Medicare for All: Against

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What is Medicare for All?

- It means different things to different people.
- The Devil is in the Details.
- To Illustrate, I will use S1129 Sponsored by Sanders, Booker, Gillibrand, Harris, Warren, et al.
- No European Country or Canada covers everything that is covered in S1129.
- Dr Markus envisions a modified version.

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- Enrollment: Automatic for all US Residents.
- Extent of Coverage: Universal
- Comprehensiveness: Same as Medicare plus Hearing, Dental, Routine eye exams and corrective lenses, as well as Long Term Care.
- Premiums, copays, deductibles: None
- Private Insurance: None for MCA covered services. Supplemental insurance for non-covered services is allowed.

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- Payment Structure: Global budgets for Hospitals
- Payment Structure: Fee for Service or Salary for Physicians
- Phase in Period: 4 Years
- Funding: Increased payroll taxes and/or other new taxes

Differences between the US and other Countries

- Costs are higher in the US compared to Europe due to higher rates of:
- Diabetes;
- Obesity;
- Maternal Mortality (3 times the rates in Canada, France and Australia);
- Socioeconomic Factors.

Differences between the US and other Countries

- The cost of medications is much higher in the US. We subsidize other countries with the higher amounts that we pay.
- In June, 2019, at its Annual Meeting, the AMA voted not to even discuss single payer health insurance.
- Many people in the US like their private health insurance.
- Abolishing private health insurance would lead to unemployment of approximately 1.5 million people.
- In Europe, costs are lower due to fewer facilities and specialists, leading to less availability and longer waits to access imaging, procedures and other care.

Annual Mean Physician Income in Selected Countries inUS $

Country	General Practitioners	Specialists
Switzerland	237,106	258,000
United States	208,560	
Iceland	181,981	202,034
Netherlands	112,530	171,928
Great Britain	85,250	174,068

Closing Remarks I

- The United States differs from other developed countries in many respects:
- History of private health insurance since World War II;
- History of a relatively limited Federal Government role in health care;
- History of Private Practice Medicine with most decisions made by physicians.
- Willingness to fund innovations in drug development through higher cost of medications in the US.

Closing Remarks II

- Medicare for all would be extremely disruptive.
- The level of benefits proposed, including outpatient drugs and long term care, without patient cost sharing, would be much more expensive than what is provided in other developed countries.
- Physician income, determined by the federal government, and is likely to decrease, relative to practice expenses.
- Due to Global Budgets, hospital expenditures for innovation and facilities are likely to decrease.
- Tricare would be abolished. How active duty members of the armed services would receive care, particularly when posted overseas, is not included in S1129.

Closing Remarks III

- As proposed, Medicare for All would provide universal access to care at the cost of:
- Increased demand, due to lack of cost sharing;
- Increased low value imaging and tests, due to lack of cost sharing;
- Decreased innovation in drug development;
- Decreased self determination by physicians;
- Decreased income for physicians.

- Medicare for All is Not Right for the United States.