The Daily Dish

You Can’t Debug Single-payer

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One of Eakinomics’ favorite health care facts is that Canada has 432 MRI machines, while the United States has roughly 13,000. Adjusting for population, the United States has roughly four times the number of MRI machines per capita. The corollary is that it takes a lot longer to get an MRI in Canada.

This MRI fun fact brings us to a central part of the debate over moving to a single-payer system in the United States. Opponents of such a policy quickly point out that you will have to wait, and wait, and wait, and…wait for an MRI in a single-payer system, which is just a diagnostic before you, eventually, get care. Advocates essentially say: “Ignore Canada; that’s just the long-term effects of hypothermia on decision-making. The U.S. single-payer system will have all 13,000 machines.”

Wrong.

That is the lesson of Single-payer Health Care Wait Times: A Feature, Not a Bug, the latest Reality Check-Up piece by AAF’s Michael Baker. In a nutshell, the truth about long waits is that “single-payer systems are designed to produce them as a means of reducing costs.” Mechanically:

> Single-payer health care systems typically operate on a fixed budget. The government sets the total budget for the country’s health care and then allocates that money to certain locations and for certain services. Since there is typically more demand than money to provide those services, the government creates a system for rationing care. Of course, that requires the government to decide which health care is most important, creating competition for resources between different geographies, specialties, etc.
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> The unenviable but inevitable result is a waitlist. If the local hospital only has money allocated for 100 cataract surgeries but has demand for 200, then 100 people will

need to go on a waitlist.

In the MRI example, the single-payer system can't have 13,000 MRIs because (a) buying 13,000 costs 30 times more than 432, (b) operating 13,000 costs 30 times more than operating 432, and (c) having 13,000 allows too many people to have a diagnosis for even more care. Wait times are a feature of single-payer systems, and the MRI is part of delivering a long wait time.

What kind of a feature are we discussing? According to Baker, "in 2024, Canadian patients experienced a median wait time of 30 weeks between referral to their first treatment – up from 27.2 weeks in 2023. In rural areas, delays in care were lengthier, with waitlists for patients in New Brunswick and Prince Edward Island ranging from 69.4 weeks to 77.4 weeks."

Long wait times are not a feature of U.S. health care. They will be a feature of any single-payer. That's the reality.