

Medicare for all? Why not?

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It may be the right thing to do.

IF PRESIDENT TRUMP really wants a healthcare plan that gives him a big win by covering all Americans, reducing insurance costs, and cutting the cost of healthcare, it could be done. And it would be far better than President Obama's Affordable Care Act (ACA). Mr. Trump could push Senator Bernie Sanders' (I-Vt.) bill that makes Medicare available to everyone. And wouldn't it be a hoot?

A Republican president, House, and Senate would finally make universal access a reality. And why not? A single-payer system offers cost-cutting strategies that have succeeded all over the globe.



Healthcare costs around the world

Ever bought your drugs in Canada or Mexico? If so, you know they're cheaper. In Australia, I took my son to an emergency department, saw a physician, and got his medicines—all for \$45.00. In Italy, I took a friend to the hospital at 9:00 PM, saw a doctor, went to a specialist, and got her medicines for less than \$100—and all before 11:00 PM. It was fast, efficient, and cheap.

As healthcare economist Uwe Reinhardt noted, "Prices for identical products or services in the United States tend to be, on average, twice or more than the prices of the same products and services paid in other countries.... Prices are high here because the payment side of the health system is so fragmented that few payers have sufficient market power to bargain for lower prices from an increasingly consolidated supply side." In addition, profound administrative excesses divert resources into activities—competition, marketing, overhead—that don't improve health outcomes.

Power to the patient

A single-payer model would eliminate the inefficiencies of the ACA with its fragmented payment system by converting public programs, such as Medicare, Medicaid, and the Children's Health Insurance Program (CHIP), into a single administratively efficient financing system.

Streamlined billing under a single payer would save vast amounts of overhead. In addition, we could use bulk purchasing to negotiate lower costs, including for drugs and devices. Only a single-payer system enables the kind of bulk purchasing that would give the buyer power.

And then there's the sheer joy of diminishing the power of the insurance companies who, despite all their yowling about costs, are making huge profits. But don't worry too much about them: They'll still be able to make billions on Medigap insurance.

Uncontrolled costs consume an ever-increasing percentage of the gross domestic product, which in turn increases insurance costs for those who are insured and gives the impression that healthcare services aren't affordable, which is absurd considering that we already pay more for limited access than any other civilized nation pays for universal access.

The universal advantage

Today's fragmented system is akin to requiring each household in a community to anticipate their needs for the coming year and negotiate their own fees and scope of services with the local police and fire departments. Imagine how much money these lifesaving community services would be obliged to devote to marketing to and negotiating with each household and the disparities in service that would result. That's precisely what's happening in health care, and it's terribly wasteful.

For police and fire departments, we recognize the cost-saving advantage of "covering" all citizens for set prices and administering it with regional coordination. As Marmor and Oberlander have written, Medicare for all "may not be modern, exciting, or 'transformational.'" But universal access does have the advantage of working." And, as Representative Kamala Harris (D-CA) said, "It's just the right thing to do."

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