Do you support replacing individually purchased private coverage, like Affordable Care Act plans or Medicare Advantage?

PANELISTS' VERDICT: Mixed

BACKGROUND: One major objective of the Affordable Care Act was to give a reasonable option to people who didn't qualify for public programs and could not obtain employer-based coverage. Medicare also has an individual market, through Medicare Advantage — private plans that offer alternatives to the public and traditional Medicare program.

PRO/CON: "Having choices among plans, with insurers competing to provide plans that meet enrollees' needs, can be a driver of innovations in benefits that respond to consumer demand, improved quality and lower premiums," said Kate Baicker, a health economist at the University of Chicago.

Ms. Meara concurred with these advantages, but brought up a key problem with an individual market with many competitors: "Variation across health plans in approaches to quality and costs can translate into a hassle for doctors, hospitals and other health care providers."

She pointed out that the large variety of payers in the U.S. system had led to over 1,700 distinct quality measures and a wide variety of billing requirements.

A reason to have both public and private options in one market is to provide choice. "For a country as large and diverse as ours, a single plan for all would be unworkable," Dr. Jha said.

Yet for some, the downsides overwhelm the value of choice. "Individually purchased private coverage, like job-based coverage, generates inequality and complexity," Dr. Woolhandler said.

"I would prefer a single-payment system more like traditional Medicare for everyone," Dr. Berwick said. "It would not be a perfect solution at all, but it would have the enormous advantage of simplicity and lower transaction costs."

NUANCES: The A.C.A. marketplaces are quite different from Medicare Advantage, though both are individual markets. Details matter, our experts said.

"In part, the marketplaces struggle because we didn't throw enough money at them," Mr. Pollack said. "Medicare Advantage is a much better experience, largely because both parties have collaborated to support it with generous subsidies. And less competitive Medicare Advantage market areas have the backstop and competition provided by traditional Medicare, a public option for seniors."

Do you support eliminating premiums and having the system financed exclusively by taxes?

PANELISTS' VERDICT: Most of our experts saw a role for some premiums, in some cases because they thought a "no premiums" approach was politically unrealistic.

BACKGROUND: Americans are accustomed to paying at least some of the premium of a health insurance plan, although some people on Medicaid or with A.C.A. marketplace coverage pay none.

PRO/CON: Dr. Woolhandler argued for a fully tax-financed system: Everyone could be automatically covered "whether or not they're able to (or remember to) pay their premiums." Additionally, "using the existing tax collection system is far more efficient than setting up a duplicative apparatus to collect premiums."

Dr. Berwick said: "Moving to tax-financed health care makes the most sense logically. One advantage of a tax-funded system is the opportunity to engage in socially progressive financing, with wealthy people bearing a greater share of the costs."

Ms. Bradley said "a mix is likely necessary."

NUANCES/POLITICS: Paul Starr, a professor of sociology and public affairs at Princeton, favors tax financing, but a look at the numbers convinced him that it was not realistic. If taxes were to replace all private premiums as well as out-of-pocket spending (as in some single-payer plans), the government would have to nearly double what it now collects in personal income tax. "There's no precedent in American history for a tax increase of that magnitude," he said. "It's not going to happen."

Mr. McDonough reminded us that when Vermont considered a tax-financed single-payer system, sticker shock killed it. The required tax increase "was recognized by then-governor and single-payer champion Peter Shumlin as political suicide."

Ms. Meara and Dr. Jha pointed out that premiums become necessary once you allow some choice in coverage through markets. More generous coverage is more expensive and would warrant some premium payment.

Finally, Ms. Baicker thought tax financing should be focused on low-income people: "My preference would be to have public programs that focus on lower-income populations, rather than using taxpayer dollars for high-income people who could afford coverage on their own."

Comparing the proposals

Proposal	Universal coverage	End employer plans	End indiv. markets	End premiums	End cost sharing
DeLauro/Schakowsky	✓	×	×	×	×
Schakowsky/Whitehouse	×	×	×	×	×
Bernie Sanders	✓	✓	✓	✓	✓
Jayapal/Progressive Caucus	✓	✓	✓	✓	✓
Higgins/Kaine/Bennet	×	×	×	×	×
Lujan/Schatz	×	×	×	×	×
Merkley/Murphy	×	×	×	×	×
Stabenow/Peters	×	×	×	×	×
Center for American Progress	✓	×	×	×	×
Urban Institute Fellows	×	×	×	×	×
Expert consensus	✓	×	–	×	×

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We acknowledge that there are other key variations beyond these five big questions, like which benefits are covered and whether and how the government might regulate health care prices. There are also plenty of nuances among the proposals.

Some plans, including the one offered by Senator Sanders, as well as the Medicare for America Act, backed by Representatives Rosa DeLauro and Jan Schakowsky, would provide universal coverage. Others, like the Healthy America Program from fellows at the Urban Institute, would not necessarily do so.

Most proposals would retain employment-based coverage and individual markets. These include Medicare X (Representative Brian Higgins, Senator Tim Kaine, Senator Michael Bennet); the Choice Act (Ms. Schakowsky, Senator Sheldon Whitehouse); and the Choose Medicare Act (Senators Jeff Merkley and Chris Murphy).

Most plans would also keep premiums, although some would have subsidies for low-income families. But a few, including from Representative Pramila Jayapal and the Congressional Progressive Caucus, would do away with premiums entirely.

Almost all proposals would keep cost sharing, with some shedding it for those below the poverty threshold.

Medicare for all is not the only way to achieve major coverage expansion. Several panelists, including Ms. Glied and Mr. Pollack, like the idea of a public option or federal fallback plan — perhaps a Medicare-like plan that competes with other, private coverage. A proposal from the Center for American Progress includes versions of this idea.

Ms. Meara suggested a related idea, similar to one that Representative Ben Ray Luján and Senator Brian Schatz have proposed: "A more realistic path would make some basic set of benefits available — like a Medicaid buy-in — leaving open a path for those wishing to spend more to do so."

Mr. Starr said the next Democratic president would not repeat the mistake of exhausting his or her political capital on health reform. Mr. McDonough agreed, saying coverage expansion debates have a way of "sucking up all the political oxygen." He would like to see "space for consideration" on education, taxes, climate change, ethics and campaign finance reform, "and so much else."

If Democrats win in 2020, there is sure to be a tension between ideas reflected in Dr. Woolhandler's declaration that "health care is a human right" and Mr. McDonough's warning that pursuing a fully government-run Medicare for all might "pre-empt progress on everything else."

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HAROLD POLLACK, professor of social service administration, University of Chicago

PAUL STARR, professor of sociology and public affairs, Princeton University

STEFFIE WOOLHANDLER, a primary care doctor, a distinguished professor at Hunter College, and a lecturer in medicine at Harvard. She co-founded Physicians for a National Health Program.