

MISSION

To educate and mobilize League members to work toward legislation and other reforms that enact the goals of our LWVUS health care position, with a strong focus on expanded and improved Medicare for All.

Medicare for All 50-State Strategy



Some [pundits are predicting](#) that the growing dissatisfaction with our health care systems is finally reaching a tipping point? Let's imagine that we wake up Nov 4 to find that all the candidates who favored Medicare for All (M4A) won and have a majority for it.

Now what? What do we actually do to implement it?

For tips on how to get started, we can turn to those pursuing a [50-State Strategy \(50-SS\)](#) to bring universal care across the country, one state at a time. That's how [Canada did it](#), and the U.S. also has a history of social change happening piecemeal in states until a tipping point--a progression nicely illustrated in this [video from Represent.US](#).

The [Center for Common Ground](#) and [One Payer States](#), a national non-profit focused on state-based initiatives, are working on **50-SS**. They are studying the healthcare landscape in all 50 states and have devised a "readiness scale" for states.

The 50-SS team envisions four [tiers for the scale](#):

Tier I: Universal Coverage Ready: such as, WA, OR, CA, MN, CO, NM, NY, MA, VT, MD

Tier II: Transition Reform States: ex. MI, ME, PA, IL, VA, NJ, RI, CT, NV, UT, NC, OH, IA, HI

Tier III: Expansion Priority States: ex. TX, FL, GA, AL, MS, SC, TN, KS, WY, KY, WI

Tier IV: Incremental Opportunity States: ex. LA, AZ, MT, AK, AR, ID, WV

A state's priorities in the following **phases** vary by tier:

- Building capacity
- Doing policy reform groundwork
- Establishing legal pathways (through legislation or ballot questions)
- Implementation.

The **TIER I**, most advanced states, have already passed several hurdles in these phases, especially

Building Capacity, Doing the Groundwork, and even Establishing New Laws. More things need to fall into place, but we can begin to envision them reaching Implementation. (*Details at onepayerstates.org/states*)

For **building capacity**, they have already created statewide organizations to educate the public. They adopted goals and mapped out strategies. The state groups gathered members, funding, and ties to other social justice groups. They have media and social media presence. Crucially, they identified legislative champions to carry their proposals forward through the channels of their state governments.

For Phase 2 **policy groundwork**, advocates--with practitioners and legislators--have gotten bills drafted and analyzed them for fiscal feasibility. They've reached out to other states to try to coordinate their activities.

By contrast, **TIER III** States lack the infrastructure and public support for universal care. Their priority is Expansion of resources and access. Health Care advocates in **TIER IV** states are not ready to take up policy but do well to tend to immediate community needs.

STATUS: Most Tier I and Tier II states are stuck between Phases 2 and 3. M4A bills have been introduced and garnered a growing number of state lawmakers as co-sponsors. Most of them got assigned to a committee and died there. A few states had floor votes for their bills. Only in [WA](#) and [OR](#), however, were the bills reviewed favorably, and commissions were set up to plan implementation for a system for their state. They are in process, but there's no clear path yet to set up the [Medical Trust](#), the first step for implementation.

In our imaginary scenario, The problem of political will is solved. We have the map; we just have to do what it is showing us.

Submitted by Barbara Pearson



In Case You Missed It

July 22 — The Congressional Progressive Caucus with US Representatives Dingall and Jayapal hosted a hearing **[“Universal Healthcare: Now Is the Time for Medicare for All”](#)**

Sept 9 — Medicare for All Florida hosted a virtual [Town Hall](#) featuring video appearances of FL US Rep. Maxwell Frost and FL State Rep. Angie Nixon

Sept 21 — Televised HBO program **[“Last Week Tonight with John Oliver”](#)** devoted the episode to UnitedHealth Group. *Some profanity*

Sept 27 — HCR4US provides meeting [minutes](#), [video](#), and [audio](#) and [supplementary materials](#) with Action links.

Oct 14— National Single Payer hosted a virtual national [Town Hall](#)

Upcoming

Nov 13-15 Physicians for a National Health Program will gather at the University of Illinois at Chicago to build community with like-minded colleagues, and to build the power to win Medicare for All. Register [here](#).



Nov 13-14 The Arc of Justice Network and One Payer States will gather at the Friends Center in Philadelphia for its Justice Solidarity and Strategy Summit. Zoom available. Register [here](#).

HCR4US Websites

HCR4US Toolkit:

<https://lvvhealthcarereform.org>

HCR4US YouTube Channel:

<https://www.youtube.com/c/LVVHealthCareReform>

HCR4US Web-Contact Form:

<https://tinyurl.com/Contact-LVV-HCR-4US>

League Update Newsletter Sign Up:

<https://www.lvv.org/league-management/league-update-newsletter-sign>

Article Archive

Recent Articles of Interest Related to Healthcare Reform

May 28, 2026

[The Commonwealth Fund](#)

[“U.S. Health Care from a Global Perspective, 2026”](#)

by Munira Gunja, Evan Gumas, Reginal Williams II

“The 2026 edition evaluates the U.S. health system relative to 19 other OECD countries across four key areas: insurance coverage and access to care, affordability of care, delivery of care, and equity of health outcomes.”

October 6, 2026

[KFF](#)

[“Medicare-for-All and Other National Health Plan Proposals”](#)

“As U.S. adults many are looking for changes to the health care system. struggle to afford their health costs, This data note summarizes current and historical KFF polling on Medicare-for-all and other national health proposals.”

October 9, 2026

[Newsweek](#)

[“America Spends Trillions on Health Care. What Are We Getting?”](#) By Chuck Pennachio

The United States spends \$5.3 trillion to \$6.0 trillion annually on health care (roughly 18% to 18.7% of GDP or over \$15,000 per person), according to data from the Centers for Medicare & Medicaid Services via KFF Health News and the Committee for a Responsible Federal Budget. Despite leading the world in health spending, the U.S. trails other wealthy nations in overall population health outcomes.

October 22, 2026

[Becker’s Hospital Review](#)

[“The Hospitals, Health Systems Cutting Jobs in 2026”](#)

By Kelly Gooch and Kritin Kuchno

“A number of hospitals and health systems are reducing their workforces amid ongoing financial strain. Executives have cited a mix of factors, including lower reimbursement, rising labor and supply costs and the need to realign operations, as drivers of these decisions. For many organizations, the moves are part of broader efforts to stabilize finances and preserve long-term sustainability.”

October 22, 2026

[HEALTH CARE un-covered](#)

[“Patient Dies by Suicide After ‘Insurance Issue Delayed Medicine for Lung Disease”](#) By Lauren Sausser

[“A Texas man died before receiving a prescribed medication, leaving his wife searching for answers amid a confusing web of insurance rules, pharmacy delays and prior authorization requirements.](#)



Popular Support for Medicare for All

New polling by the Medicare for All PAC - results released September 2026

- 60% of all voters support Medicare for All
- Also 60% of independent voters (NPA) support Medicare for All
- Among low propensity voters—the kind of voters who sometimes skip midterms and often believe the outcome of elections do not make much of a difference in their lives—support reaches 66% percent
- 68% of voters who have \$1,000 or more of medical debt support Medicare for All
- 71% of voters who have been denied treatment by their health insurer
- 75% support among voters under age 30
- 94% of Democrats support Medicare for All

GQR conducted an 18-minute survey among 1200 likely 2026 voters nationwide from August 4-10, 2026. The survey also includes an oversample of voters in battleground congressional districts (550 unweighted). Live phone interviews made up half the respondents, text-to-web made up the other half. Respondents were found through voter file sample. The data are subject to a margin of error of +/- 2.83 percentage points overall at the 95 percent confidence interval; the margin of error is higher among subgroups and online respondents.