The Daily Dish

The Election and Medicare for All

DOUGLAS HOLTZ-EAKIN | NOVEMBER 5, 2026

You may have heard that there was an election Tuesday and that the outcomes were somewhat disappointing for Republicans (who used to be) in the House and Senate. Eakinomics thinks the results were simply a flat repudiation of the warlock's brew of populism, big-spending liberalism, and interventionism that is Trumponomics. President Trump promised to tame inflation and stay out of wars and then proceeded to raise inflation – and he continues to prosecute bizarrely a war against Iran. Running as a Democrat was easy this year. Just say, "Damn, things are expensive and I'm not Donald Trump" and you win.

The point is that this was not an embrace of a well-crafted Democratic policy platform. Not at all. But in one instance – Medicare for All (M4A) – it is being argued that the election is just such an embrace. Michigan progressive Democrat Abdul El-Sayed won with M4A a central pillar of his platform. In Maine, Troy Jackson captured a formerly Republican seat with an agenda that included M4A. And M4A advocates Wyden and Sanders are poised to chair key Senate committees. Is M4A just a step away?

Eakinomics doubts it. Every time AAF takes a close look at M4A it is quickly apparent that it is unaffordable, would damage the U.S. health care delivery system, and would spill over to damage other sectors of the economy as well. But perhaps an even more important reason for skepticism is that a single-payer system similar to M4A has been tried and failed in the United States.

That's right. Vermont, our own little Scandinavian-lite state, in 2011 passed "Green Mountain Care," the nation's first universal single-payer system. If there is anywhere this should "work" it would be in a small, homogenous state with relatively few sites for delivery of care. Despite this, in 2014 Governor Peter Shumlin shut down the plan. Implementation faced a $2-billion funding shortfall, requiring steep public financing that triggered economic and political fears.

So, expect to hear more about M4A. And maybe even see supposedly serious legislative action. But don’t hold your breath on putting M4A into practice. Americans like their health care too much to expose it to such a risky move.