitions to Medicare for All over two years

On May 1, 2020, Rep. Jayapal and then-Rep. Joe Kennedy introduced their Medicare Crisis Program Act, which would ensure that people who lost their jobs and employer-sponsored health insurance due to the pandemic have access to the health services they need by allowing eligible individuals and their households to enroll in Medicare. Additionally, Rep. Jayapal and former Congressional Black Caucus Chair Karen Bass, along with Sen. Bernie Sanders, introduced the Health Care Emergency Guarantee Act on May 15, 2020. This bill empowers Medicare to rapidly cover all of the costs for uninsured people as well as cover all out-of-pocket costs for people with insurance for all medically necessary healthcare, including prescription drugs. Neither bill was passed by the House.

The House passed the next phase of COVID-19 relief, two versions of the Heroes Act - H.R. 6800 on May 15, 2020 and the Heroes Act 2.0 on September 28, 2020. Both packages were blocked in the Senate. Both versions of the Heroes Act would have expanded health coverage through Medicaid, Medicare Advantage, group and individual market health plans, TRICARE, Veterans Affairs Healthcare, and Federal Employees Health Benefits Program (FEHB) to provide coronavirus treatment at no out-of-pocket costs. The first Heroes Act would have also provided $100 billion to reimburse hospitals and healthcare providers for expenses and lost revenue due to coronavirus. It also would have expanded coverage for non-coronavirus treatment by covering the cost of COBRA premiums for individuals and families to continue on their employer-sponsored health insurance and established a special enrollment period (SEP) to sign up for health insurance through the Affordable Care Act's health insurance exchanges. Although this would have been helpful in providing some people with access to healthcare options, it would have covered far fewer people than the Medicare Crisis Program Act and the Health Care Emergency Guarantee Act.

Instead of voting on the Heroes Act, Senate Republicans countered with the HEALS Act, which included only $25 billion for hospitals and other healthcare providers and no provisions to help families afford healthcare coverage. The House passed an updated version of the Heroes Act (H.R. 925) on October 1, 2020, which was also ignored by Senate Republicans.

On December 27, 2020, the Consolidated Appropriations Act, which included a $900 billion COVID-19 relief package, was signed into law. This package allocated $73 billion to the Department of Health and Human Services, which included funding for vaccination distribution, testing and contact tracing, COVID-19 research, substance abuse and mental health services, and additional grants for hospital and healthcare providers. It did not expand health insurance coverage through either private insurance or Medicare and Medicaid.

On March 12, 2021, President Biden signed the American Rescue Plan Act into law. (The American Rescue Plan Act advanced under the budget reconciliation process so it could pass in the Senate with a simple majority.) This $1.9 trillion COVID-19 relief package invests billions of dollars for COVID-19 vaccination, testing, and surveillance; establishment of a public health workforce; and community health centers. It also provides an incentive for states to expand Medicaid coverage and improves subsidies for unemployed workers to continue employer-based coverage through COBRA and through ACA health insurance exchanges. Although this is a major improvement, it is not nearly enough. It still relies predominantly on private health insurance.

None of the packages guaranteed that everyone would have the healthcare they need during this crisis. **The only solution to ensure that people have adequate access to healthcare—regardless of income, immigration status, or employment status—in this crisis and beyond is to pass Medicare for All.**

JUSTIN LEE VINE

Justin Lee Vine is a pediatric nurse in San Antonio who contracted a severe case of COVID-19. The family was flooded with bills and was worried about the long-term costs of rehab.

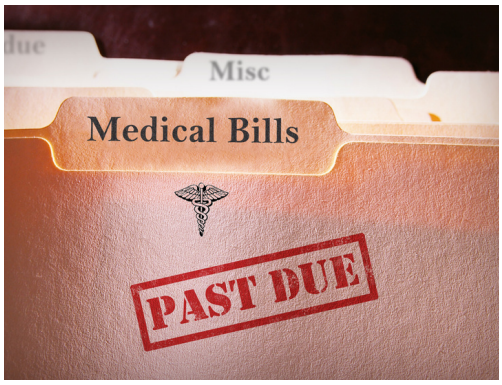
**Video provided by Healthcare-NOW*

COVID-19 Makes the Case for Medicare for All

Our dysfunctional for-profit healthcare system made our current public health crisis exponentially worse by putting profits before people. At the beginning of the crisis, people were receiving bills of more than $3,000 for coronavirus testing alone. These exorbitant costs deterred working families from getting tested when needed, aiding the spread of the virus. The Trump Administration did take steps to waive copays for testing, but not for treatment of coronavirus, and, due to gaps in our healthcare system, even testing can come with unexpected bills. It is clear that for-profit insurance companies expect massive profits from treatment during this pandemic.

The for-profit healthcare system is set up to ensure rich corporate leaders to get richer while the sick get sicker. The huge gaps in coverage and availability of care have exacerbated the COVID-19 crisis. When people delay getting tested or treated for a deadly and highly infectious disease because of costs, it puts us all at risk. Especially during a pandemic, all of our health is interconnected.

In the midst of the pandemic, a poll found that "more than two in five U.S. adults say the outbreak has increased their likelihood of supporting universal healthcare proposals where the government would provide all Americans with health insurance" including one in four Republicans and 34 percent of independents. Another survey shows two-thirds of all registered voters support Medicare for All. And, an exit poll from the 2020 general election found that **72 percent of Americans are in favor of switching to a government-run healthcare plan like Medicare for All!** Additionally, the Medicare for All Resolutions effort shows there is growing support for Medicare for All at the local level across the country, with local communities working hard to pass 55 local resolutions in support of Medicare for All.



Now, more than ever, it's clear that we need Medicare for All. This pandemic has exposed the barriers many face and the painful cost of the status quo. No matter what your income is, where you live, or what your immigration status is, everyone should be able to get lifesaving care.

Medicare for All Isn't Tied to Your Employment

Our current for-profit healthcare system is designed so that nearly half of the American population has health insurance through their jobs.

Millions of Americans lost their health insurance during the pandemic. The COVID-19 outbreak led to massive job loss in the United States, on a scale not seen since the Great Depression, and millions struggled to find ways to support their families. A study by the Economic Policy Institute estimated that about 6.2 million workers lost their employer-sponsored insurance in March and April of 2020 (though some did regain coverage in the following months as some jobs returned). This does not include family members dependent on their spouse or parent's health insurance. The Commonwealth Fund estimated 14.6 million people lost their health insurance since the beginning of the crisis when factoring in dependents. Although there are some healthcare coverage options implemented via the COVID relief packages for people who lose their employer-sponsored health such as COBRA and Marketplace plans, nearly 21 percent of people cannot afford these and do not qualify for Medicaid. Unemployed Americans are left to choose between spending whatever money they have on healthcare and everyday bills including housing, utilities, groceries, and more.

Even for many of those still employed, job security is uncertain. **Under a Medicare for All system, Americans would not have to fear losing their health insurance on top of losing their jobs during a pandemic.** They would have comprehensive health coverage regardless of their employment status.

JEN KIMMICH

Jen Kimmich, a small-business owner who had to lay off employees due to the economic downturn, speaks about massive employee health insurance costs.

**Video provided by Business Leaders for Health Care Transformation*

Medicare for All Would Contribute to a Strong, Fair, and Sustained Economic Recovery After COVID-19

Medicare for All would strengthen our economy by helping businesses be better prepared to handle future pandemics. Under Medicare for All, millions of employees would not lose their health insurance when they lose their jobs, and would have guaranteed healthcare without insurance middlemen denying the care they need. Small businesses, free from the burden of the employer healthcare system, would have more flexibility and freedom to navigate economic disruptions.

COVID-19 and Insurance Costs Hurt Small Businesses and Their Employees

Small businesses are the backbone of the American economy, generating 44 percent of all economic activity. Many of these businesses, such as restaurants, retail stores, and entrepreneurial ventures are also the ones most directly impacted by COVID-19 and the economic shutdown. From February to April 2020, 3.3 million or 22 percent of active business owners plummeted due to the crisis. On July 29, 2020, a MetLife and U.S. Chamber of Commerce Small Business Coronavirus Impact Poll found that about 70 percent of small businesses are concerned about financial hardships and about 58 percent are concerned they will have to permanently close. According to a report by Yelp, as of August 31, 2020, 163,735 businesses closed since the beginning of the pandemic averaging out to more than 800 closures per day. As of November 9, 2020, 60 percent of businesses that closed due to the pandemic were forced to shutter their doors permanently.

A limited recovery has occurred, but it is not apparent that it will be sustained as the U.S. continues to struggle with the virus. The COVID relief packages provided some relief to businesses, but it is still unclear what this recession will look like for businesses. This, in turn, may have an impact on the workers who rely on these businesses for their employer-sponsored health insurance.

National polling and surveys of business owners show that healthcare costs and access are major concerns and have real life implications for economic growth and public health. One in five business owners report healthcare costs as their top business concern. The high costs of covering healthcare for employees puts small businesses at an extreme disadvantage in attracting and retaining employees. More than six in ten small business owners say a premium increase of 10-15 percent would make their employee health insurance benefits unaffordable.

DR. SUSAN ROGERS

Dr. Susan Rogers, President-elect of Physicians for a National Health Program (PNHP) and a retired Chicago-based doctor, emphasized that the for-profit system disproportionately affects people of color, especially during a pandemic.

**Video provided by Physicians for a National Health Program*

Medicare for All is a Critical Step Towards Racial Justice

COVID-19 is exposing our nation's longstanding history of structural racism, xenophobia, and discrimination. As coronavirus cases and deaths continue to increase throughout the country, it has become clear that although everyone is affected by the virus, not everyone is equally at risk.

Structural racism, barriers to accessing affordable health coverage, economic and social circumstances, and other factors including long term pollution exposure, and high rates of chronic illnesses that have remained untreated leave communities of color more vulnerable to COVID-19. In particular, as of April 2020, Black and Latinx people accounted for more COVID-19 cases and deaths than any other racial group although they make up a smaller percentage of the overall population.

The All Means All campaign found that 59 percent of America's uninsured are people of color. For example, in Michigan where Black people make up only 14 percent of the population but accounted for at least 40 percent of the COVID-19 deaths as of June 2020, 37 percent of Michigan's uninsured are minorities, but they only make up a quarter of the overall population.

In Wisconsin, Black people account for 27 percent of the COVID-19 deaths although they are only 6 percent of the state's population. Similarly, the All Means All Campaign found 35 percent of Wisconsin's uninsured are people of color.

Systemic racism and racial and economic injustices have worked against communities of color for decades. These factors compounded with the broken healthcare system we have today has left communities of color especially vulnerable to COVID-19. The current healthcare system is built to protect profits, not people, especially not people of color.

COVID-19 is exposing the truth: a for-profit healthcare system costs us lives, especially for anyone already dealing with the impact of structural racism.

Medicare for All is a critical step towards addressing the health inequities communities of color face and ensuring everyone can get the healthcare they need regardless of race, ethnicity, and income.

DR. ANNA STRATIS

Dr. Anna Stratis, a family physician who worked in Brooklyn, N.Y. during the height of the pandemic, describes the tragic consequences of being uninsured.

**Video provided by Physicians for a National Health Program*

Frontline Workers Make the Case for Medicare for All

Doctors, nurses, and other healthcare workers are on the frontlines putting their lives and those of their families at risk fighting COVID-19. The pandemic has further revealed how our system fails to care for vulnerable patients and marginalized populations, which puts frontline workers at greater risk. With Medicare for All, we could avoid overworked healthcare workers and an overwhelmed health system because everyone would have access to care. They could seek treatment for any early symptoms, and slow the spread of the virus, minimizing the risks posed to frontline workers.

Healthcare providers, including some who were once staunch opponents of a universal healthcare system, quickly realized the dire need for Medicare for All as COVID-19 hit the U.S. If marginalized communities and uninsured people infected with the virus cannot afford the healthcare or treatment they need, they risk spreading the virus further, putting our frontline workers at greater risk while making their jobs to keep us all safe more challenging. Putting healthcare providers in charge, instead of for-profit insurance companies, will lead to a more equitable distribution of resources in our healthcare system. And patients would always come first.

LORI TROJAN

Lori Trojan, of Missouri, lost her employer-sponsored health insurance due to job loss and now she cannot afford any health insurance.

**Video provided by Healthcare-NOW*

Countries With Universal Healthcare are Controlling the Virus

The United States has fallen behind most countries in controlling COVID-19 because of a number of factors, including lack of a nationwide testing and contact tracing program, shortage of PPE and medical equipment, and a poor and inadequate response by federal leadership. In addition to these factors, **one thing remains clear: our healthcare system was inadequate to combat the COVID-19 pandemic.** Countries and places with universal healthcare systems such as Australia, Canada, Denmark, Norway, South Korea, and Taiwan have had more success combating the virus.

There are some key differences that have contributed to the disparate responses to the pandemic by the United States and single-payer countries. Unlike the U.S., countries with universal health coverage provided free COVID-19 related care, nationally coordinated PPE for healthcare workers, and a national testing and contact tracing strategy for COVID-19. Countries such as Canada, Norway, and South Korea rapidly implemented mass testing by eliminating the cost barriers for COVID-19 testing and treatment. While millions of Americans lack health insurance and face cost barriers to COVID-19 testing and treatment, other countries have capped out-of-pocket costs to very minimal for the year, have no out-of-pocket costs, and/or their healthcare systems covers the cost of any COVID-19 related medical services. Additionally, countries with a single-payer health system eliminated the cost barriers for testing, enabling South Korea and Denmark to successfully employ a national testing strategy for mass testing.

In addition to eliminating cost barriers, countries with single-payer systems are better equipped to manage and distribute PPE stocks for patients and essential workers. For example, Taiwan's healthcare system enabled them to establish a 3-tier framework to maintain a minimum stockpile of PPE ready for a surge demand of PPE during a pandemic. Taiwan uses an electronic platform with real-time infectious disease data that allows local health authorities and institutions to receive and process PPE orders. While countries such as Taiwan and Denmark proved how their single-payer healthcare systems successfully track, access, and distribute PPE, in the U.S., both patients and healthcare workers have been put at greater risk due to the shortages of PPE and competition for limited supplies driving up costs.

These shortages prompted lawmakers and advocacy organizations to protest and demand that President Trump use his authority under the Defense Production Act (DPA) for mass production of PPE. The American Rescue Plan Act included $10 billion to use the DPA to support production of emergency medical equipment now but the damage has already been done. Instead of forcing advocates to take to the streets during a pandemic to call on the government to provide healthcare workers with the essentials to keep us all safe, Medicare for All would allow our essential workers to access PPE when needed and direct supplies efficiently where they are needed most.

As businesses shuttered and states implemented stay-at-home orders during the pandemic, millions of Americans had to adjust to a new way of life with very limited options to meet with people in-person. Prior to COVID-19, telemedicine was very limited in the U.S. by the lack of uniform coverage policies and obstacles in establishing telemedicine in healthcare systems. Congress took steps to address this by lifting many of the restrictions on Medicare telemedicine services by empowering Medicare to "pay physicians for telehealth services at the same rate as in-office visits for all diagnoses" under the CARES Act. The provisions under the CARES Act also allowed physicians to expand telehealth services to patients enrolled in Medicare including audio-only telephone evaluations rather than video calls and to either new or established patients. While this allowed some doctors and hospitals to expand telemedicine since the pandemic, millions of Americans still lack affordable telemedicine options that are not available in their area or under their insurance plans.

Unlike the U.S., Australia and Canada's single-payer systems allowed them to expand telemedicine services during COVID-19 so all patients have access to healthcare improving overall patient outcomes. Countries with single-payer health systems have shown us how removing profit motivations and improving efficiency within the healthcare system allows countries to adapt, ensure no one is shut out of basic care and save lives even during a global pandemic. Medicare for All would expand affordable telehealth services to everyone, not just a few.

Medicare for All would mean the U.S. would be better prepared to contain a deadly virus by ensuring that everyone has guaranteed comprehensive healthcare and could seek testing and treatment without worrying about going bankrupt. In addition, Medicare for All would better coordinate and deploy PPE to all healthcare workers and patients and implement a national testing and contact tracing strategy program to keep us all safer.

MISAEL CATHI

Misael Cathi talks about contracting COVID, being uninsured, and an immigrant.

**Video provided by People's Action*

Medicare for All Covers Everyone

Undocumented immigrants are less likely to have any health coverage and some immigrants, regardless of status, may fear that seeking treatment will hurt their chances of becoming a citizen due to the Trump Administration's racist immigration policies. The Trump Administration announced that if anyone was experiencing COVID-19 symptoms and sought medical attention, they would not be negatively affected as part of the Public Charge analysis. It was unclear if that was actually the case. The Biden Administration rightly acted quickly to eliminate the Public Charge rule. Although this is the correct step, individuals may opt out of seeking treatment due to fear of retaliation or deportation, or because they are unaware of the new announcements. Additionally, immigrants were left out of much of the CARES Act, leaving about 5 million immigrants without access to testing and treatment and putting all of our health at greater risk. The American Rescue Plan Act as signed into law works to resolve some of these gaps but it does not fully address the omission for immigrants without legal status.

Under a Medicare for All system, everyone would have guaranteed healthcare, including undocumented immigrants and their family members. We need all our neighbors, regardless of their legal status, to be able to get medical treatment to stop the spread of an infectious disease. When everyone can get inexpensive testing and treatment, it will be easier to slow the spread and contain a deadly virus.

Conclusion

COVID-19 shows us just how much we need Medicare for All, especially for communities of color. Medicare for All would ensure that everyone in this country has full health coverage without any copays or deductibles regardless of income, immigration status, or race. **Medicare for All would ensure that everyone in this country has full health coverage without any copays or deductibles regardless of income, immigration status, or race.**

Medicare for All would mean everyone can afford a trip to the doctor and seek testing and treatment for a potentially deadly virus. Medicare for All would make it possible for our health system to respond quickly to a deadly pandemic and, in the case of COVID-19, slow its spread. It would also help businesses that have suffered in the pandemic get back on their feet, spurring rehiring, and economic growth. The pandemic has shown that dragging our feet on reforming our dysfunctional healthcare system comes at great cost to our families and our economy. As we emerge from the pandemic, we must not let megacorporations continue to put profits over patients' lives. It's time for Medicare for All.

ABOUT THE CONGRESSIONAL PROGRESSIVE CAUCUS CENTER

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