Worse than the Disease
A/T CON Case by "Coach Vance" Trefethen

**A/T CON – Medicare For All Act of 2019**

**Full text of the Medicare For All Act of 2019 is here**

<https://www.congress.gov/bill/116th-congress/senate-bill/1129/text>

**A/T “M. For All will drive down costs” – Only by shutting down hospitals and denying access to care by shortchanging them**

*Ross Marchand 2020 (director of policy for the* Taxpayers Protection Alliance) 19 March 2020 “'Medicare for all' would fail coronavirus patients” <https://www.washingtonexaminer.com/opinion/op-eds/medicare-for-all-would-fail-coronavirus-patients>

Even at current reimbursement rates, more than 100 rural hospitals have had to [shut their doors](https://www.nbcnews.com/news/us-news/rural-hospital-closings-cause-mortality-rates-rise-study-finds-n1048046) since 2010. And according to the National Rural Health Association, [nearly 700 additional hospitals](https://www.beckershospitalreview.com/hospital-management-administration/technology-is-the-best-prescription-for-advancing-rural-care.html) are “vulnerable or at risk of closure.” Under a full-blown "Medicare for all" model, America’s 7,200 hospitals would take an [average pay cut of $20 million](https://jamanetwork.com/journals/jama/article-abstract/2730485) resulting in 15 million fewer funded hospital stays nationwide.

**A/T “M. For All would rein in costs” – Medicare isn’t reining them in now. It’s expanding faster than private insurance!**

### 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/>

Supporters of Medicare for All sometimes argue that although the government cost would be significantly higher, total national health spending would decrease. That only holds under the [improbable assumption](https://reason.com/blog/2018/07/30/bernie-sanders-medicare-all-32-trillion) that health care providers could absorb large reimbursement cuts without service disruption. In any case, these estimates suggest the weakness of attempting to control overall spending growth through Medicare, which is expected to substantially outpace private insurance spending growth.

**Medicare is the primary CAUSE of why medical care costs are rising so fast in the U.S.**

### 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/>

There are other ways to break down the projected increase: Spending on drugs, hospital visits, and doctor services are expected to rise rapidly over the next 10 years. But Medicare, the nation's largest public payer for health care services, contributes to all of these categories. It is hard to avoid the conclusion that Medicare is the dominant factor in the projected increase in overall spending. This is not a new phenomenon. Health care spending [began its rapid rise as a percentage of the economy](https://reason.com/archives/2018/11/19/health-care-ate-america) around the time that Medicare and Medicaid were introduced. The business and practice of medicine have obviously changed dramatically in the intervening decades; as with any economic transformation, multiple factors are in play. But there has long been a case that, when it comes to rising health spending, Medicare is the primary culprit.

**A/T “Medicare cuts administrative costs” – No it doesn’t, and eliminating private insurance wouldn’t pay for M. For All**

### Prof. Richard Kocur 2020 (assistant professor of business at Grove City College) 17 March 2020 “Medicare for All is Bad Medicine” <https://www.faithandfreedom.com/medicare-for-all-is-bad-medicine/>

While a dramatic increase in taxes will be necessary, Sanders also claims Medicare for All will help pay for itself through administrative cost savings. Eliminating the private insurance industry is certainly one way to bring down costs. Unfortunately, on a per-patient basis, Medicare administrative costs are no better than those of private insurance. This despite a greater number of private insurance providers, variability in their administrative efficiency, and higher marketing and promotion costs. Is it even feasible that the bureaucratic machinery in Washington could come close to being able to drive down costs via “administrative efficiency?”

**Total health care spending goes up, not down, under M for All. $6 trillion in added costs**

### 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>

Cutting all hospital and medical providers to Medicare rates—without the ability to recover those losses by charging higher insurance rates to others—would bankrupt many health providers. While some efficiencies can always be found, an immediate 40 percent reduction is not even remotely plausible. That is why the [Urban Institute](https://www.urban.org/research/publication/sanders-single-payer-health-care-plan-effect-national-health-expenditures-and-federal-and-private-spending)’s analysis of the Sanders 2016 single-payer plan insisted on more realistic payment rates—and concluded that the plan would raise national health spending by $6 trillion over the decade. The Mercatus study also shows that even moderating these provider cuts would add $6 trillion in additional costs.

**Medicare for All isn’t workable nor affordable because no one can make the numbers add up**

### 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>

People can debate whether the American system is better or worse. Yet, transitioning to Sanders’ absurdly-generous “Medicare For All” plan would not be remotely workable nor affordable. Critics may disagree. Fine. Then produce an actual proposal. And this time, include both the specific tax increases that would be required and a blueprint for how providers will survive such deep payment reductions. Until then, “affordable single-payer health care” will remain just an empty talking point.

**A/T “Universal coverage = saving lives” – NBER Study denies. Government health coverage doesn’t reduce mortality**

### Sally Pipes 2019. (*president, CEO, and the Thomas W. Smith fellow in healthcare policy at the Pacific Research Institute* ) <https://www.forbes.com/sites/sallypipes/2019/03/18/medicare-for-all-wont-result-in-better-health-outcomes/#67dc73394f48> (ellipses in original)

New Jersey Senator Cory Booker [claims](https://medium.com/%40SenBooker/i-support-medicare-for-all-because-health-care-is-a-civil-right-a-human-right-31675eb30be5) Medicare for All would "save lives." Vermont's own Senator Bernie Sanders [promises](http://time.com/4372673/bernie-sanders-speech-text-read-transcript/) it would end "the disgrace of tens of thousands of Americans dying every year from preventable deaths." But [a new study](https://www.nber.org/papers/w25568) from the National Bureau of Economic Research finds little evidence to support those assertions. The authors examined people who gained government health coverage in recent years and found no "statistically significant pattern of results consistent with . . . mortality changes." In other words, abolishing private insurance and forcing everyone into a government health plan -- as Medicare for All's proponents advocate -- wouldn't necessarily improve patients' health.

**A/T “Universal coverage saves lives” – NBER Study of Medicaid expansion found no reduction in mortality.**

### Sally Pipes 2019. (*president, CEO, and the Thomas W. Smith fellow in healthcare policy at the Pacific Research Institute* ) <https://www.forbes.com/sites/sallypipes/2019/03/18/medicare-for-all-wont-result-in-better-health-outcomes/#67dc73394f48>

The researchers analyzed [Obamacare's Medicaid expansion](https://www.healthcare.gov/medicaid-chip/medicaid-expansion-and-you/), which allowed states to extend Medicaid coverage to people in households with incomes below 133% of the federal poverty line. [Thirty-six states](https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D) and Washington, D.C. opted to do so. Some [12 million people](https://www.cbo.gov/system/files?file=2018-06/51298-2018-05-healthinsurance.pdf) gained coverage through Medicaid this year thanks to the expansion. As of the end of 2018, nearly [66 million people](https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html) were enrolled in Medicaid nationwide. Since 14 states didn't expand the program, researchers had the chance to compare differences in mortality between the expansion and non-expansion states while controlling for other variables. If giving people government health insurance actually leads to improved health outcomes, states that expanded Medicaid should have seen a measurable decrease in mortality rates. But they didn't.

**A/T “Universal coverage = better health” – Medicaid study found deaths INCREASE**

### Sally Pipes 2019. (*president, CEO, and the Thomas W. Smith fellow in healthcare policy at the Pacific Research Institute* ) <https://www.forbes.com/sites/sallypipes/2019/03/18/medicare-for-all-wont-result-in-better-health-outcomes/#67dc73394f48>

In some cases, Medicaid coverage seemingly yields worse health outcomes. A 2010 study conducted by researchers at the University of Virginia looked at nearly 900,000 major surgeries between 2003 and 2007. Patients with Medicaid coverage were [13%](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3071622/) more likely to die after surgery than uninsured patients.

**M. For All = long delays in getting care, just like Canada**

### Sally Pipes 2019. (*president, CEO, and the Thomas W. Smith fellow in healthcare policy at the Pacific Research Institute* ) <https://www.forbes.com/sites/sallypipes/2019/03/18/medicare-for-all-wont-result-in-better-health-outcomes/#67dc73394f48>

Shoving everyone into a Medicare for All plan with no premiums or cost-sharing would greatly increase the demand for health care. People would visit the doctor's office for all of their medical issues -- no matter how minor. That would overwhelm the medical system, delay care, and lead to worse health outcomes. For proof, look at our neighbors to the north. Canada's single-payer system offers care free at the point of service -- and is the model for Senator Sanders's bid for Medicare for All. Canadian patients wait months for care. In 2018, they idled a median of [19.8 weeks](https://www.fraserinstitute.org/sites/default/files/waiting-your-turn-2018-exsum.pdf) for specialist treatment after obtaining a referral from a general practitioner.