Incrementalism as an Obstacle to Improved Medicare for All and How we Resist it

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SEPTEMBER 2017
Goals of this talk

1. Understand the current talking points being used by ‘progressives’ to promote an incremental approach to healthcare reform and how to respond.

2. Understand the specific healthcare reform policies being proposed and their weaknesses.

3. Discuss tactics to resist the incremental approach and strengthen the movement for National Improved Medicare for All.
Where are we?
Divide and Conquer

**The Hill**

To my fellow progressives: Single-payer is good, but unnecessary

BY IRA ROFSKYS, OPINION CONTRIBUTOR - 06/12/17 07:00 AM EDT

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**The Nation**

Medicare-for-All Isn’t the Solution for Universal Health Care

The health-care debate is moving to the left. But if progressives don’t start sweating the details, we’re going to fail yet again.

By Joshua Holland

**Salon**

Progressives: Don’t blow the chance for health care reform with a single-payer litmus test

Everyone on the left agrees that single-payer health care is the goal. But a purist approach will only mean defeat

PETER DREIER AND DONALD COHEN

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Interview with Jon Walker: Why MICA is Good Plan to Transition U.S. to Single-Payer Health Care

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GOAL: 50
Common themes:

All begin with, “I support single payer, but…

- Improved Medicare for All is too much change at once.
- Single payer supporters don’t have the details worked out.
- Other countries don’t have pure single payer systems.
- The opposition to Improved Medicare for all is too strong.
- Loss Aversion is the problem.
- We have to do what is politically feasible.
- I don’t know what the solution is but we need more public debate first.
Common accusations

Allegations that Medicare for all supporters are misleading the public because…

- Medicare isn’t truly single payer (Medicare Advantage plans).
- Medicare covers less than high quality insurance does, so people would be losing benefits.
- Doctors wouldn’t participate in a Medicare for all system because they would be paid less.
- There are many different definitions of single payer.
Our responses: Think like George Lakoff

- **Positive framing.**
  
  “We have all the resources we need to provide high quality health care to everyone right now.”

- **Speak in terms of values.**
  
  “Health care is a human right (public good).”

- **Repeat the truths about those values.**
  
  “The best healthcare systems treat health care as a human right (public good)”

- **Have courage and confidence.**
Our responses

Assertion that single payer is too much change:

- National Improved Medicare for All is the smallest incremental step that will create a universal healthcare system.
- Medicare was implemented in less than a year as an entirely new system without using computers.
- We are already paying for universal comprehensive health care.
- Single payer healthcare systems are well studied and proven to control costs and improve health.
- Detailed proposals for Improved Medicare for All have been published in leading medical journals in the United States.
- We have models of single payer systems in the United States that we can compare.
- Privatization has undermined healthcare systems in the US and other countries.
Assertion that we have to do what is politically feasible.

- The feasibility of reforms depends on the political winds, which change with popular pressure.
- We need to do what will actually solve the healthcare crisis.
- A majority of the public and health professionals support Improved Medicare for All.
- Prominent business leaders and conservatives support Improved Medicare for All.
- People are inspired by bold solutions to the crises we face.
- There will always be opposition to health reform, so our best strategy is to present something worth fighting for.
Incremental proposals

Variations on the public option theme:

- Medicare buy-in
  - “HR 2065: Medicare You Can Opt Into Act” – Carol Shea-Porter (D-NH)
  - “Medicaid for All” – Nevada, Hawaii
  - “Medicare Part E” – Jacob Hacker
  - “Medical Insurance and Care for All” – Jon Walker
- Sell Medicare (including Advantage plans) on state exchanges – Paul Starr, et al.

Lowering the age of Medicare:

- “S 1742: Medicare at 55 Act” – Debbie Stabenow (D-MI)
Weaknesses of incremental proposals

Public Options:

- Forego 84% of the administrative savings of a single payer system.
- Opt-in systems achieve 85% coverage under the best circumstances.
- The effort of creating a Medicare/public system to buy into is the same as the effort to create Medicare for All but would benefit fewer people.
- The public plan would become a high risk pool – attracting those with the greatest health needs.
- When a public option fails, it would be interpreted to mean that single payer systems don’t work.
- Don’t solve the other problems with the health system – underinsurance, problems with Medicare and Medicaid, administrative complexity.
- Add to the complexity of the system.
- Regulating private insurance is expensive and has failed.
- Employers want out of health insurance.
- Perpetuate a tiered system based on ability to pay.
Types of Public Options:

- **Medicare buy-in** – Shea-Porter bill allows all ages to buy Medicare and premium is age-rated. Includes Medicare Advantage plans. Stabenow bill allows people 55 to 64 to buy Medicare. **Problems:** creates a new plan, becomes a high risk pool, more complexity, less savings and includes private insurance.

- **Medicaid for All** – Medicaid mostly consists of private Managed Care Organizations. Similar problems for selling Medicare on the exchanges. **Problems:** not a public plan, includes barriers to care (co-pays, deductibles), adds complexity and not clear how the finance would work.

- **Medicare Part E/MICA** – if not insured through employer with comparable plan, then enrolled in Medicare plan. **Problems:** employers want out of insurance, requires heavy regulation of private insurers, creates a new plan, less savings and more complexity.
Weaknesses of specific proposals

Lowering the age of Medicare – sequentially lowering the age of Medicare (or some suggest starting at birth and going up).

Problems:

- Increases complexity for employers.
- Requires increased tax on younger workers without benefit.
- As age gets lower it would require creating plans that include maternity and pediatric coverage.
- Shrinks the private insurance pool and raises premiums.
- Lacks cost savings of single payer.
- Maintains complexity of current system and uninsured/underinsured.
Fixing the Affordable Care Act (ACA)

Making the Affordable Care Act “what it should be” (the Swiss System):

- Rigorous enforcement of the individual mandate – penalty equals the cost of a bronze health plan.
- Insurers required to offer minimum essential benefits as non-profits and can make money on supplemental plans.

Problems:

- The US is not Switzerland – more wealth inequality, unemployment and poverty, less of a social safety net.
- Private insurers in the US are investor-owned and have evaded regulation.
- It would force people to purchase a shoddy product that leaves them unable to afford care.
Fixing the Affordable Care Act (ACA)

**Market Stability and Premium Reduction Act** – offered as a bipartisan proposal by the Center for American Progress.

- Guarantee provision of subsidies that reduce cost-sharing.
- Reimburse insurance companies for high-cost enrollees.
- Provide tax breaks for insurers that sell plans in underserved areas.

**AKA:** Give more public dollars to private insurers to encourage them to pay for health care as they continue to maximize their profits.

**Problems** – based on the belief that insurers function to pay for health care and will lower premiums. Maintains all of the problems of the current system.
Take over the language...

Public Option = Profiteer’s Option

To fix the ACA, we need a Private Extraction.
WE TRIED EVERY FIX THE INSURANCE COMPANIES ALLOW BUT IT STILL WON'T FLY!
What is private health insurance?

Commercial health insurance is defined as a financial service by the United States, rather than a public service. It profits by 1) charging the highest premiums possible, 2) shifting as much of the cost of care onto the individual as possible, and 3) restricting payment for care as much as possible.
How to talk about single payer

As Dr. Quentin Young taught us:
Focus on the “elegant simplicity of single payer.”

National Improved Medicare for All (NIMA):

- National – every person living in the US and all health professionals; follows a person wherever they go domestically from prenatal care through death.
- Improved – care is comprehensive, including all medically necessary care and long term care; no co-pays or deductibles.
- Medicare for All – like Medicare, it is financed up front through a progressive tax so that each person pays according to their means, not their health status.
Conflict: Is health care a public service or a commodity? It can’t be both.

When health care is viewed as a public good there is a social solidarity.
When it is treated as a commodity, people don’t want to pay for more than they need or they feel ripped off.
100 years of ‘more palatable approaches’

- Basic requirements are ‘compulsory coverage’ and effective government oversight.

- Five phases of ‘more palatable approaches’ have each self-destructed leaving us with no other alternative than a universal social insurance.
  - Group solidarity
  - Volunteerism
  - Collaboration
  - Management
  - Privatization

- Every other country has learned that the social insurance model is the only feasible path.
No more compromising

“The practical mechanics of how to make such a universal health insurance system work are a lot easier than patching together the existing hopelessly fragmented private-public health insurance system. The Medicare program actually does this quite well and the cry of Medicare for all has never been silenced. Indeed, no one has ever objected to their ‘mandated’ coverage under Medicare.”  - David Barton Smith
Now is the time

- The United States is currently spending twice as much on health care per person per year as the average industrialized nation with universal health care, and yet we still leave 27 million uninsured and tens of millions more under-insured.

- We are wasting $600 BILLION each year in excess administrative costs and overpayment for pharmaceuticals. This is more than enough to offset the additional cost of providing comprehensive coverage to everyone without co-pays and deductibles.

- Why should we keep paying more and sacrificing people's lives to ensure profits for health insurance and other medical industries?

- For those who believe that we should have something less than universal coverage, we ask "WHO should be sacrificed to keep health care PROFITABLE?"
There is no back door to National Improved Medicare for All.

We must prepare ourselves to face the opposition, we are on the right side of history and represent the majority.

Social movements are always told that they are asking for too much.

We win when the political culture changes so that the impossible becomes inevitable.

A campaign requires education, outreach, mobilization and escalation of pressure over time.

The struggle for health justice unites us across all boundaries.
Winning National Improved Medicare for All

We have a healthcare crisis and we need the ICU: We must be
- Independent
- Clear
- Uncompromising
in our demand for National Improved Medicare for All.

Gandhi: “You can’t compromise on fundamentals because it is all give and no take”
Making single payer a litmus test

“I don’t have any sympathy for the idea that the president had to compromise because his opposition was strong. Winning is not always winning the election. Winning is making a huge fight and then taking the fight to the people — re-electing people who are supporting your program and defeating those who aren’t.”
Imagine what it will mean for our country when we achieve National Improved Medicare for All...

It will mean

- People are more important than corporate profits.
- All people deserve high quality health care.

- It will create a social solidarity.
- It will empower us to win other critical struggles.
And remember…

- First they ignore you
- Then they laugh at you
- Then they fight you
- And then you win!