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 in US $

<table>
<thead>
<tr>
<th>Country</th>
<th>General Practitioners</th>
<th>Specialists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switzerland</td>
<td>237,106</td>
<td>258,000</td>
</tr>
<tr>
<td>United States</td>
<td>208,560</td>
<td></td>
</tr>
<tr>
<td>Iceland</td>
<td>181,981</td>
<td>202,034</td>
</tr>
<tr>
<td>Netherlands</td>
<td>112,530</td>
<td>171,928</td>
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<tr>
<td>Great Britain</td>
<td>85,250</td>
<td>174,068</td>
</tr>
</tbody>
</table>
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.