

NNJDSA Medicare for All: Possible State Strategies 2021

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NNJDSA -- MEDICARE FOR ALL
Possible State Strategies 2021
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Advocates of universal health coverage face sobering realities in 2021. The Coronavirus outbreak is once again spiking across the United States, with a death toll over 350,000 as of January 2021. This crisis has been exacerbated by the Trump administration and the right wing's political sabotage of the country's public health system, and also by the profit mechanisms of our private healthcare system (with the complicity of the political class).

COVID 19 has laid bare the fragility of the American private health insurance system. With many businesses forced to close due to quarantine orders, millions of employees have been thrown off their employer health coverage. And for those workers lacking access to employer health benefits (and purchasing coverage through the ACA marketplaces) the loss of income has led to lapsed premiums and terminated coverage as well.

In New Jersey, a study from Families USA suggests that -- as of May 2020 -- approximately 124,000 residents lost their health coverage.¹ With more comprehensive data on the way in 2021, it's reasonable to assume that this situation has not drastically improved, and may well have worsened.

Despite this emergency situation, and despite widespread national support for single payer healthcare (routinely polling at 70-80% approval), support for Medicare for All among the political class may actually be weakening.

In the Democratic primary for the 2020 presidential election, progressive candidates like Bernie Sanders and Elizabeth Warren endorsed Medicare for All. Many of the more centrist candidates like Kamala Harris and Pete Buttigieg also supported the policy early in their campaigns, before later walking these positions back.

Joe Biden's primary victory in April of 2020 effectively dampened the chance that single payer health insurance would be mainlined as federal policy, by means of Bernie Sanders' election. Joe Biden has opposed Medicare for All throughout his campaign and election, publicly stating his preference for more incremental approaches to health reform, such as: bolstering financial assistance on the ACA's existing private insurance markets, and creating a "public option."

Biden's win also dissipated the energy of Medicare for All advocates and organizers, who had largely invested in Sanders' direct electoral approach. His defeat left these forces fractured, somewhat rudderless, and often at odds about the best path to achieving single payer post-Bernie. Centrist counter-scheduling, amplified on social media, also ensured that Medicare

¹https://www.familiesusa.org/wp-content/uploads/2020/07/COV-254_Coverage-Loss_Report_7-17-20.pdf

for All advocates pressuring the Biden campaign were muzzled in the general election -- immediately met with accusations of “enabling Trump’s reelection” from Biden supporters.

In New Jersey, a state with a strong healthcare industry presence, Governor Phil Murphy and those in the State Legislature have favored incremental reforms to the ACA and the state exchange. On the one hand, Murphy has rolled out a NJ state exchange, complete with additional subsidies. He has set state regulations for essential health benefits, to counter rollbacks by the Trump administration.²

On the other, Murphy and the legislature just fast tracked an opaque corporate restructuring of Horizon BCBS, NJ’s largest insurance provider, in a deal that would secure \$1.25 billion for the state budget over 25 years -- in exchange for fewer regulations and taxes. The bill’s lobbyists assured the public that the deal would lead to cost savings for consumers, but critics have suggested that a thorough consumer study of the bill’s financial implications should have occurred.³

It is my belief that these state level efforts will fail to greatly expand insurance coverage, or make it more affordable, in a state with a budgetary shortfall, hospital closure, and in which private health care is unwilling or unable to drastically lower premiums and adequately cover medical expenses for all patients. Both federal and state level elected officials are likely too beholden to private health insurance companies, to introduce reforms that color too far outside the boundaries of what these interests deem to be actuarially possible.

These industry-designed reforms are instead small scale changes that: privilege employer insurance pools, do little to comprehensively tackle runaway healthcare and pharmaceutical costs, and adequately address the significant percentage of uninsured or underinsured persons in NJ -- a crisis which existed prior to the Coronavirus outbreak.

The following is an attempt to outline possible strategies that NJ advocates of single payer healthcare could deploy in the coming months and years, so as to advance and ultimately win the cause of universal, affordable healthcare. But to understand the moment we’re in, we must understand our adversary: the health insurance lobby -- and how it’s anti-M4A strategies have developed over the years.

²<https://www.northjersey.com/story/news/health/2020/10/14/nj-launches-new-state-run-marketplace-health-insurance/3653855001/>

³<https://www.nj.com/business/2020/12/horizon-offers-nj-125b-in-cash-for-fewer-regulations-and-a-tax-cut-two-key-state-panels-just-voted-yes.html>

A recent history of the Health Insurance lobby

As former health insurance executive Wendell Potter details in his 2011 book Deadly Spin, the health insurance industry has deployed a “dual PR offensive” to defeat every piece of healthcare legislation it deems a threat to its profits since the 1980s (tactics adopted from big tobacco).

On one side of this offensive -- the industry publicly engages in a public “charm offensive” via the media to reassure the public that it wants to engage in meaningful healthcare reforms. On the other side, a “stealth PR assault” -- insurance companies collude behind a shadowy array of lobby front groups, astroturf campaigns, think tanks, crank subsidiary policy “research” groups, and a variety of media and political mouthpieces -- who either willingly or unwittingly advance industry talking points. The goal of this strategy: to fracture public opinion on patient-oriented reforms, making them easier for legislators to reject without political repercussion. And all the while, the industry plays the role of the well-intentioned private advocate of reform to the hilt.

These tactics were deployed by the health insurance industry lobby group America’s Health Insurance Plans (AHIP) to defeat Hillary Clinton’s universal health care bill in 1993. They were deployed again to sabotage the public option in the passage of the Affordable Care Act⁴. And they have been deployed post 2016, as public support for Medicare for All has calcified -- so as to sow doubt about the policy and dampen support for it.

The election of Donald Trump in 2016 (with the Republicans controlling both chambers of Congress) brought with it the real possibility of an ACA repeal. For millions of patients, the impending loss of healthcare represented a death sentence. As for insurance companies, the impending loss-of-premiums accompanying an ACA repeal represented an instability to their revenue structure.

A 2017 letter from AHIP President Marilyn Tavenner to Republican leadership advocates a careful restructuring of the ACA over outright repeal⁵. But cloaked in the “patient-friendly” language of this letter are AHIPs true motivations: a tweaking of the tax credit revision to privilege younger, healthier Americans (by skimping on costs for older, sicker Americans). And a call for more public subsidy of one of the health insurance industry’s cash cows: its Medicare Advantage plans (which supplement coverage gaps in Medicare).

Ultimately, the Republican party could not muster the votes to repeal the ACA in 2017, and lost their ability to do so with the Democratic takeover of the House in 2018. Did the health insurance industry work behind the scenes to kill the repeal? It’s hard to say. Much of the public resistance to repeal was an organic public response to the human suffering that would have undoubtedly followed such an act. But this groundswell was accompanied by the rise of a number of well funded advocacy groups. With names like “Save our Care,” “Protect our Care,” and “Get America Covered,” these groups were funded by opaque Democratic dark money

⁴ <https://www.propublica.org/article/insurance-lobby-has-sturdy-bridges-to-democrats>

⁵ <https://www.bbhub.io/bgov/sites/12/2017/03/AHIP-LETTER.pdf>

outfits. They funded anti-repeal bus tours across America in 2017⁶. This development -- of big money groups defending the ACA -- would be redeployed to fracture support for Medicare for All during the 2020 election.

With a wide variety of contenders for the Democratic presidential nomination appearing in 2019, monied opponents of single payer healthcare deepened their connections to candidates who would counter the rise of candidates supporting Medicare for All, like Bernie Sanders and Elizabeth Warren. The Partnership for America's Health Care Future (PAHCF) is one such group. PACHF represents a coalition of formering warring health care lobbies that formed a temporary alliance in 2017, so as to defeat Medicare for All. In 2019 the group focused most of its fire on M4A, with industry groups within its constellation likely contributing to those Democratic candidates supporting a public option or "Medicare for All who want it." This strategy changed in 2020, as PACHF financed ads blasting Joe Biden's public option during his first general election debate⁷.

This is not the first time the industry has turned on the public option. In Deadly Spin, Wendell Potter details how the health insurance lobby purchased a longtime respected health policy firm prior to the 2008 battle over the ACA. The firm then cooked and published a report suggesting that the bill's public option would throw 160 million Americans off of their employer health insurance. The Congressional Budget Office published a report weeks later, which disputed these numbers -- it found that only 20 million people would have the *option* to leave their employer coverage. But by that point, the bogus numbers had been deployed across the media, and was parroted in astroturf campaigns (the "death panel" town halls). The public option was killed.

Back in our current moment -- while many interest groups threw initial support behind candidates who support these half measure expansions during the 2020 presidential primaries, they are now moving to oppose even the public option, especially now that Democrats control the White House and both chambers of Congress. They have seemingly limitless resources to do this, and will attempt to once again frame the narrative around a usual canard: that of public healthcare expansion killing off employer health coverage for those who have "earned it"⁸.

We must reframe the narrative: the private insurance system is brutal and cruel, is killing people for profit, and is incapable of reforming itself. We need Medicare for All.

⁶ <https://www.influencewatch.org/non-profit/protect-our-care/>

⁷ <https://www.politico.com/news/agenda/2019/11/25/medicare-for-all-lobbying-072110>

⁸ <https://www.youtube.com/watch?v=CwOX2P4s-lw>

Patient/Provider Centric Framing for 2021 and beyond.

As the industry opponents of single payer inevitably resurrect a panic among those with employer health insurance -- to kill off even only a public option, Medicare for All advocates must forcefully push back against this tried-and-true tactic. Circumstances are on our side: as previously stated, the economic impact of the Coronavirus has caused millions of Americans to lose their jobs, and thus, their employer health insurance. The fragility of the American system of employer health insurance has been laid bare.

Medicare for All advocates working to grow a base must be prepared to field a variety of misinformed questions when encouraging family, friends and coworkers to support the policy. We should be able to counter with personal accounts. A few examples might include:

To those who would suggest that government run healthcare would limit choice and quality of care, we show:

- the patient, who received an outrageous hospital bill for treatment that their insurer later determined to be "out of network"
- the family, forced to forgo doctor's visits, prescriptions or supplies because of a high deductible.
- the provider, forced to prescribe less effective treatments/medications, due to the actuarial whims of their patients' insurance company.
- the insurance rep, forced to deny a patient's claim for a life-saving treatment.

To those who would like for universal coverage to be achieved through a public option, but are scared of a single payer system eliminating their employer health coverage, we show:

- The laid-off worker, who lost their health insurance due to COVID 19, and then got sick...
- The older employee, watching their employer health benefits shrink smaller and smaller every year.
- The younger employee, whose employer health insurance isn't much better than a Bronze ACA policy.
- The provider, forced to navigate a complex array of reimbursement scenarios for those with different tiers of insurance. The impact this arrangement has on their quality of care.

I propose that a series of video profiles and/or podcast segments be produced, across a diverse demographic range, that simply and effectively demonstrate the destructive, widely-felt impact of America's private insurance system. And while this media could be distributed across social media, I imagine it being shared amongst coworkers and in communities, so as to provide emotionally engaging counter-narratives to common misconceptions and fears about Medicare for All.

Other ways to build broad community support for Medicare for All could involve letter writing campaigns, or attempts to get patient profiles in existing local media outlets. Federal or state health policies, or for-profit directives affecting local communities would be the focus. The NNJDSA Medicare for All group could compile a list of local and state health journalists, providers, patients, consumer healthcare advocacy groups to connect with and stay informed on state and local healthcare matters.

Organizing for Medicare for All in NJ

A chorus of left media voices are now stating that Medicare for All's future is contingent upon the reestablishment of a strong American labor movement. While this is undoubtedly true, the organizing tactics that single payer advocates might employ are not yet very well articulated. I believe that the establishment of ground-up strategies to pressure our public and private sector adversaries are essential to M4A's adoption.

First, I believe that Medicare for All organizers must throw their full support behind larger revenue campaigns, such as NYCDSA's "Tax the Rich" campaign. Progressive taxation is the mechanism by which single payer healthcare will be made possible. But M4A organizers must ensure that the policy is an integral plank of any such a larger revenue initiative. In New Jersey, this matter is complicated by the fact that Phil Murphy just signed a "millionaire's tax" into effect.⁹ The tax increases in his bill are designed to raise \$390 million to offset NJ's budgetary shortfalls -- which is a drop in the bucket when compared to the state's estimated \$10 billion budget deficit for the fiscal year 2020-2021. A statement from the governor's office reveals that despite this new tax, NJ would make up for the budget shortfall with additional cuts to public services -- if additional federal aid does not come through.¹⁰ So this millionaire's tax exists, not to expand social services, but to dampen the worst effects of austerity. Those organizing for major tax increases in the state, should expect political fatigue on an issue that has already been "addressed."

Direct organizing for Medicare for All in NJ should have three main targets: federal legislators, state and local elected officials, and the state's for-profit healthcare apparatus:

⁹ <https://www.nytimes.com/2020/09/17/nyregion/nj-millionaires-tax.html>

¹⁰ <https://nj.gov/governor/news/news/562020/approved/20200522c.shtml#:~:text=Based%20on%20a%20wide%20variety,worse%20than%20the%20Great%20Recession.>

Combating the medical industrial complex in NJ with labor power and patient-provider partnerships.

Many labor unions that have fought hard to secure good quality employer health coverage harbor understandable fears about losing their good coverage as the result of Medicare for All. Despite this, there is compelling evidence that rank and file members are ready to break from the orthodoxy often handed down by union leadership, and embrace single payer healthcare. An example of this is the Nevada culinary union workers' break from its leadership's campaign against Bernie Sanders in the presidential primary in Feb 2020. Workers delivered an overwhelming victory for Sanders, and thus M4A, despite the leadership distributing anti-M4A materials prior to the election.¹¹

The reality is that Medicare for All would offer vastly superior health coverage to even the nation's best employer health insurance plans. Perhaps most notably, the Coronavirus has elucidated the dangers of tying health coverage to individual employment status. But M4A would also provide much cheaper, more comprehensive coverage for employees -- while freeing up resources and organizational bandwidth that many unions currently devote to the issue of health insurance -- as Mark Dudzic outlines in *Jacobin*.¹²

Some unions in New Jersey have already endorsed Medicare for All. The NJ Universal Healthcare coalition has compiled a list of unions and advocacy groups in support of Medicare for All.¹³ Using labor power to advocate for federal or state policy, in solidarity with the under/uninsured, might be outside the scope of traditional labor organizing. But both the Longshore Workers Union's shutdown of west coast ports during the George Floyd protests¹⁴, and the recent formation of the Alphabet Workers Union at Google -- which seeks to both extend collective bargaining to temps, vendors and contractors, and address their company's impact on a range of social and political issues -- demonstrates that labor tactics are expanding to meet these kinds of intersectional challenges.

What kinds of actions could organized labor deploy on behalf of Medicare for All? As many unions have complex relationships with local and state level political leadership, such a strategy would have to be carefully designed and coordinated across multiple sectors. This could take the form of political pressure -- with a multitude of unions basing political endorsements off a given candidate's support for federal or state level M4A.

To counter the worst abuses of NJ's private healthcare system, healthcare workers/providers in key sectors may need to use their labor power to form alliances with their patients. The purpose of such patient-provider partnerships would be: to determine the worst financial abuses inflicted upon patient populations by hospitals administrators, insurance companies, drug makers,

¹¹<https://www.vox.com/policy-and-politics/2020/2/19/21142592/nevada-culinary-union-nevada-caucuses-sanders-medicare-for-all>

¹² <https://jacobinmag.com/2020/1/labor-employment-based-health-care-medicare-unions>

¹³ <https://www.universalhealthcarenj.org/members/>

¹⁴<https://www.kqed.org/news/11824911/ilwu-to-shut-down-west-coast-ports-on-juneteenth-in-solidarity-with-george-floyd-protesters>

medical supplies, etc -- and determine effective means by which health workers can use their labor power on their patients' behalf. Considering that nurses across have gone on strike to get hospital administrators to provide adequate PPE, tacking on additional demands (like an end to surprise medical billing, or demanding uniform procedure pricing across a private hospital network) might be a logical next step, in greater numbers.

Coordination with NJUHC, NNU and NYC M4A organizers, to establish state level single payer in NJ

The NJ Universal Healthcare Coalition website states that it wants to implement single payer healthcare in the state, by means of Medicare expansion. Among the organization's goals: the introduction of such a bill to the state legislature, as supported by the medical interests and the grassroots.¹⁵ I believe that labor unions, community activists and provider-patient partnerships could apply the pressure needed to make this happen -- if they agree that state-level M4A adoption is the correct path forward. And 2021, with its ongoing US healthcare crisis, presents an opportunity for organizers to act at the state level on single-payer, should the federal government drag its feet. Coordination with federal legislators like Ro Khanna, who has proposed a waiver system to federally reimburse states who adopt single payer, could help allay budgetary concerns in states with deficits -- like New Jersey.¹⁶

Coordination with those in NYC DSA's Medicare for All group, and with those making a push for single payer healthcare in New York state, would be prudent. New York is a large, populous state, with a progressive state assembly. And National Nurses United, in addition to their federal M4A campaign, is supporting a push for a state-level single payer system in California.

If New Jersey M4A organizers develop their own state-level single payer campaign, what are the unique challenges facing NJ patients in the state's private healthcare system? It is a wealthy and populous state, with over 8 million residents¹⁷ (11th in the nation) and a median household income of \$71,637 (2nd).¹⁸ It is also facing a \$10 billion dollar budget shortfall, which translates to additional cuts to hospital budgets¹⁹ -- across a state that has already dealt with significant hospital closure and corporate consolidation.²⁰ And elected officials like State Senate president Stephen Sweeney, and Senators Cory Booker and Bob Menendez have close ties to insurance executive/political power broker George Norcross.

¹⁵ <https://www.universalhealthcarenj.org/proposal/>

¹⁶ <https://khanna.house.gov/media/press-releases/release-rep-khanna-introduces-state-based-universal-health-care-act-landmark>

¹⁷ https://en.wikipedia.org/wiki/New_Jersey#:~:text=New%20Jersey%20is%20the%20fourth,the%20largest%20city%20is%20Newark.

¹⁸ https://en.wikipedia.org/wiki/List_of_New_Jersey_locations_by_per_capita_income#:~:text=New%20Jersey%20is%20one%20of,second%20highest%20in%20the%20country.

¹⁹ <https://nj1015.com/hospitals-already-reeling-face-38m-in-cuts-in-new-nj-budget/>

²⁰ <https://www.northjersey.com/story/news/new-jersey/2020/04/02/coronavirus-nj-closed-hospitals-years-now-needs-them/5094291002/>

Massive organizing is required to challenge this political machine, which would most likely be hostile to Medicare for All. But by pressuring elected officials up and down the state's Democratic hierarchy to support M4A, and even mounting electoral challenges against those who don't, organizers might be able to weaken this political machine.

National Nurses United and the push for Medicare for All at the Federal Level

National Nurses United, an organization with a long history of campaigning for Medicare for All, is currently engaged in a multi-faceted M4A campaign. Their current campaign includes a federal organizing effort, in which organizers pressure congressional lawmakers to either re-endorse or sign onto a new M4A package, to be introduced in the new session of Congress. North Jersey's Democratic political machine has recently faced challenges from leftist activists, notably including efforts sustained by NNJDSA. Could Congressional Reps Pascrell, Pallone or Sires, already under attack, be pressured into giving full throated support to Medicare for All -- under the pretense of primary challenge in 2022? Any attempt by them to reject or stonewall such an effort -- presents an opening for socialist challengers in future elections. Sustained labor/community pressure would be key here.

The Public Option: Safeguarding against the Neoliberal Playbook.

With the Democratic party now controlling both the White House and both chambers of Congress, the incoming Biden administration has the political capital needed to implement a litany of transformative health policies, including Medicare for All. While this development is encouraging, Biden and the Democratic leadership's close ties to the health insurance industry means that they will be discouraged from taking any action that might upset the apple cart of industry profits.

The Biden administration might try to introduce a health reform package, including his "public option," quickly, so as to safeguard against a Medicare for All push from more progressive members of Congress. Medicare for All organizers must help the public understand the limitations of Biden's public option quickly, once it appears -- and in the context of the Coronavirus pandemic. We must clearly articulate the conditions we demand for universal, affordable health coverage. Americans must demand health policy that:

- offers comprehensive coverage, including medical, dental and long-term care.
- eliminates out-of-pocket costs, like copays and deductibles
- eliminates networks
- standardizes reimbursement costs for procedures across hospital systems and treatment facilities
- regulates pharmaceutical costs

--eliminates excessive medical bureaucracy, divorces administrative costs from patient care, and offers job retraining for those who might lose their job in the transition to a public healthcare system.

When faced with the prospect of either regulating the extremely complex private healthcare system to achieve these ends, or restructuring the American medical system to more closely resemble our existing Medicare, Medicaid and VA programs, the choice is clear: only Medical for All can adequately, effectively, and universally deliver the quality-of-care to which all human beings should have a right.

NNJDSA

Our NNJDSA chapter could assist larger efforts to establish federal or state level Medicare for All, by way of the strategies described here. Efforts to disrupt the local Democratic political machine could be bolstered by pressing our political opponents on the issue of Medicare for All. Efforts to build labor power could be assisted by encouraging buy-in regarding M4A. And a Medical for All working group could coordinate with existing working groups to determine medical components to their struggles. Here are a couple scenarios I'd like to open up for discussion:

Defund/Refund: To those organizers working to reallocate police and carceral state funding to community oriented public policy, I'd ask: what are the most pressing medical needs of the communities most negatively impacted by the police? Areas like Newark, the Oranges, Jersey City, Paterson and elsewhere are often medically underserved, and reliant upon philanthropically funded community health centers that offer limited health care service to means-tested patients. Establishing publicly-funded community medical services, universally available to all residents of a township, city or county -- could both reallocate money from the carceral state, and serve as a test case for larger universal programs at the state or federal level.

Teachers Caucus/NNJDSA Crew: Sen. Sweeney and the NJEA leadership struck a deal last March, that would save \$1 billion on healthcare costs by allowing younger, healthier teachers to opt out of the robust health coverage teachers have been afforded, in favor of cheaper, "low-cost" health plans.²¹ This is a great example of the private insurance lobby and political leadership chipping away at the benefits of its public sector employees, and fracturing the union -- making future defenses of the existing "cadillac" policy harder for those teachers in need of its robust coverage. Teachers' health coverage should not fluctuate according to the actuarial concerns of a private health insurer, or austerity measures implemented by a thoroughly corrupted, neoliberal political boss like Sweeney.'

²¹<https://www.politico.com/states/new-jersey/story/2020/03/09/sweeney-njea-strike-deal-to-save-1b-on-health-care-costs-1266119>

Does the NNJDSA Crew have a take on this? What educational materials would you need to convince your co-workers that opting for cut-rate health insurance plays right into the bosses hand?

In Closing

There are likely many other medical situations that will challenge New Jerseyans in the coming years, and it is my view that DSA should employ a robust single payer healthcare strategy as a critical lynchpin of building intersectional labor power. This document is my attempt to articulate this vision, but it is by no means a comprehensive or exhaustive examination of the topic. I look forward to hearing your thoughts on a Medicare for All strategy, especially if you feel there is something I have left out or got wrong.

I'd also like to work with whoever wants to help build up the chapter's existing Medicare for All working group, so that we can decide upon which healthcare strategies make the best sense to pursue. For those with organizing experience, I believe that figuring out how this group can best help other working groups build labor power and multi-sectoral solidarity around Medicare for All should be a priority. I also hope that other working groups with questions related to health policy, might come to the M4A working group -- so that we could facilitate your strategies with further research and analysis on a given health issue.

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