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The Tough Calls on 'Medicare for All'

A panel of health policy experts weighs in on what's desirable — and what's politically feasible — along 5 key dimensions of reform.

By AUSTIN FRAKT and AARON E. CARROLL

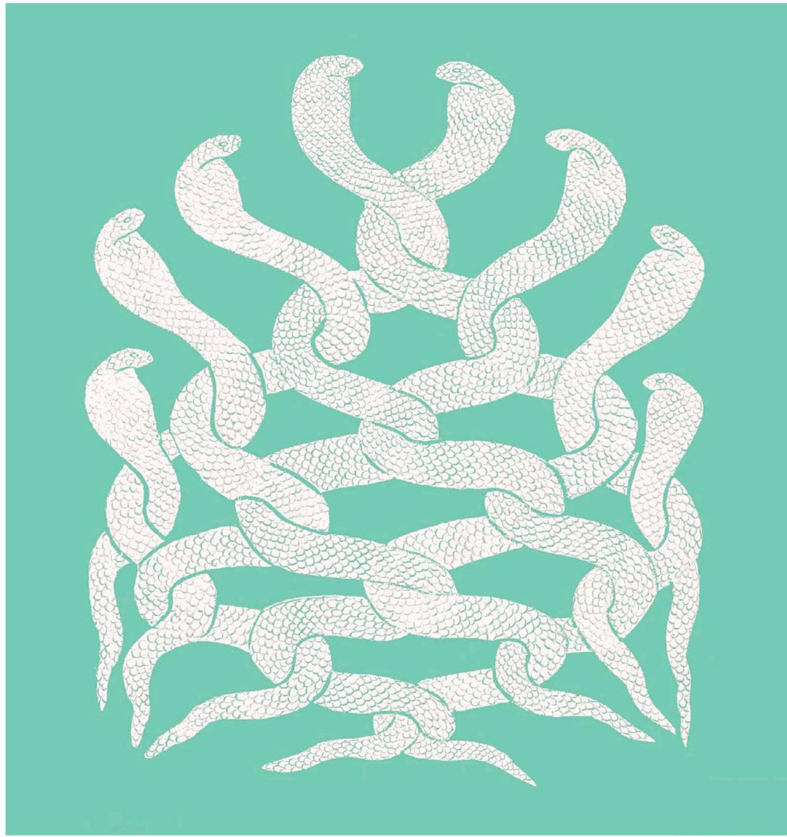
"Medicare for all" is popular as a general idea, and not just among Democrats. Most Republicans favor giving people under 65 at least the choice to buy into Medicare.

But when people hear arguments against it, their support plummets. It turns out that most people don't really know what Medicare for all means. Even asking three policy experts might yield three different answers.

How to expand access to health care has also become a contentious topic for Democratic presidential candidates. Some, like Senators Bernie Sanders and Elizabeth Warren, support the abolition of private insurance, but many others would like to add a "public option" that would compete with private plans.

Beyond the campaign trail, there are at least 10 major proposals to expand Medicare or Medicaid. Some, like Mr. Sanders's bill, would create one health care plan for all U.S. residents. Others, like Senator Debbie Stabenow's Medicare at 50 Act, would expand Medicare eligibility to older Americans, but not to everyone. Still others would make Medicare or Medicaid a health insurance option for many more people without necessarily eliminating private coverage.

Collectively the proposals vary in at least five fundamental ways, and we asked 11 health policy experts to weigh in on each choice. (The ideological composition of the panel spanned generally from center to left because, for now, this is a Democratic intraparty debate.)



ILLUSTRATIONS BY LAUREN DRESCHER

Do you support eliminating cost sharing — meaning co-payments, coinsurance, deductibles — for everyone?

PANELISTS' VERDICT: All but two of our panelists supported some type of cost sharing.

BACKGROUND: In addition to premiums, most Americans are accustomed to paying for some health care through deductibles and co-payments. High deductibles have become one of the biggest criticisms of A.C.A. plans.

PRO/CON: Most of the panelists and most of the proposals would keep cost sharing, in part to limit overuse of the system. But Dr. Steffie Woolhandler, a physician and a professor at Hunter College, and Dr. Marcia Angell, a senior lecturer at Harvard Medical School, preferred to eliminate it. "There should be no co-payments or deductibles," Dr. Angell said.

"Cost sharing penalizes the sick and poor, who forgo vital as well as unneeded care, and suffer grave financial harms," Dr. Woolhandler said. "Experience in some nations proves that cost sharing is not necessary to control costs." On the contrary, she argued, collecting co-payments and deductibles just adds an administrative burden.

A downside of cost sharing is that it "can lead to patients and families delaying necessary care or skimping on prevention," said Elizabeth Bradley, a public health scholar and president of Vassar College.

NUANCES: Sherry Glied, a health economist at N.Y.U., articulated a common sentiment among the experts we interviewed: "Co-pays deter excessive use of the system, but the biggest effects are moving from zero to something."

If that "something" is too big, it is "effectively just a tax on those with pre-existing conditions."

"So the design of cost-sharing, like any incentive scheme, must be carefully considered so that it reduces overuse without limiting necessary care," Ms. Bradley said.

Do you support ending employer-based private coverage?

PANELISTS' VERDICT: Most agreed that if they were starting from scratch, they would not create a system with employer-based coverage. But most also said plans that eliminate it now are politically infeasible.

BACKGROUND: Most adults under 65 get health insurance through their jobs or through a job of a working family member. Many are happy with their coverage and might rebel if forced to drop it.

PRO/CON: One disadvantage of coverage through work is that it can cause some people to stay in jobs they don't want. One advantage is that it can offer benefits that public plans like Medicare don't. Many other countries, even those with universal public coverage like Canada and Britain, also allow employers to offer additional coverage. "Americans like choice, and flexibility," said Ms. Bradley.

Other experts said it was time for employer-based coverage to go. A profusion of coverage options "generates complexity that drives up administrative costs," said Dr. Woolhandler.

"We should transition away from employer-based private coverage," said Ellen Meara, a health economist and a professor at Dartmouth.

"Employer-based coverage should be ended," Dr. Angell said.

NUANCES/POLITICS: "From a political perspective, people with coverage from large, high-wage firms are going to be a potent force against taking it away," Ms. Glied said.

Although he argued in favor of eliminating employer plans, John McDonough, a Harvard professor who helped write the Affordable Care Act, agreed that doing so would be politically difficult or even impossible: "It's hard to turn around an ocean liner."

Harold Pollack, a professor of social service administration at the University of Chicago, concurred: "Any proposal to ban employer-based coverage would self-immolate." Nevertheless, job-based coverage has some undesirable features. "Employers typically lack the bargaining power with providers to really discipline prices or health care delivery," he said. "And the tax subsidization of employer coverage is regressive."

Dr. Don Berwick, a senior fellow at the Institute for Healthcare Improvement, sees a way to meld work-based coverage within a single-payer system. "If employer-based coverage is retained, that does not make a single-payer approach impossible," he said. "Employers could contribute to the single, common payment pool, as they do today to premiums for private plans."

Do you support automatic enrollment in universal coverage?

PANELISTS' VERDICT: Nearly all the experts favored universal coverage.

BACKGROUND: Universal coverage is found in every developed country except the United States, where 10 percent to 14 percent (depending on the survey) of the population is uninsured, down from a high of about 18 percent before the Affordable Care Act's coverage expansion.

PRO/CON: For some panelists, the decision was simple. "Universality is essential," Mr. Pollack said. "At bottom, this is a moral issue."

"Any decent society provides universal health care," Dr. Angell said.

While many Americans loathe the idea of losing choice, opting in doesn't always work. "Some people will fail to sign up for coverage, even if it's free," Ms. Glied said. "People who don't sign up may eventually need and benefit from care, and we want them to get it, so we want to make enrolling in coverage as easy as possible."

NUANCES/POLITICS: "Universal" may not apply to everyone, perhaps leaving out undocumented residents. Some panelists favor a system in which people can opt out of coverage, which would undermine universality. There is a workaround, though, according to Dr. Ashish Jha, a physician with the Harvard T.H. Chan School of Public Health: "Asking people who opt out to pay a tax is a reasonable way to ensure that if they end up having catastrophic spending, society has a pool of funds to pay for it."

Universality has trade-offs. It's costly, part of why it has always faced political resistance. "Expanding coverage to a subset of the population, for example those nearer retirement age, will be cheaper and more politically palatable," Ms. Meara said. "The desire for incremental approaches led us to create Medicare, Medicaid and the Children's Health Insurance Program, each targeted to specific subgroups of the population."

Panelists

MARCIA ANGELL, former editor of the New England Journal of Medicine, and senior lecturer in the Department of Global Health and Social Medicine at Harvard Medical School

KATE BAICKER, a health economist and dean of the University of Chicago's Harris School of Public Policy

DON BERWICK, former administrator of the Centers for Medicare and Medicaid Services, and president emeritus and senior fellow of the Institute for Healthcare Improvement

ELIZABETH BRADLEY, a public health scholar, president of Vassar College and a professor of science, technology and society

SHERRY GLIED, a health economist, and dean and professor at the Wagner School of Public Service, New York University

ASHISH JHA, physician and director of the Harvard Global Health Institute, and professor at the Harvard T.H. Chan School of Public Health

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