



## Weekly Checkup

# The Politics of Medicare for All

CHRISTOPHER HOLT | AUGUST 17, 2018

Many on the left are spending a lot of energy on the idea of a single-payer health system. They believe that Americans would be better off in a system where the government provides and manages their health care, instead of receiving their health care through private insurance. Activists face a significant hurdle, though: Americans are—at best—split on the issue. AAF [polling](#) from this past spring found that 51 percent of Americans oppose single-payer while 41 percent support the concept.

Of course, those numbers are fluid, based on how the questions are phrased and exactly what respondents understand “single-payer” to mean. In general, single-payer is more popular when people see it as a proxy for making sure everyone has access to health care, and less popular when people are confronted with the fact that it means the loss of their own private insurance.

Regardless, single-payer simply isn't the political slam dunk that many on the left would like to believe it is. As a result, enter the “Medicare for All” messaging we've seen so much of this political cycle. Medicare, it turns out, is much more popular with the average voter than single-payer and doesn't set off the same alarm bells for people who like their current private insurance options. As a result, we've seen a glut of proposals framed as some version of Medicare for All, and there is even a Medicare for All caucus in the House of Representatives.

AAF's Jonathan Keisling [examined](#) these various proposals this week and came to a not-exactly-surprising conclusion: Most of these legislative proposals have nothing at all to do with Medicare itself. In fact, many of them explicitly exclude Medicare from the changes they seek to make to the health care system. Rather, these proposals are pushing various iterations of public options and Obamacare expansions. In fact, only two of the proposals have anything at all to do with Medicare, and one of those—legislation by Senator Sanders—would disband Medicare entirely, rolling those beneficiaries into a universal single-payer system.

The various proposals emanating from the left are worthy of examination and debate, but those proposing them should be honest about what they are. The Medicare for All movement isn't a broad effort to expand access to the Medicare program (and such an effort would likely be disastrous for current beneficiaries, given the program's current fiscal plight). Instead, most of these proposals aim to bridge U.S. health care to a single-payer system. If that's where liberals want to go, then those are the terms on which they must have this debate, instead of a political bait and switch.

## FROM TEAM HEALTH

[Redesigning Medicare Part D To Realign Incentives](#) – Tara O'Neill Hayes, Deputy Director of Health Care Policy

A new study from Deputy Director of Health Care Policy Tara O'Neill Hayes examines a proposal that would address Medicare Part D's rising costs by placing greater financial risk for high-cost beneficiaries on both insurers and drug manufacturers. The study finds these changes, along with an out-of-pocket cap for beneficiaries, are likely to lead to behavioral changes that reduce overall Part D expenditures for all stakeholders, including the government.

[Parsing the Rhetoric of Medicare for All](#) – *Jonathan Keisling, Health Care Analyst*

Many are framing their health insurance reform proposals as some form of Medicare expansion, but what is the relationship of these bills to the current Medicare program? AAF's Jonathan Keisling dives beneath the rhetoric to explain how these proposals would—or, in most cases, would not—directly affect Medicare as it is today.

## WORTH A LOOK

[Wall Street Journal](#) – Tech Giants Pledge to Ease Patient, Provider Access to Health Data

[Modern Healthcare](#) – Ohio Medicaid to try out transparent PBM pricing model