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COMMITTEE ON ARMED SERVICES

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As a U.S. Representative for the past seven years, I have worked hard to protect and increase affordable and accessible healthcare for everybody. Throughout my time in Congress, I successfully fought to protect the Affordable Care Act (ACA) from repeal by Republicans. Moreover, I am a member of the Ways and Means Committee that actually did work on and supported legislation that was signed into law that increased access to the ACA, expanded Medicare for senior citizens, and reduced prescription drug prices for everybody. Although, I support a single payer system, am an original cosponsor of the Medicare for All Act, H.R. 3421, and a member of the Medicare for All Caucus, my work in the U.S. Congress demonstrates my commitment to protecting, ensuring, and increasing affordable and accessible healthcare for everybody in California's 19<sup>th</sup> Congressional District and throughout our country.

Due to the constant attacks by Republicans on our current healthcare system that I have seen throughout my time in Congress, we must work hard to protect, strengthen, and expand Medicare. As a member of the Ways and Means Committee, I worked on and supported the Inflation Reduction Act. That landmark bill that was signed into law by President Joe Biden caps the price of insulin at \$35 a month and out of pocket expenses on healthcare at \$2000 a year for those on Medicare. The law will lower the costs of prescription drug since it allows Medicare to negotiate for prescription drug prices. Moreover, the bill extends ACA premium subsidies through 2025 to help more people access healthcare.

In California's 19<sup>th</sup> Congressional District, that includes northern San Luis Obispo County, the Medicare payment rate is too low relative to the cost of care. The reimbursement rate is between only 40 and 60 percent of market rates and falls year over year relative to inflation. In addition, the share of private plans in our area is much lower than in other regions. Consequently, many providers have stopped accepting new traditional Medicare patients. It is also a primary reason why some community hospitals in this region have also gone insolvent. In December of 2023, I helped author and introduce the Preserving Seniors' Access to Physicians Act to protect patients from planned harmful reductions to Medicare provider payments and help keep providers accepting new Medicare patients. Additionally, I continue to raise that issue directly with Health and Human Services Secretary Xavier Becerra. I also reached out to the Centers for Disease Control to share the ways my constituents are struggling to receive care, and the need to improve how Medicare works in California's 19<sup>th</sup> Congressional District.

Since I have represented California's 19<sup>th</sup> Congressional District, I have also authored and supported legislation to increase coverage, expand primary care, lower premiums, increase health care job training for working people, make Medicaid more flexible during disasters and public health emergencies, remove marriage penalties for disabled Americans on Medicare, and improve the standard of care for veterans. In particular, my work to expand healthcare for all includes my bill that I authored, the Marriage Equality for Disabled Adults Act. That legislation would remove the "marriage penalty," a law

that currently strips Medicare coverage from some disabled Americans when they marry. I am also working hard to expand our health care workforce with new tax credits for nurses and other health care providers. I also introduced legislation to ensure providers are compensated fairly for their work and can continue to serve our community and our neighbors. Finally, I continue to conduct robust oversight over our health care systems to ensure that they are providing the standard of care that every American, no matter their age, disability or stage of life, deserves. For my work and leadership in Congress on improving access and oversight of hospice and palliative care, I was recognized and awarded by the National Hospice Action Network.

Throughout my congressional district, I have hosted dozens of town halls and roundtables with health care experts and stakeholders. After the disastrous *Dobbs* decision, I brought together experts for a town hall to answer my constituent's questions about women's access to health care and reproductive rights. I make it a point to visit our women's health clinics, community health centers, and rural providers so I can better advocate for their needs. I meet with patients and their advocates to learn how to better expand care for everyone, regardless of income, disabilities, language, or medical history. Constituents who have met with me and attended my events know that I continue fighting to protect Medicare and other essential health care programs. Despite all of my work protecting, strengthening, and increasing Medicare, I will continue my work for single payer coverage.

- 1. What is a single payer system? And how does it compare to our current Employer-based, multiple-payer system?** A single-payer system is a health care model in which a public agency handles health care financing while the delivery of care remains largely in private hands. Our current system involves a complicated network of multiple payers, including both private and government health care options. Not only does this system put care out of reach for many people, it limits the providers they can see and the health outcomes they can expect. Medicare, on the other hand, is accepted by about 93 percent of providers and patients can plan for consistent copays and other health expenses.
- 2. Why is a single payer more affordable and more efficient than our current system?** According to reports by the Congressional Budget Office, experience in many countries has demonstrated that the total cost of providing health coverage under the single-payer approach is substantially lower than under the current system in the U.S. Despite spending more on health care than those countries, the U.S. has lower life expectancy and less successful health outcomes. Our complex system of health insurance plans is wasteful, in part due to high administrative costs and lack of cost controls. High and unpredictable out of pocket patient costs can also make it less likely that people get the continuous preventative care they deserve, leading to worse and more expensive health outcomes down the road. A single payer government health program can help invest in holistic, affordable, comprehensive care from a young age, lowering costs and improving outcomes nationwide. Meanwhile, although the Affordable Care Act has made important improvements in expanding health care coverage, it was not designed to provide universal health care, and approximately 30 million Americans remain uninsured.
- 3. What can the public do to show support for the Medicare for All Act?** Despite dozens of attempts by Republicans to repeal the Affordable Care Act, cut Medicare or cut other health care programs and benefits, the current Republican majority in the House Representatives has not proposed a serious solution to the current health care system. In contrast, the Medicare for All Act is a widely supported bill with 113 cosponsors, including myself. The public should contact their Representatives and Senators who have not cosponsored this legislation to add their name in order to build more support and momentum in Congress. Therefore, I would encourage you to

engage your counterparts and Indivisible chapters throughout the country in which their federal representatives have not cosponsored the bill to educate them about the benefits of a single payer system and contrast it with the current system.

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