Why We Should Reconsider Medicare For All: Lessons From a Pandemic

The COVID-19 pandemic has exposed cracks in our healthcare system that are more urgent than ever. How will single-payer healthcare address issues of equity, quality of care, and affordability?

By Morgan Azevedo
February 7, 2021

If 2020 taught us one thing, it was that in the United States, we are not prepared to handle a pandemic. From a negligent initial government response to a botched vaccine rollout, failures and missteps have exposed the glaring cracks in our society that caused, as of this week, <u>454,209 Americans</u> to die from the COVID-19 virus. As we grapple with monumental losses and the prospect of an approaching end, it is important we remember these fissures and take steps to prevent further suffering during the next pandemic. Because there will be <u>more pandemics</u>. In order to prepare for them, we must dramatically change our health infrastructure to prioritize community care, and the first step is implementing universal, single-payer healthcare.

For several months now, we have had all the scientific knowledge and resources needed to control COVID-19. We know that wearing masks and maintaining social distance is highly effective. We know that limiting time outside of the home and contact with other people is the best way to prevent the spread of the virus. We know that when being in public spaces is necessary, swift contract tracing can mitigate risks. As other countries like <u>Taiwan</u>, <u>Liberia</u>, and <u>New Zealand</u> have adopted these measures and enforced them, leading to a very small number of cases per capita, our responses have been delayed, weak, and inconsistent across states and localities. Central to the United States' difficulties, which recently include a slow and disorderly <u>vaccine rollout</u>, is the lack of a coordinated national response that prioritizes the importance of community safety.

Some of the most useful social programs during the pandemic have been community-organized <u>mutual aid</u> networks, which help with everything from food deliveries for the elderly and immunocompromised to childcare and rent relief. Mutual aid organizations and other community-led efforts are laudable and imperative, but we shouldn't have to rely on them to support our most basic needs. After all, what support networks exist to serve people who live in rural areas, or places lacking a strong community presence? The crisis of the pandemic has compounded existing issues of access to care and resources needed for survival, and only fundamental changes, starting with single-payer healthcare, will allow the government to realize its original promise of affording the right to life to all its people.

What is single-payer healthcare?

Single-payer is a healthcare system where all costs are paid by a single payer, the government. This contrasts with our fragmented multi-payer system, where costs are split among employer-provided healthcare plans for those who have them, government-provided healthcare plans like Medicare and Medicaid for those who qualify, and out-of-pocket costs for the uninsured and insured alike. Out-of-pocket costs include copayments for medical services and prescription drugs, any health expenses you incur before meeting your deductible, coinsurance once you have met your deductible, and any services that may not be covered by your healthcare plan, like dental and vision care. Existing programs in the United States like Medicare and Veterans Health Administration are examples of single-payer systems, although private health insurance programs are not.

Role of Private Health Insurance in 12 Countries with Single-Payer Healthcare

Country	Role of PHI	Percent of population with PHI	Private health expenditures (% of total)*
Australia	C, S, P	56%, 47%†	32%
Canada	C	67%	30%
Denmark	C, S	37%, 25%‡	16%
England	S, P	11%	21%
France	C	95%	21%
Germany	C, P	23%, 11%^	15%
Netherlands	S	84%	19%
Norway	S	10%	15%,
Singapore	S	69%	60%
Sweden	S	10%	16%,
Switzerland	P	29%	36%
Taiwan	S	<1%	12%–35%

Notes: C = complementary, P = PHI as primary form of insurance, S = supplementary. † 56% complementary, 47% supplementary. ‡ 37% complementary, 25% supplementary. ^ 23% complementary, 11% primary.
Chart from commonwealth fund.org

Countries with single-payer healthcare systems vary in terms of structure and centralization, scope of service and cost of benefits, and the role of private health insurance. Countries like Denmark, England, and Germany have free or very low costs at the point of service, with capped prices for prescription drugs. Australia and other European countries have broad public insurance and moderate cost-sharing expenses. France and the Netherlands have highly centralized plans, while other countries have regional flexibility or regional control under broad national constraints. The role of private health insurance in countries with single-payer healthcare is typically supplemental or complementary, although it can sometimes be the primary form of insurance for a portion of the population.

Medicare For All is the most comprehensive single-payer healthcare plan proposed by a member of Congress, introduced by Senator Bernie Sanders in 2019. It would create a national, universal

health insurance plan administered by the Department of Health and Human Services (HHS) and would include expanded coverage from what Medicare currently provides. It would eliminate all cost-sharing, including copayments, deductibles, and copayments, with the exception of prescription drugs, which would be negotiated by the HHS to establish set prices. Private health insurance plans for those who want them would be supplemental, and would not duplicate benefits provided by the program. Under Medicare For All, healthcare would be automatically guaranteed for all U.S. residents and join the list of social services provided through taxation.

What's wrong with employer-sponsored healthcare?

A healthcare system that ties insurance to employment is precarious during times of normalcy and calamitous during times of social upheaval. According to 2019 data from the U.S. Census Bureau, over 55% of Americans receive health insurance from their employer. At the height of unemployment last June, 16 million workers lost their jobs due to the pandemic, 7.7 million of whom lost their health insurance along with it. Including the dependents of those workers who relied on employer-sponsored insurance, 14.6 million people lost their health insurance in total. During a pandemic.

This is not the first time in recent history that a moment of crisis has exposed the fragility of employer-sponsored healthcare. During the economic recession of 2008, 9 million Americans lost their health insurance, leaving them vulnerable to health issues in addition to unemployment, looming rent and mortgage payments, and a dim job market. However, healthcare is inaccessible to many people during times of normalcy, too. Even before the pandemic, nearly 29 million Americans did not have health insurance, most of whom cited high costs as the reason. Medicare For All would guarantee stable health insurance to all U.S. residents, regardless of employment or income.

Image from HealthPopuli.com

How will Medicare For All affect my healthcare coverage?

If you are like the majority of Americans, Medicare For All would increase the available health care services and decrease the cost of your care. All Americans would have access to regular
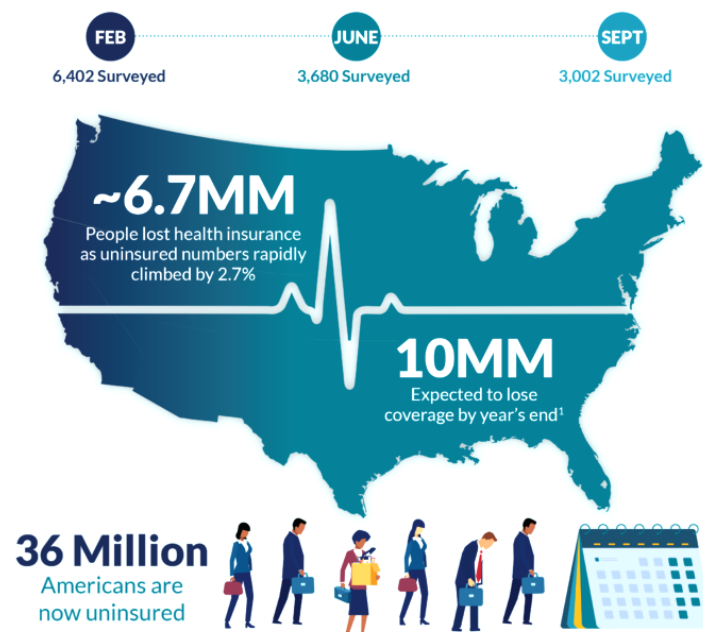
doctor's appointments; hospital stays; emergency room visits; substance use treatment; dental, vision, and mental health care; long-term and preventable health care; and reproductive health care. These services would come at no extra cost and all prescription costs would be capped at $200 annually, depending on income. Low- and middle-income Americans would pay less than they currently spend on healthcare, for expanded services. Moreover, they wouldn't have to dismiss symptoms because they can't afford the cost of a hospital visit, ration prescription drugs, or seek crowd-funding to manage the cost of medical treatment, like millions of people currently do.

For families and individuals who enjoy job security and good benefits, transitioning to a universal system may be seem like a riskier, costlier option. Opponents of Medicare For All cite fears of longer waiting times and the rationing of health care. However, these fears are ungrounded. A comparison of healthcare performance shows that the United States currently ranks far below countries with single-payer health insurance in terms of quality of care, access to care, and efficiency. Unless you happen to be in the top 5% of income earners, Medicare For All would reduce your total annual healthcare expenses.
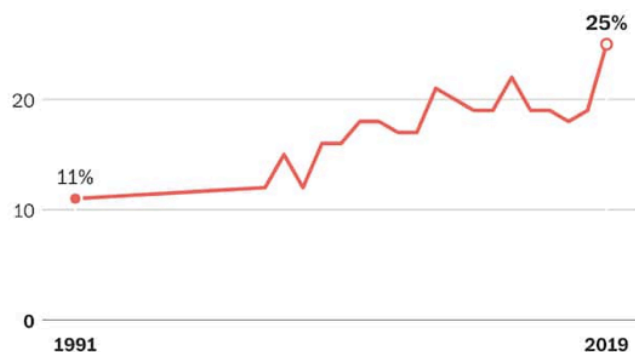
What is the real cost of equitable healthcare?

Never mind that Medicare For All would lower the expense of national health expenditures by $2 trillion over a ten year period. Never mind that a majority of Americans would spend significantly less on healthcare while the extremely rich pay slightly more in taxes. The true value of Medicare For All lies in its equitable accessibility of quality healthcare.

Record share of Americans delay treatment due to cost
Percent saying they or a family member put off care for a serious medical condition "because of the cost you would have to pay"

25%

20

11%

10

0

1991   2019

Source: Gallup   THE WASHINGTON POST

The real, qualitative cost of inequitable healthcare is the millions of untreated illnesses and premature deaths in this country due to a lack of access to care. It is the higher mortality rates in poor communities. It is the disproportionate effect of COVID-19 on Black and Latino families, due to wealth and healthcare inequality. Medicare For All would provide universal healthcare to everyone living in the United States, regardless of age, income, race, immigration status, or employment. A study by *The Lancet* medical journal found that Medicare For All would prevent 68,000 deaths each year while saving the average family $2,400. It would improve the quality of millions of lives and ensure that every person has access to the care they require.

How can I help support Medicare For All?

The hard truth is that passing a bill like Medicare For All is going to be extremely difficult. Despite the fact that 70% of Americans support Medicare For All, lawmakers on both sides of the aisle oppose the policy, and politicians whose pockets are lined with corporate insurance and pharmaceutical sponsors are unlikely to be swayed by moral reasoning. Nevertheless, universal healthcare is a necessity, and elected officials will have to respond to their constituents' strong appeals.

Here are a few action items you can take to support Medicare For All:

- Contact your representatives and tell them you support Medicare For All
- Talk about Medicare For All with your friends and family members, and let them know why you support the measure
- Sign your name to the bill's list of supporters fighting for universal healthcare and search for upcoming in-person and virtual events near you, organized by National Nurses United
- If you missed the California-wide car caravan in support of Medicare For All on Feb. 6, keep your eyes out for forthcoming protests and events