

OPINION/COMMENTARY

# 'Medicare for All'? A grim prognosis

*"Medicare for All" sounds appealing. But total government control of health care comes at a very high price - and not just in terms of money.*

By Robert E. Moffit, The Heritage Foundation (TNS) Updated November 20, 2018 2:00 PM

Now that Democrats are poised to take control of the U.S. House of Representatives in January, taxpayers can expect a major push to achieve the "progressive" goal of total government control over American health care.

Their leading legislative proposals for government-controlled health system - H.R.676 and S. 1804 - are broadly similar. Rep. Pramila Jayapal (D-Wash.), leader of the "Medicare for All Caucus" in the House, is rewriting the House bill (H.R. 676) to bring it more into line with the Senate bill (S. 1804) authored by Sen. Bernie Sanders (I-Vt.).



The U.S. Medicare Handbook is photographed Thursday, Nov. 8, 2018, in Washington. Photo Credit: AP / Pablo Martinez Monsivais

The thematic message of "Medicare for All" is fetching, assuming one doesn't read the fine print. When Americans start paying close attention, they're not likely to find the substance of these bills very attractive.

Both bills would outlaw virtually all private and employer-sponsored health plans now covering 181 million Americans. Millions of federal workers and their families who get their coverage today through the popular and successful Federal Health Benefits Program (FEHBP) would also lose it.

Ironically, "Medicare for All" would also eliminate, the Medicare, Medicare Advantage and Medicare supplemental insurance programs now covering over 58 million senior and disabled Americans. Medicaid and Children's Health Insurance programs (covering over 73 million more) would disappear, too.

Advocates of these proposals promise that total government control over American health care will secure higher quality care at lower cost.

Forget it.

The Veterans Administration (VA) operates America's premiere home-grown "single payer" health system. In 2014, CNN reported that veterans would "languish and die" because of the program's bureaucratically manipulated "waiting lists." The federal government's shocking record of poor quality of care for America's veterans soon exploded into one of the nation's worst health care scandals.

In Britain's National Health Service (NHS), the granddaddy of single payer health care, long patient waits for

care have been a recurrent feature of the system. In December 2017, almost one third of NHS regional directors reported that they were unable to deliver “comprehensive care.”

And in January 2018, the NHS cancelled more than 50,000 “non-urgent” surgeries, as British doctors charged that their patients were being subjected to “third world” conditions. Historically, British survival rates for “urgent” medical conditions - such as lung, colon and prostate cancer - fall well short of America’s performance.

It is true, of course, that the British spend less than Americans on health care - and, of course, they get less. British patients have less access to advanced diagnostic technologies, such as MRIs and CT scanners, and on a per capita basis, they have fewer doctors and nurses than almost every other Western industrialized country. British doctors and nurses are also paid far less than their American counterparts.

Tight government budgets can control costs; and government cost control translates into reduced availability of services. Since 2010, for example, the NHS closed 40 percent of their “walk-in” clinics, requiring more patient trips to overcrowded and understaffed British hospitals for the treatment of more routine medical problems.

Since the House Democrats are rewiring their version of the “single payer” bill to read more like Sen. Sanders’ “Medicare for All” proposal, the good news is that taxpayers will get a better look at its true costs.

The Urban Institute, a prominent liberal Washington think tank, estimates the 10-year cost of the Sanders proposal (S.1804) at \$32 trillion. Former Medicare Trustee Charles Blahous pegs the cost at \$32.6 trillion. “Medicare for All” will generate huge costs, not cost-savings.

Those costs will necessitate huge tax increases. Professor Kenneth Thorpe of Emory University, a former adviser to President Clinton, estimates that Congress would have to impose additional health care payroll and income taxes that would consume 20 percent of payroll. Thorpe further estimates that over 70 percent of all working families would wind up paying even more for health care than they do today.

Then there’s the matter of options. Both the House and Senate proposals restrict the ability of doctors and patients to contract for medical care outside of the system. Both also, as noted, eliminate private insurance alternatives to the government program.

And if the government program does not deliver the quality of care patients want or need, tough. There’s no exit.

“Medicare for All” sounds appealing. But total government control of health care comes at a very high price - and not just in terms of money.

*Robert E. Moffit, Ph.D., is a senior fellow at The Heritage Foundation’s Center for Health Policy Studies.*