Medicare-for-All is Common Sense and Achievable

Though any overhaul of our health care system will take significant willpower and effort, skeptics often overestimate what it would take to transition to Medicare-for-All. The lessons from previous health care expansions, including the transition to traditional Medicare itself, highlight that Americans are generally eager and quick to take up new coverage and will fight to protect health care reforms once they are implemented. Skeptics of Medicare-for-All claim that America’s health care system is too complex—and that entrenched special interests are too wealthy and powerful—for the program to be realistically achieved. These criticisms are worthy of consideration, but ultimately, unfounded. The fight for Medicare-for-All is one we can and must win.

In many ways, the criticism that our system is too complex only underscores the case for why reform is necessary. Our system is hopelessly fragmented, and staggering sums of money are wasted on costs other than providing necessary health care. Medicare-for-All would finally allow everyone in the United States to have consistent access to health care throughout their lives. The experience of other countries shows just how realistic the approach is. And, when other countries have implemented their universal health care systems, they have been able to ensure guaranteed access to care while keeping costs much lower than we do in our fragmented U.S. system.

Furthermore, while it’s true that the fight for Medicare-for-All is going to face challenges from powerful health care special interests—who spend around $500 million a year on lobbying—the challenge is definitely not insurmountable. If politicians stand with the American people to create a better health care system, we can and will pass Medicare-for-All.

Here are some of the reasons Medicare-for-All is a pragmatic reform:

Medicare Would Be Improved and Expanded to Everyone Relatively Easily
As a model for how a transition to a Medicare-for-All system would work, we can look to how Medicare was originally created in 1965. That reform was a massive change to the status quo, and yet within its first year Medicare enrolled 19 million people. Medicare has grown steadily since implementation and, by 2017, covered more than 58 million seniors and people with disabilities. Supporting the transition to Medicare-for-All would be the more than 50 years of experience the U.S. already has with running the current Medicare program. While the scope of the population served will expand significantly, the necessary functions and infrastructure for centralized payments are already in place. The Centers for Medicare and Medicaid Services already have the capacity to enroll beneficiaries and physicians, process claims, and engage stakeholders. This expertise will serve the program well both during the transition to Medicare-for-All and upon full implementation.
Medicare-for-All Would Phase In Different Segments of the Population Over a Couple Years
Various transition plans have been proposed, but in general, they recognize that the most immediately vulnerable populations should be allowed to transition into Medicare-for-All very rapidly. These include the 30 million Americans currently uninsured as well as Medicaid beneficiaries and children currently enrolled in CHIP. Other populations, such as workers who receive their coverage through employer-sponsored insurance, could be move into Medicare-for-All over the course of a couple years.

We Can Learn from Universal Health Care Systems in Other Countries
Of the 25 wealthiest countries in the world, the United States remains the only one that does not ensure universal coverage for its population. This highlights that not only is Medicare-for-All a realistic option, but also that there are many examples of the successful systems and also lessons to be learned from other countries about their implementation. For instance, Taiwan implemented a single-payer system in 1995 that has grown into a high-quality system where enrollees can receive care from the doctor of their choice with almost no wait times. Canada’s implementation of a single-payer system had rapid uptake between its passage as a national law in 1966 and its full-scale implementation was complete by 1971.

With Solidarity, We Can Overcome Powerful Special Interests
Health care special interests spend around $500 million a year on lobbying—the largest share spent by any one industry and more than 15 percent of total lobbying spending. It is crucial that we not underestimate the power of those who profit from our fragmented health care system and the challenges they'll present in the fight for Medicare-for-All.

However, with more and more politicians standing with the overwhelming majority of Americans in favor of making big changes to the health care system, it is a fight we can win. Support for Medicare-for-All continues to grow both in Congress and among the American public. A recent poll found that most Americans, 85 percent, had concerns about the cost of health care. Concerns about health care ranked higher than concerns about other important issues, including the cost of retirement, higher education, housing, and child care.

We will only be able to pass Medicare-for-All by continuing to build grassroots support and taking on entrenched health care interests. The people power on this issue continues to grow as Americans feel the pain of a health care system that is focused more on profit than it is on providing health care. While those who profit from the current system will put everything they have behind hindering reform, it is impossible to overcome the moral imperative that everyone in the U.S. deserves access to health care. The American people will only become more vocal in pushing for significant change. So, the question is not whether we will achieve Medicare-for-All, but when.

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