Worse than the Disease
CON Case by "Coach Vance" Trefethen



The road to “Medicare for All” is paved with good intentions, but its destination is a dead end, or worse. While there are problems in the Status Quo, the “Medicare for All” cure would be worse than the disease. Rising medical care costs, which are the big motivation for everyone to “do something” about health care in this country, are mostly CAUSED by Medicare in the first place. And no matter what their cause is, until we solve rising costs, no insurance reform policy or plan will be sustainable because costs will simply keep rising. Giving people more money for health care only drives up demand and costs, requiring giving more money to cover the rising costs, etc. The spiral never ends and the problem is never solved before the country goes bankrupt.

Medicare for All claims to “pay for itself,” but in fact it would require massive government confiscation of trillions of dollars in wealth to pay for it. We can’t even afford the current Medicare system we have now, let alone massively expanding it.

And medical care outcomes would get worse, not better. Single-payer national insurance would guarantee incentives against innovation and better care, as health care providers are incentivized to only provide the care that gets maximum reimbursement from the government, not care that optimizes outcomes for patients.

Worse than the Disease

The road to Medicare for All is paved with good intentions, but its destination is a dead end or worse. We must deny that the United States federal government should enact the Medicare For All Act of 2019.

First, let’s clarify our position in this debate. We don’t have to prove that the Status Quo is providing the best possible medical care at the lowest possible price. We don’t have to prove that the Status Quo is a really good or even viable system. All we intend to prove is that Medicare for All would not solve the problems we face today and will instead create more problems that are even worse. We’ll do this in 3 Contentions…

# Contention 1. Unsustainable health care costs

You can also call this the “cart before the horse” problem.

The Status Quo “Affordable Care Act,” which the “PRO” team will tell you is failing, suffers from the same fundamental problem as Medicare For All. And if ACA is failing, Medicare for All would fail for the same reason. It’s simple: Both of them look at the problem – “High Medical Costs” – and try to solve it by saying “Let’s give everyone more money to spend on health care.” But this is doomed to fail because rising health care costs will always exceed the nation’s ability to pay. Dr. Robert Pearl M.D. explains in 2019 QUOTE:

“All universal coverage plans, be they Medicare for all or the Affordable Care Act, fail when the costs for delivering the care exceed the nation’s ability to pay. America’s fascination with Medicare for all is born of good intentions. Americans are hurting and in search of relief. Nearly 30% of U.S. adults [struggle](https://www.kff.org/health-costs/poll-finding/data-note-americans-challenges-with-health-care-costs/?utm_campaign=KFF-2017-March-Polling-Beyond-The-ACA&utm_source=hs_email&utm_medium=email&utm_content=2&_hsenc=p2ANqtz-8iEClmk0OX0wcdPhlJlYKTQ5AlAmOxuX-v_NVWsxfPErmYprLQb0aHNjLqYMGX3yBSERYOPCq8Gzqzqaaqd_VCsTGHbg&_hsmi=2) to pay their medical bills, and more than 20% say they’ve put off treatment or filling a prescription because of cost. Unfortunately, in our search for a magic pill, we’ve missed the key point. Government-run programs work well in the rest of the world because the cost of medical care delivery — what doctors, nurses and drug companies get paid — is considerably less than in the United States. Lowering the cost of care would mean reining in drug prices, eliminating [unnecessary procedures](https://www.centerforhealthjournalism.org/2017/04/19/our-health-care-system-still-massively-overtreats-patients-we-can-change), and closing small, [inefficient](https://www.centerforhealthjournalism.org/2017/04/19/our-health-care-system-still-massively-overtreats-patients-we-can-change) hospitals. Until we do, every approach, including Medicare for all, will fail. There is no painless solution, no magic pill.”[[1]](#footnote-1)

END QUOTE. So, until we reduce medical care costs, we can’t get to a viable insurance solution. The horse has to come before the cart.

# Contention 2. Unsustainable Medicare For All costs

We shouldn’t adopt Medicare for All because, as Peter Suderman put it in 2019, “we can’t pay for the Medicare we have” now. He writes QUOTE:

“In addition to the program's larger effects on the economy, the program's internal finances are in increasingly dire shape. Last year, the program's trustees projected that its main trust fund (which is itself a kind of accounting fiction) would be [depleted in 2026](https://www.ssa.gov/oact/TRSUM/), three years earlier than previously anticipated. The program wouldn't simply stop, but revenues would only be sufficient to cover 91 percent of expenses, a percentage that would decline over the next 15 years. Over the next 75 years, the program faces $37 trillion in unfunded liabilities.”[[2]](#footnote-2)

END QUOTE. Before we expand this unfunded system to the rest of the country, hadn’t we ought to figure out how we’re going to cover the $37 trillion we already don’t have, before we sign up for more? And if you think the Medicare for All Act has adequate funding built into it, think again. Sen. Bernie Sanders, the author of the bill, can’t even explain clearly where the $32 trillion would come from to pay for it. And no, it won’t all come from just eliminating existing insurance. Brian Riedl explained in 2018 QUOTE:

“Overall, designing a $32 trillion tax increase is nearly impossible, even if families and businesses now have more money. Even if we assume Washington could “tax” states for the $4 trillion they save by no longer running programs like Medicaid, they still need to raise everyone else’s taxes by roughly $28 trillion—which would represent a 60 percent increase in federal revenues. Using a [menu of budget savings](https://www.cbo.gov/publication/52142) provided by the Congressional Budget Office, raising taxes by $28 trillion would require choosing among options such as:
Creating a new 31 percent payroll tax on top of the current 15.3 percent tax;
Imposing a 72 percent value-added tax (like a national sales tax); or
Raising income tax rates by 35 percentage points across-the-board.
For the record, repealing the 2017 tax cuts would cover just $1.8 trillion of this cost. And even if lawmakers could find the taxes to pay for this plan, there remains the underlying [$84 trillion](https://www.cbo.gov/publication/53919) baseline budget deficit projected by CBO over the next 30 years (which is driven mostly by the soaring costs of  “single-payer” Medicare—we cannot even pay for the existing system!). Add another income tax rate increase of 15 percentage points to pay for that. This is fantasyland. That is why Sanders’ legislation skips the taxes altogether.”[[3]](#footnote-3)

END QUOTE. But the money isn’t even the worst part of it. That comes in…

#  Contention 3. Worse medical care

Removing choices of how to pay for health care means competition is eliminated and innovation decreases. This leads to worse health care outcomes, as Dr. Brian Blase PhD explained in 2019 QUOTE:

“The best hope to improve our nation’s health care system is [explained](https://www.amazon.com/Who-Killed-Health-Care-Consumer-Driven/dp/0071487808) this way by Harvard business professor Regina Herzlinger: “Choice supports competition, competition fuels innovation, and innovation is the only way to make things better and cheaper.” Medicare for All will remove people’s choices of how to pay for health care, lead providers to compete for government favors rather than to best serve patients, dramatically decrease innovation, and thus worsen outcomes.”[[4]](#footnote-4)

END QUOTE. In fact, it’s not merely hypothetical, we’re already seeing this today with existing Medicare and the way it handles kidney disease. Dr. Blase in 2019 continues in the same context, writing QUOTE:

“For evidence of the devastating impact of Medicare’s control of payments, look no further than the sorry state of American kidney care, with high death rates and outdated, inefficient treatments. Only 12% of American patients undergo dialysis at home, where they could receive treatment while they sleep, compared to 80% in Hong Kong and 56% in Guatemala. One kidney care administrator has [remarked](https://www.politico.com/story/2019/07/08/trump-kidney-care-market-1573651): “The last 30 years as a country, all we’ve done is wait for kidneys to fail and we put people on dialysis.”  The reason for this devastating outcome? Medicare has covered all end-stage kidney disease treatment since 1973. Dialysis providers can send large bills to Washington to cover inefficient care. They stand in the way of reform while patients, particularly the most vulnerable, suffer. And Medicare — as the single payer for end-stage kidney disease — is the primary culprit for lack of market innovation and the resulting death and destruction.”

END QUOTE. That leads to our…

# Conclusion

Medicare For All is not the answer. The Status Quo isn’t perfect, but this proposed solution doesn’t work and the cure would be worse than the disease. We urge you to join us in rejecting this resolution.

1. ###  Dr. Robert Pearl 2019 (M.D.; was chief executive of the Permanente Medical Group) 28 Feb 2019 LOS ANGELES TIMES <https://www.latimes.com/opinion/op-ed/la-oe-pearl-medicare-for-all-analysis-20190228-story.html>

 [↑](#footnote-ref-1)
2. ###  Peter Suderman 2019 (journalist) Forget Paying for Medicare for All—We Can't Pay for the Medicare We Have 22 Feb 2019 <https://reason.com/2019/02/22/medicare-for-all-cost-m4a-debt-bernie/>

 [↑](#footnote-ref-2)
3. ###  Brian Riedl 2018 (senior fellow at the Manhattan Institute) 13 Aug 2018 “No, 'Medicare for All' Is Still Not Plausible” <https://fee.org/articles/no-medicare-for-all-is-still-not-plausible/?gclid=Cj0KCQjw7Nj5BRCZARIsABwxDKIb1zDjniW0e78BAiVoU9fF0z7Do-dFmqhTidMwmv962AWdRQsDzrIaAjbmEALw_wcB>

 [↑](#footnote-ref-3)
4. *Dr. Brian Blase 2019 (PhD;*  served as a special assistant to President Trump at the National Economic Council; president of Blase Policy Strategies LLC; senior fellow with the Texas Public Policy Foundation *) Why Warren's Plan Will Lead to Worse Health Care* <https://www.realclearpolitics.com/articles/2019/11/07/why_warrens_plan_will_lead_to_worse_health_care_141676.html> [↑](#footnote-ref-4)