
Medicare For All

The topic I'll be addressing for my final topic paper this is one that is about as near and dear to my career aspirations as there is. I am going to write about our current healthcare system, and the proper legislative direction we should be aiming toward in the U.S., and that is single-payer, universal Healthcare. The policy has many titles it's commonly referred to as; universal healthcare, single-payer, Medicare-for-all, all of which are accurate and widely used interchangeably. The premise of the system entails a major redesign of our current, private market system, which ultimately is overhauled and phased away for the most part, over a 4 year period. In its' place is a federal program, a broad expansion of the current Medicare infrastructure which is tax-payer funded and will cover each citizen, from birth to death and regardless of pre-existing condition or any other factor. I will explain the importance of this issue and policy, why it is necessary in this country on a fiscal, political, and moral basis, and how the idea is gaining massive momentum and popularity.

One of the very most central issues that exist in the political world and dealt with in the American governmental system is healthcare. In public poll after public poll, pretty much irregardless of whatever other current events are going on, healthcare is always a top issue for people. Working in Congress for a member of the House of Representatives, healthcare costs and coverage is a topic that you absolutely cannot avoid, must be knowledgeable of, and understand in depth. When the American public is polled, in nearly any set of results over the past decades, it's healthcare that comes out as the most cared about and important issue for the people and that's because it encompasses the full extent of public health in our country. There are few issues as deeply personal, expansive and complicated, or important. We all are humans; we get sick, need to see doctors, take medicine and get treatment. Even those certain people who rarely get sick and need to see doctors, they have family who are sick, and inevitably are exposed and have investment in the delivery of medicine and healthcare. The extremely personal and expansive nature of healthcare in the U.S is the reason for high public demand for legislative action and remedies in the issues most prevalent in our system, which is deeply flawed and in a state of uncertainty for many of those who need it most.

The current law of the land is the Patient Protection and Affordable Care Act, commonly known also as ObamaCare. It has been the federal policy in place since March of 2010 and considered to be the signature legislative accomplishment of former President Obama. It's an individual mandate system, which requires citizens by law to buy into the private market networks established by the plan. This resulted in a significant surge in the percentage of people having health coverage, and entitled coverage for those with pre-existing conditions. The pre-existing condition aspect of the legislation is hugely popular and important, while the individual mandate is the glue that functionally holds it all together. In the years before the Affordable Care Act, citizens born with or who developed health ailments would commonly just denied healthcare outright or be made to pay unapproachable high costs to be covered, and usually not even fully or adequately covered, resulting in medical bankruptcy for lots of people. The system before this plan was also on a steady and unrelenting track to keep ballooning in price and become increasingly less affordable. It is an objective and should be an uncontroversial fact that the Affordable Care Act was a major improvement of our system and pushed us closer the proper legislative mission. More individuals are covered under the ACA and the discriminatory

practices against those with pre-existing condition are essentially abolished, and while it didn't stop the ballooning prices, it did dramatically reduce the rate of increase which is important.

I believe that when looking at this issue, it is essential context to be aware of and to examine the global approaches to healthcare, pretty much looking at how the other developed countries do it and whether or not they find success in their respective models. Globally, healthcare looks very different compared to the United States. It is not challenging to objective people to see immediately that our system is one of a kind in its uniqueness. We boast the only model of its' kind, composed of literally thousands of private insurance providers and for-profit entities. Unanimously, all of the other countries possess one form or another of single-payer healthcare, and while some might have previously had a private system in their history, they have since opted for the government funded option. In some but not all other systems, there is a role for private insurers in one capacity or another, as we would still have here in the U.S under currently proposed legislation. There are stark reasons for this reality, borne out clearly in the economic and substantive outcomes and expenditures of the systems. The fact of the matter is that we, in the U.S. , pay by far the most for healthcare per capita. Every year we spend over 18% of our gross domestic product (GDP) on our system, 18 cents of every dollar generated in our country is spent on healthcare. Among the UK, Australia, Norway, Japan, Canada, New Zealand, Denmark, Switzerland, Netherlands, Germany, Sweden, and France, between 8.5% and 11.6% of their GDP on healthcare. Simply put, publicly funded health systems are proven to substantially reduce costs overall because they lack financial incentive structures for denying care and inflating costs. These are not even all the countries that have single-payer systems, but the same results are reflected anywhere it's been implemented, relative to any private market approach. These reduced costs also do not negatively impact the outcomes of the system. These countries outrank and outperform the United States in nearly every metric of health outcomes, in addition to costs per capita and percentage of GDP.

The United States has a multitude of public and social programs available for certain individuals who meet particular conditions, criteria, or have specifically needy situations. If you are low-income and in need of basic necessities like food and water, there are programs for you. If you are unable to afford housing due to low income and you have children, there are public programs you can opt into for aid. And as might be evident for the public polling of issues by importance, it may be obvious that some of the largest federal programs we have are healthcare related since the private system is utterly broken and dysfunctional. Medicare and Medicaid are amongst the absolute most highly popular federal programs in the history of the United States. 70%+ favorability and approval are the usually result for each of these programs. Medicare For All already polls quite steadily above 60% nationally regardless of how it is framed in the poll, which should be common sense considering the popularity of Medicare and the newly enlarged national focus on Medicare for All and single-payer healthcare arguments.

Even from conservative as well as libertarian groups and think tanks, there are absolutely no economic analyses that give an outlook in which we don't save several trillions of dollars in healthcare costs by transitioning to a universal model. Most analyses arrive at a similar conclusion that this system in the United States would cost around 32 trillion dollars over a decade. Our current system continued unchanged over the next decade is expected to cost around 39 trillion dollars anyhow. An extremely common smear tactic against the policy includes the cost being framed as the 32 trillion dollar program being implemented on top of our current system, unchanged with all costs accounted for; essentially saying we'd have two separate healthcare systems overlapping, which is purposeful gaslighting nonsense and frankly used to

scare people into thinking that this policy is impossible and too expensive to be realistic. The reality is the opposite, which is that it saves trillions of dollars as made clear by every example of the system that exists.

The concept of universal healthcare in the U.S. has been massively popularized and brought to the forefront of public consciousness by the Independent Senator from Vermont, Bernie Sanders, who wields this issue as a core aspect of his agenda and ideology. The approval and favorability, primarily through name recognition and expansion of awareness about it, has greatly increased since his 2015 during his presidential campaign. He currently leads the single-payer proposal in the Senate, with a parallel bill in the House of Representatives led by originally by Rep. Japapal of Washington. Senator Sanders' senate bill is one which has been reintroduced unsuccessfully several times in the senate, originally getting 0 co-sponsors. Now his bill, the same exact one but reintroduced in the current 116th congress has over a dozen cosponsors, including all virtually all Senate Democrats who are running for presidents in 2020. This is the result of mainstreaming the idea and it catching fire among the public, which is a response to the current system of healthcare, which is inflating unsustainably and becoming ever more expensive and has record dissatisfaction. Today's system fails to provide quality care to every citizen and wastes billions each year in unnecessary administrative costs, and Universal would expand coverage to every citizen at a lower cost and with better health outcomes. Even under the Affordable Care Act, 30+ million Americans continue to be uninsured, and so many experience medical bankruptcy under this private system, which is a concept that frankly, is foreign and not understood by citizens in other countries who see us as just really behind and primitive on this issue. On top of uninsured citizens and medical bankruptcies, tens of thousands of citizens die every annually here because they lack basic healthcare, which is obscene and inhumane on every level in a country as wealthy as the United States. Small businesses usually find in starting up and growing their employer base, that the biggest financial obstacle they experience is providing healthcare benefits to their employees, and citizens who get their healthcare through their work often become stuck and lacking economic mobility because they don't want to leave and become uninsured for themselves or their families. The cost of healthcare that businesses pay could literally be redistributed into wages, since cost of benefits is considered when wages are determined. It is projected that 2.4-2.6 million jobs would be net created in the process of establishing this system, many of which would be filled by those losing employment in the current healthcare workplace apparatus. One of the big "promises" that went into the Affordable Care Act was that people could still go to the same doctor they always went to, could have more options even, and the reality was far from what was promised. But under a Medicare For All system we create a network that encompasses the population of the United States and includes all medical providers, which is what Medicare pretty much currently provides, since no provider would want to not be included in a plan that's covered by a system with so many individuals in it. That promise would be fulfilled in a single-payer system.

The American people want it according to any and every poll, every organized form of medicine supports it, every nurses union supports it, the majority of Democrats, Independents, and even Republicans in many (but not all) polls, support this policy. It costs less, saves us trillions of dollars and brings us better health outcomes. It definitely sounds too-good to be true when put in this way, but when considering that every other modern country has made this transition, and has achieved these outcomes, and that we are the sole country still working with a private, for-profit model, it becomes clear why healthcare in this country doesn't work for the common people. This would provide savings for the bottom 95% of Americans, better the state of our

economic inequality by increasing the current excise tax on payroll and self-employment income, and bring a modest tax on unearned income and on speculative financial transactions. Among the numerous reasons that made me interested and invested in government, public policy, government, is my desire to improve upon our healthcare system here in the U.S., and it's one of my biggest motivators for wanting to pursue this field as a professional career. Congresswoman Gabbard, my boss this Summer, is a proud original sponsor of universal healthcare in the House and advocates for single-payer in her primary, general and even right now in her presidential campaign. It is a primary reason I was interested in working for her in the first place, and why I wouldn't prefer to work under a member who doesn't advocate that position. In this internship I get to proudly represent and advocate this policy and these bills. We have never been closer than we are right now and going forward, though there is a long journey ahead on this.