

# STATEMENT

*Amish Shah Is A Supporter Of Radical Socialists Like Bernie Sanders. Shah Spoke At A Sanders Townhall Where He Advocated For A Healthcare System, That Would Raise Taxes On The Middle Class, Increase Wait Times In Hospitals, And Reduce Access To Care.*

## Verification

### **In 2019, At A Bernie Sanders Town Hall, Shah Said “We Need Universal, Single-Payer, Medicare For All Throughout This Country”**

**VIDEO: In 2019 At The Sanders Townhall, Shah Calls For A Health Care System Not Based On Free Market Principals.** SHAH: “I want to talk about just a couple of things. You guys know who I am, my name is Amish Shah, I’m an emergency physician, I’ve been practicing for fifteen-years. Over the course of my medical practice, in the emergency department, I saw a lot of what was wrong with American Health Care. We have a system that is based on the free market and there’s a lot of things that are wrong with that. So, no other industrialized country, a first world country, offers Health Care through a free market because it’s not really a system. Free markets work for things like tv’s and Toyotas; you know why, because we think ‘okay if you don’t have a tv or you don’t have a Toyota, you’re kinda be okay with that, you may have to take the bus. But Health Care is a different good, its just a different good. People need Health Care, otherwise they die, otherwise they can’t work, otherwise they can’t do the things that let them pull themselves up. And that’s why it’s a fundamentally different thing; It’s a human value that we hold. [AUDIENCE INTERRUPTION]. It’s a human right, exactly.” (“State Rep Amish Shah On Bernie,” [Vimeo](#), 4/28/19) minute 0:31-1:32

**NOTE:** *This is also in the Health Care Section.*

**VIDEO: At The Sanders Townhall, Shah Calls For A Health Care System Not Based On Free Market Principals.** SHAH: “I want to talk about just a couple of things. You guys know who I am, my name is Amish Shah, I’m an emergency physician, I’ve been practicing for fifteen-years. Over the course of my medical practice, in the emergency department, I saw a lot of what was wrong with American Health Care. We have a system that is based on the free market and there’s a lot of things that are wrong with that. So, no other industrialized country, a first world country, offers Health Care through a free market because it’s not really a system. Free markets work for things like tv’s and Toyotas; you know why, because we think ‘okay if you don’t have a tv or you don’t have a Toyota, you’re kinda be okay with that, you may have to take the bus. But Health Care is a different good, its just a different good. People need Health Care, otherwise they die, otherwise they can’t work, otherwise they can’t do the things that let them pull themselves up. And that’s why it’s a fundamentally different thing; It’s a human value that we hold. [AUDIENCE INTERRUPTION]. It’s a human right, exactly.” (“State Rep Amish Shah On Bernie,” [Vimeo](#), 4/28/19) minute 0:31-1:32

**VIDEO: “We Need Universal, Single-Payer, Medicare For All Throughout This Country.”** “I’m gonna share with you one story that particularly hurt—it hurt for me to hear. But it has been cut significantly and I’m glad. But in order to take the problem and fix it, we need universal, single-payer, Medicare for all throughout this country.” (“State Rep Amish Shah On Bernie,” [Vimeo](#), 4/28/19) minute 3:35-3:55

- **VIDEO: “We Have A System That Is Based On The Free Market And There’s A Lot Of Things That Are Wrong With That.** (“State Rep Amish Shah On Bernie,” [Vimeo](#), 4/28/19) minute 0:45-0:52
- **VIDEO: “No Other Industrialized Country, A First World Country, Offers Health Care Through A Free Market Because It’s Not Really A System.”** (“State Rep Amish Shah On Bernie,” [Vimeo](#), 4/28/19) minute 0:53-0:58
- **VIDEO: “People Need Health Care, Otherwise They Die.”** (“State Rep Amish Shah On Bernie,” [Vimeo](#), 4/28/19) minute 1:14-1:16
- **VIDEO: “It’s A Human Right, Exactly.”** (“State Rep Amish Shah On Bernie,” [Vimeo](#), 4/28/19) minute 1:31

- **VIDEO: “Single-Payer Health Care Would Be The Cheaper Option.”** (“State Rep Amish Shah On Bernie,” [Vimeo](#), 4/28/19) 7:32-7:35

## **Shah Called The Current System Of Privatized Insurance “A Waste”**

### **VIDEO: Shah Says That It Is “Inhumane” To Not Have Comprehensive Health Care.**

“And so now we spent all this time, energy, and effort, rightly, to take care of this gentleman and reattach his arm, which is a miracle, and then the whole thing gets threatened because we don’t have the comprehensive care that he needs in order to take care of him properly. How do we let that happen here. So that guy is what, not gonna have an arm and then not gonna be able to what he does for a living and then help him and his family. And he used the word inhumane, that day with me in the emergency department, and I said that’s exactly what this is. This is inhumane. We cannot let this continue.” (“State Rep Amish Shah On Bernie,” [Vimeo](#), 4/28/19) 5:29-6:08

### **VIDEO: Shah Calls Administration Costs, Utilization Reviews, And Health Care Marketing A Waste.**

“We have to provide comprehensive Health Care for people. There’s a moral argument and there’s also an economic argument I’ve actually given to Indivisible groups and Our Revolution groups. I’ve actually given a 45-minute lecture, I’m not going to go into that here, about the economic arguments that are so sound. Medicare has a one-percent admin rate, meaning 99-percent of the dollars go back into providers whereas the traditional insurance model we’re talking about 12-to 15-percent that’s spent on admin, that utilization review, that’s marketing, that CEO salaries, that’s stockholders, blah blah blah, stuff that doesn’t actually give back to helping the patient. And that’s a waste.” (“State Rep Amish Shah On Bernie,” [Vimeo](#), 4/28/19) minute 6:30-7:11

## **Universal Health Care Is A Policy Priority For Shah’s 2024 Campaign**

### **VIDEO: In June 2024, During A Debate In The U.S. House Democratic Primary For Congressional District 1, Shah Identified Universal Health Care As A Policy Which Was Important To Him.**

“I talk about Health Care education and democracy. I didn’t get to weigh in on the last question but these things are important to me universal Health Care cover everybody and lower the costs” (“Arizona Debates: U.S. House Democratic Primary – Congressional District 1,” [AZPM](#), 6/7/24) Minute: 48:21-48:26

### **In July 2024, The Arizona Republic Wrote “Shah Is Running On ‘Universal Health Care,’ Saying He Would Be Open To A Single-Payer Or Multi-Payer Model”**

“Shah’s platform suggests he would lean more progressive on economic issues and taxation than Sinema. Shah criticized the Arizona senator’s effort to preserve a tax break for wealthy money managers. He said he would vote against renewing the Trump-era tax cuts in whole or in part and would support raising taxes on individuals who make more than \$500,000. He said ‘as a physician’ he was enthusiastic about Vermont Sen. Bernie Sanders’ focus on health care during Sanders’ presidential runs. Sanders, who is an independent, was running for the Democratic nomination. Shah is running on ‘universal health care,’ saying he would be open to a single-payer or multi-payer model, and ‘fully funding Arizona’s public schools.’ He’s said he supports federal action to lower the cost of health care coverage and pharmaceuticals, universal prekindergarten and federal incentives that would increase the availability of affordable housing in Arizona.” (Laura Gersony, “Here’s Why Congressional Candidate Amish Shah Says He Is ‘Not Ideological,’” [Arizona Republic](#), 7/8/24)

## **Medicare For All, The Democrat Plan To Move To Single-Payer, Would Eliminate Private Insurance And Increase Taxes On The Middle Class**

**Medicare For All Would Eliminate Private Insurance.** “The co-chair of the Progressive Caucus is releasing a proposal Wednesday to transition the United States to a single-payer health care system, one in which a single, government-run health plan provides insurance coverage to all Americans. ‘We mean a complete transformation of our health care system and we mean a system where there are no private insurance companies that provide these core benefits,’ Jayapal told reporters Tuesday. ‘We mean universal care, everybody in, nobody out.’” (Sarah Kliff, “Medicare-For-All: Rep. Pramila Jayapal’s New Bill, Explained,” [Vox](#), 2/26/19)

**According To The Committee For A Responsible Federal Budget, Medicare For All Would Increase Taxes On The Middle Class.** “With several 2020 presidential candidates endorsing a move to single-payer health care (Medicare for All), there is an ongoing debate over whether such a plan would include higher taxes on the middle class... Regardless of the overall impact of Medicare for All, it is clear that taxes on the middle class would have to rise in order to pay for it. Those taxes could be imposed directly on workers, indirectly through taxes on employers or consumption, or through a combination of direct or indirect taxes. There is simply not enough available revenue from high earners and businesses to cover the full cost of eliminating premiums, ending all cost-sharing, and expanding coverage to all Americans and for (virtually) all health services.” (“Would Medicare For All Require A Middle-Class Tax Hike?” [Committee For A Responsible Federal Budget](#), 10/22/19)

### **Medicare For All Could Increase Wait Times And Reduce Access To Care**

**A May 2019 Analysis On Single-Payer Health Care By The Congressional Budget Office (CBO) Noted That A Single-Payer System Would Put Pressure On The Available Supply Of Care.** “An expansion of insurance coverage under a single-payer system would increase the demand for care and put pressure on the available supply of care. People who are currently uninsured would receive coverage, and some people who are currently insured could receive additional benefits under the single-payer system, depending on its design. Whether the supply of providers would be adequate to meet the greater demand would depend on various components of the system, such as provider payment rates. If the number of providers was not sufficient to meet demand, patients might face increased wait times and reduced access to care. In the longer run, the government could implement policies to increase the supply of providers.” (“Key Design Components And Considerations For Establishing A Single-Payer Health Care System,” [Congressional Budget Office](#), 5/1/19)

- **CBO: “If The Number Of Providers Was Not Sufficient To Meet Demand, Patients Might Face Increased Wait Times And Reduced Access To Care.”** (“Key Design Components And Considerations For Establishing A Single-Payer Health Care System,” [Congressional Budget Office](#), 5/1/19)

### **Under Current Universal Health Care Proposals, Such As Medicare For All, The Role Of Private Health Insurance Would Be Reduced Or Eliminated**

**Under The Universal Health Care Proposal Offered By Bernie Sanders And Elizabeth Warren, Private Health Insurance Would Be Reduced Or Possibly Prohibited.** “Neither Sanders and Jayapal bills, nor proposals like Warren’s, would allow private health insurance to operate the way it does now. In fact, the current Sanders and Jayapal bills ‘would prohibit employers and insurance companies from offering insurance that covers the same benefits that would be provided under the Medicare for All program,’ Keith said. ‘In other words, insurers couldn’t offer coverage that would duplicate the benefits and services of Medicare for All.’” (Stephanie Booth, “Medicare For All> What Is It And How Will It Work?” [HealthLine](#), 8/26/20)

**Under Medicare For All, The Federal Government Paying For Health Care Would “Largely Eliminate The Role Of Private Health Insurance” In The United States.** “For instance, the Commonwealth Fund reports the United States ranks last ‘on measures of quality, efficiency, access to care, equity, and the ability to lead long, healthy, and productive lives.’ This is compared to six other major industrialized countries — Australia, Canada, Germany, the Netherlands, New Zealand, and the United Kingdom. Another dubious honor for the United States? The system here is by far the most expensive. ‘Under Medicare for All, we would have only a single entity — in this case, the federal government — paying for Health Care,’ said Keith. ‘This would largely eliminate the role of private health insurance companies and employers in providing health insurance and paying for Health Care.’” (Stephanie Booth, “Medicare For All> What Is It And How Will It Work?” [HealthLine](#), 8/26/20)

**In September 2018, The Guardian Published A Comment By Wilbur Cohen, An Architect Of Medicare, That If The Federal Government Moved To A Single Payer System, “There Is No Need For A Private Insurance Company.”** “Wilbur Cohen, a chief architect of both Truman-era national health insurance and Medicare, recognized this when he

asserted that private insurance companies should have no role in a Medicare for All system, although it was not yet called that. ‘[O]nce the Federal Government decides that everybody is going to be insured,’ he put it in 1977, ‘There is no need for a private insurance company to go out and sell coverage ... using private insurance agencies to achieve the public responsibility seems to me to be wasteful and unnecessary, imposing an additional cost ... without any essential advantage.’” (Adam Gaffney, “Universal Health Care Was Unthinkable In America But Not Any More,” [The Guardian](#), 9/16/18)

**In September 2018, *The Guardian* Wrote That “To Achieve Real Universal Health Care, Democrats Can’t Afford To Repeat The Mistakes Of The Past And Flee To A Private-Insurance Based Reform A Second Time Around.”** “The danger, however, is that even with the prospects of these bills on the rise, Democrats could turn away from the essence of the vision. Already, some are aiming to mutate Medicare for All into something vastly inferior – for instance, into an expansive ‘public option’-type program that would retain a major role for private insurers (eg the Center for American Progress’s confusingly labelled ‘Medicare Extra-for-All’). But to achieve real universal Health Care, Democrats can’t afford to repeat the mistakes of the past and flee to a private-insurance based reform a second time around. Medicare for All must remain what it is today – how it is detailed in a bill like HR 676 – if it is to mean anything at all: fully public national health insurance providing comprehensive, universal coverage to the entire nation.” (Adam Gaffney, “Universal Health Care Was Unthinkable In America But Not Any More,” [The Guardian](#), 9/16/18)

- ***The Guardian*: “Private Insurance Companies Add Only Fragmentation And Cost, Something We Can’t Afford As We Work To Provide Everyone In The Nation With Comprehensive First-Dollar Coverage”** “His point is even more salient today: private insurance companies add only fragmentation and cost, something we can’t afford as we work to provide everyone in the nation with comprehensive first-dollar coverage.” (Adam Gaffney, “Universal Health Care Was Unthinkable In America But Not Any More,” [The Guardian](#), 9/16/18)

### **According To The Mercatus Center, Medicare For All Would Add \$32.6 Trillion To The Federal Budget, Calling This Number “Conservative”**

**According To The Mercatus Center, Medicare For All Would Add \$32.6 Trillion To The Federal Budget, Calling This Number “Conservative.”** “By conservative estimates, this legislation would have the following effects: M4A would add approximately \$32.6 trillion to federal budget commitments during the first 10 years of its implementation (2022–2031). This projected increase in federal Health Care commitments would equal approximately 10.7 percent of GDP in 2022. This amount would rise to nearly 12.7 percent of GDP in 2031 and continue to rise thereafter. These estimates are conservative because they assume the legislation achieves its sponsors’ goals of dramatically reducing payments to health providers, in addition to substantially reducing drug prices and administrative costs. (Charles Blahous, “The Costs Of A National Single-Payer Health Care System,” [Mercatus Center](#), 7/30/18)

- **The Mercatus Center: “A Doubling Of All Currently Projected Federal Individual And Corporate Income Tax Collections Would Be Insufficient To Finance The Added Federal Costs Of The Plan.”** (Charles Blahous, “The Costs Of A National Single-Payer Health Care System,” [Mercatus Center](#), 7/30/18)