Medicare For All: Too costly or worth the risk?

A funny thing happened to public opinion since the Affordable Care Act, or "Obamacare," was passed. Back in November 2010, voters rebelled against the relatively small changes in health care insurance implied by the ACA, and ill-informed commentators condemned it as socialized medicine.

But since then, Americans have become much more comfortable with the idea of government involvement in health care. Single-payer, meaning government-provided, health insurance may be a litmus test for Democratic presidential candidates in 2020. Even a small majority of Republicans likes the idea of single-payer. The most popular branding of single-payer is Vermont Sen. Bernie Sanders' "Medicare For All."

MFA has been in the news recently, thanks to a study by the Libertarian-oriented Mercatus Center at George Mason University. The study projected the government's health care spending costs of MFA and found that the federal government would cause NHE to rise by $3 trillion over 10 years. Other studies predict greater reductions in NHE. One by Kenneth Thorpe of Emory University implies a drop of about $10 trillion over 10 years. But regardless of the reduction, the bigger issue may be how we get there.

Even if we cut NHE by $10 trillion, our health care system would still be the most expensive in the world. And yet to achieve that reduction, the entire health system would be upended. Taxes, as the Mercatus study showed, would rise sharply to pay for government-provided insurance.

The process would be extremely disruptive, and we'd see the same fears and fear-mongering that we did when Obamacare was passed. Voters say they want single-payer, but would they be willing to take what they might see as a big risk?

What's getting lost in the debate is that single-payer is a mechanism, not a goal. Universal health care coverage is a goal, and there are several ways to achieve it. Single-payer isn't the only one.

In a recent ranking of the world's best-performing health care systems, the top handful included Australia, Britain and the Netherlands. But the three countries take different approaches. Australia has a single-payer system. Britain has full-fledged socialized medicine in which the government owns the hospitals and employs the physicians. The Netherlands has a program of insurance subsidies similar to Obamacare. Each one achieves universal coverage.

So if universal coverage is our goal, a version of Obamacare (one not consistently undermined by its opponents) could well be our best path. It might be less disruptive and more politically feasible than single-payer.

Ralph Waldo Emerson said that life is a journey, not a destination. This might apply as well to universal health care coverage. How we try to get there may determine whether we can get there.