

## September/October Public Forum Topic Analysis

### Resolved: The United States federal government should enact the Medicare-For-All Act of 2019.

#### Definitions:

**United States federal government:** While it's not necessary to fully define this term in cases, it's important for debaters to understand that the resolution pertains to a policy that would be passed on the federal level. This means that states would be required to comply. The specification is provided here to direct debaters to the idea of whether it is best for the federal government or the states to have control over healthcare coverage.

**Should:** Merriam-Webster clarifies that [should](#) is used to express obligation, propriety, or expediency. Essentially, the use of the term "should" in the resolution poses the question of whether or not the United States has an obligation to enact the Medicare-For-All Act or whether it is proper to do so.

**Medicare-For-All Act of 2019:** The Medicare-For-All Act, also referred to as MFA, was introduced into the [Senate](#) by Bernie Sanders on April 10, 2019, and into the [House](#) by Pramila Jayapal on February 27, 2019. Medicare-For-All would expand the existing Medicare program both in terms of the number of people covered and the types of healthcare procedures covered. The Senate proposal is much lengthier and contains many more provisions than the House proposal. Section 1a of the Senate bill notes, "This Act may be cited as the 'Medicare for All Act of 2019'." For that reason, it is safe to assume that this is the version the resolution is referring to.

## Background:

Healthcare is a crucial issue in the US at this point in time. In February, 26% of Americans listed healthcare as the most important issue in deciding their vote in the upcoming election.<sup>1</sup> Though it is no longer considered the most important issue, it still ranks 5th for voters overall and 3rd for Democrats. There are few issues more contentious than healthcare, and Medicare For All is one of the top policy proposals. Before we can understand what MFA would do, we have to understand what healthcare currently looks like in the US.

The Affordable Care Act (ACA), also referred to as Obamacare, drastically reduced the number of Americans without health insurance. Unfortunately, as of 2019, around 30 million people remain uninsured, 44 million are underinsured, and healthcare costs are growing faster than median income in a majority of the states<sup>2</sup> (It's important to know that these numbers may vary from source to source, so be aware of what makes your sources more credible than your opponent's). Health insurance is important in the US because healthcare is more expensive here than in most comparable countries. Fixing a broken leg can cost up to \$7,500, a 3-day hospital stay will cost around \$30,000, and comprehensive cancer care can cost hundreds of thousands of dollars.<sup>3</sup>

The Medicare-For-All Act of 2019 would, according to the bill itself, "Establish a national health insurance program to provide comprehensive protection against the costs of healthcare and health-related services." This would provide every resident of the US with all of the benefits provided in the bill - note that it refers to residents, not citizens. Some important elements of the bill are its provisions regarding freedom of choice, non-discrimination, effective date of benefits, and prohibition against duplicating coverage. Let's break down these ideas. The freedom of choice provision notes that individuals may choose to get health services from any hospital, doctor, or other agency that is qualified to participate in MFA. Non-discrimination refers to the fact that no one may be denied coverage or health services based on race, nationality, age, disability, or sex. The effective date of benefits means that the benefits (or health services) provided under the bill will take effect on January 1 of the fourth calendar year after the act is passed. For children under 19, benefits become available on January 1 of the first calendar year after the act is passed. Finally, the prohibition against duplicating coverage prevents private health insurance companies and employers from providing any benefits that are provided to people through MFA.

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<sup>1</sup> Hamel, Liz et al. "KFF Health Tracking Poll – September 2020: Top Issues in 2020 Election, The Role of Misinformation, and Views on A Potential Coronavirus Vaccine." *Kaiser Family Foundation*. 10 Sept. 2020. <https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-september-2020/>

<sup>2</sup> Collins, Sara and Gunja, Munira. "What Do Americans Think About Their Health Coverage Ahead of the 2020 Election? | Commonwealth Fund." *Commonwealth Fund*. 26 Sept. 2019. <https://www.commonwealthfund.org/publications/issue-briefs/2019/sep/what-do-americans-think-health-coverage-2020-election>

<sup>3</sup> HealthCare.gov. "Health coverage protects you from high medical costs." *HealthCare.gov*. n.d. <https://www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/>

## Aff Arguments:

### Racial Disparities in Health

As noted earlier, one of the major components of the MFA bill is the non-discrimination clause. This is a crucial aspect as racial disparities in healthcare are extremely high in the status quo. Overall, Black Americans experience 40% worse health outcomes than White Americans.<sup>4</sup> There are plenty of specific areas in which health outcomes are worse among Black populations, such as breast cancer, strokes, and infant mortality rates. It is difficult to trace back a specific reason for these health disparities; in forming your argumentation here, you should focus on how pervasive the problem is in society and try to link your solvency specifically back to MFA and the changes that would come with the bill.

While only 10% of Black Americans are uninsured, which is not a disproportionate rate, over 40% of Black Americans are insured through Medicaid,<sup>5</sup> the government healthcare program that helps low-income individuals. Medicaid is not universally accepted, which means that it can be a lot more difficult for people with Medicaid to find high-quality healthcare or to find any health services nearby. Historically, we have seen that the expansion of healthcare has benefitted racial minorities - when the ACA expanded Medicaid, there was a measurable decrease in racial health disparities.<sup>6</sup> It is reasonable to assume that the same would be true with the expansion we would see with MFA, which is why it is easy to find sources that argue that MFA or a similar system would help level the playing field in healthcare.

### Better Health Outcomes

Probably the most obvious aff argument is that of better overall health outcomes. It's worth noting that the US currently has worse overall health outcomes than those of comparable countries, with a notably large difference in the rates for premature death.<sup>7</sup> A key reason for these differences is the cost of treatment in the US versus in other countries. Many people cite cost as a reason for poor health quality in the US. 25% of Americans say they or a family member delayed treatment for a serious medical condition in the past year due to cost,

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<sup>4</sup> Robert Wood Johnson Foundation. "Reducing Health Care Disparities for Racial and Ethnic Minorities ." RWJF. 16 Jun. 2014. <https://www.rwjf.org/en/library/research/2014/06/reducing-disparities-to-improve-care-for-racial-and-ethnic-minorities.html>

<sup>5</sup> Taylor, Jamila. "Racism, Inequality, and Health Care for African Americans." The Century Foundation. 19 Dec. 2019. <https://tcf.org/content/report/racism-inequality-health-care-african-americans/>

<sup>6</sup> Interlandi, Jeneen. "Why Doesn't America Have Universal Health Care? One Word: Race." The New York Times. 14 Aug. 2019. <https://www.nytimes.com/interactive/2019/08/14/magazine/universal-health-care-racism.html>

<sup>7</sup> Peterson-KFF Health System Tracker. "How does the quality of the U.S. healthcare system compare to other countries? - Peterson-KFF Health System Tracker." *Peterson-KFF Health System Tracker*. n.d. <https://www.healthsystemtracker.org/chart-collection/quality-u-s-healthcare-system-compare-countries/>

and 8% said they or a family member delayed treatment for a less serious condition for the same reason.<sup>8</sup> On top of this, 44% of respondents to a 2020 poll reported not purchasing at least one medically necessary prescription because of cost.<sup>9</sup>

MFA could potentially resolve, or at least mitigate, these issues. It would eliminate out-of-pocket costs for individuals, meaning that cost would no longer be a barrier to treatment. The bill prohibits deductibles, coinsurance, co-pays, and surprise medical bills for healthcare services covered by MFA, including prescription drugs. This would be particularly beneficial for treatment, as around 125,000 deaths per year in the US are due to medication nonadherence and 33 to 69% of medication-related hospital admissions are due to poor adherence.<sup>10</sup> It has also been reported that 45,000 annual deaths are associated with a lack of insurance.<sup>11</sup> If everyone had insurance under MFA, this figure would likely decrease.

## COVID-19

One of the major reasons that healthcare is at the forefront of American consciousness at present is the coronavirus pandemic. As if a pandemic were not enough of a problem, the effects on the economy have caused many to lose their jobs and, subsequently, their health insurance. 49% of the US population currently receives health insurance through their employer.<sup>12</sup> Almost 30 million jobs were lost in the spring alone<sup>13</sup> due to the pandemic, and 45.7% of these individuals had employer-provided healthcare, meaning 9.2 million people may have lost healthcare coverage due to the COVID pandemic.<sup>14</sup> This could be hugely problematic, as those without coverage may not be able to finance their hospital stays and necessary treatment.

The differences between what the insured pay for care compared to what the uninsured pay are extremely clear when examining the cost of hospital stays for patients with COVID-19.

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<sup>8</sup> Saad, Lydia. "More Americans Delaying Medical Treatment Due to Cost." *Gallup.com*. 9 Dec. 2019. <https://news.gallup.com/poll/269138/americans-delaying-medical-treatment-due-cost.aspx>

<sup>9</sup> Leonhardt, Megan. "Americans are skipping medically necessary prescriptions because of the cost." *CNBC*. 26 Feb. 2020. <https://www.cnb.com/2020/02/26/people-skipping-medically-necessary-drugs-because-they-cost-too-much.html>

<sup>10</sup> Bailey Sc. "Medication Adherence: Helping Patients Take Their Medicines As Directed." *PubMed Central (PMC)*. SAGE Publications, 2012. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3234383/>

<sup>11</sup> Cecere, David. "New study finds 45,000 deaths annually linked to lack of health coverage." *Harvard Gazette*. 17 Sept. 2009. <https://news.harvard.edu/gazette/story/2009/09/new-study-finds-45000-deaths-annually-linked-to-lack-of-health-coverage/>

<sup>12</sup> eHealth. "How Many Americans Get Health Insurance from their Employer?." *Ehealthinsurance.com*. 25 Sept. 2020. <https://www.ehealthinsurance.com/resources/small-business/how-many-americans-get-health-insurance-from-their-employer>

<sup>13</sup> Eric Morath. "How Many U.S. Workers Have Lost Jobs During Coronavirus Pandemic? There Are Several Ways to Count." *Wall Street Journal*. 3 Jun. 2020. <https://www.wsj.com/articles/how-many-u-s-workers-have-lost-jobs-during-coronavirus-pandemic-there-are-several-ways-to-count-11591176601>

<sup>14</sup> Zipperer, Ben and Bivens, Josh. "9.2 million workers likely lost their employer-provided health insurance in the past four weeks." *Economic Policy Institute*. April 16, 2020. <https://www.epi.org/blog/9-2-million-workers-likely-lost-their-employer-provided-health-insurance-in-the-past-four-weeks/>

Uninsured Americans with COVID could pay an average of \$73,300 for a 6-day hospital stay, while insured patients could expect to pay a portion of the \$38,221 billed to insurance companies.<sup>15</sup> Hospital costs alone, regardless of the cost of treatment for COVID, are estimated to reach between \$13.4 billion and \$41.8 billion for uninsured COVID patients.<sup>16</sup> The relief efforts made thus far do not do enough to help cover these financial burdens.

## Mental Healthcare

One of the largest changes that would come with the passage of MFA would be coverage for mental healthcare. Many insurance companies do not provide such coverage in the status quo, and MFA would help ensure that people can secure treatment for mental health issues. The US is in the midst of a mental health crisis, with suicide rates at a 30-year high and substance abuse becoming an epidemic across the country.<sup>17</sup> The COVID pandemic is only worsening these issues. Nearly half of Americans report the crisis is harming their mental health,<sup>18</sup> and these numbers have translated to increased demand for care. A federal emergency hotline for people in emotional distress saw a 1000% increase in April, and online therapy company Talkspace has seen a 65% jump in clients.<sup>19</sup>

MFA would help address this crisis. Similarly to physical health, a large impediment to accessing mental health care is cost. 42% of the population reported that cost and poor insurance coverage were the top barriers for accessing mental health care, and one in four Americans reported having to choose between getting mental health treatment and paying for daily necessities.<sup>20</sup> The Act clarifies that MFA would “cover items and services that are medically necessary or appropriate to maintain health or diagnose, treat, or rehabilitate a health condition,” with these conditions including mental health and substance abuse treatment. The most effective way of combating depression, anxiety, and other disorders is a

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<sup>15</sup> Megan Leonhardt. "Uninsured Americans could be facing nearly \$75,000 in medical bills if hospitalized for coronavirus." *CNBC*. 1 Apr. 2020. <https://www.cnn.com/2020/04/01/covid-19-hospital-bills-could-cost-uninsured-americans-up-to-75000.html>

<sup>16</sup> Goodnough, Abby. "Trump Program to Cover Uninsured Covid-19 Patients Falls Short of Promise." *New York Times*. 29 Aug. 2020. <https://www.nytimes.com/2020/08/29/health/Covid-obamacare-uninsured.html>

<sup>17</sup> Higgins, Edmund S.. "Is Mental Health Declining in the U.S.?" *Scientific American*. 1 Jan. 2017.. <https://www.scientificamerican.com/article/is-mental-health-declining-in-the-u-s/>

<sup>18</sup> Joel Achenbach. "Coronavirus is harming the mental health of tens of millions of people in U.S., new poll finds." *Washington Post*. 2 Apr. 2020. [https://www.washingtonpost.com/health/coronavirus-is-harming-the-mental-health-of-tens-of-millions-of-people-in-us-new-poll-finds/2020/04/02/565e6744-74ee-11ea-85cb-8670579b863d\\_story.html](https://www.washingtonpost.com/health/coronavirus-is-harming-the-mental-health-of-tens-of-millions-of-people-in-us-new-poll-finds/2020/04/02/565e6744-74ee-11ea-85cb-8670579b863d_story.html)

<sup>19</sup> Wan, William. "The coronavirus pandemic is pushing America into a mental health crisis." *Washington Post*. 4 May 2020. <https://www.washingtonpost.com/health/2020/05/04/mental-health-coronavirus/>

<sup>20</sup> Wood, Paul et al. "New Study Reveals Lack of Access as Root Cause for Mental Health Crisis in America - National Council." *National Council*. 10 Oct. 2018. <https://www.thenationalcouncil.org/press-releases/new-study-reveals-lack-of-access-as-root-cause-for-mental-health-crisis-in-america/>

combination of medication and psychotherapy,<sup>21</sup> which becomes much more accessible under MFA.

### Expansion of Birth Control

Many women in the status quo struggle to access birth control in its different forms. For the uninsured, oral contraceptives cost an average of \$1,210 every year.<sup>22</sup> Numerous studies have found that when birth control costs are lower, or when insurance companies help individuals pay for birth control, women are more likely to take contraceptives or switch to more effective contraceptive methods, with one survey of uninsured women finding that nearly half of respondents believe that having health insurance would help them afford birth control and use it consistently.<sup>23</sup> There are racial inequities in access as well; one in three Hispanic women and four in ten Black women cannot afford to pay more than \$10 for contraception<sup>24</sup>. The MFA Act specifically notes that access to contraceptives would be provided, helping women across the country afford birth control.

Expanding access to birth control can be crucial for women. One study finds that college enrollment was 20% higher among women who could access oral contraceptives by age 18, and that women who could access the pill before turning 18 obtained, on average, an additional year of education before age 30.<sup>25</sup> Another study noted that birth control has been estimated to account for more than 30% of the increase in the proportion of women pursuing skilled careers such as medicine, dentistry, and law.<sup>26</sup>

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<sup>21</sup> American Psychological Association. "Research Shows Psychotherapy Is Effective But Underutilized." <https://www.apa.org>. 2012. <https://www.apa.org/news/press/releases/2012/08/psychotherapy-effective>

<sup>22</sup> Center for American Progress. "The High Costs of Birth Control - Center for American Progress." *Center for American Progress*. 15 Feb. 2012. <https://www.americanprogress.org/issues/women/news/2012/02/15/11054/the-high-costs-of-birth-control/>

<sup>23</sup> Guttmacher Institute. "Insurance Coverage of Contraception." *Guttmacher Institute*. 21 Dec. 2016. <https://www.guttmacher.org/evidence-you-can-use/insurance-coverage-contraception>

<sup>24</sup> Alicia Adamczyk. "The Supreme Court's ruling on the ACA's birth control mandate could cost women hundreds of dollars each year." CNBC. 8 Jul. 2020. <https://www.cnbc.com/2020/07/08/what-to-know-about-the-supreme-courts-birth-control-mandate-decision.html>

<sup>25</sup> N.a. "Birth Control Has Expanded Opportunity for Women." *Plannedparenthood.org*. 27 May 2015. [https://www.plannedparenthood.org/files/1614/3275/8659/BC\\_factsheet\\_may2015\\_updated\\_1.pdf](https://www.plannedparenthood.org/files/1614/3275/8659/BC_factsheet_may2015_updated_1.pdf)

<sup>26</sup> Planned Parenthood. *Plannedparenthood.org*. 27 May 2015. [https://www.plannedparenthood.org/files/1614/3275/8659/BC\\_factsheet\\_may2015\\_updated\\_1.pdf](https://www.plannedparenthood.org/files/1614/3275/8659/BC_factsheet_may2015_updated_1.pdf)

## Neg Arguments:

### Wait Times

One of the most common neg arguments refers to hospital and doctor wait times. This concept comes from the examination of health services in countries that have systems like MFA. In Canada in 2018, approximately 30% of patients requiring a hip or knee replacement or cataract surgery did not have their procedure within the recommended wait times.<sup>27</sup> The US would likely see similar figures if we were to adopt the MFA system. In 2010, around 7 million people in the US were living with a total hip or knee replacement,<sup>28</sup> proving that these procedures are not uncommon. The numbers are projected to grow, with annual hip replacements increasing by 284% and annual knee replacements increasing by 401% by 2040.<sup>29</sup> This is not the only area in which wait times are expected to increase, but these numbers provide some insight into what we can expect to see. Hip replacements also allow us to closely examine the importance of early treatment. In one study, early surgical treatment of hip fractures was associated with a significant reduction in mortality.<sup>30</sup>

Another area of concern is ambulance wait times. This issue is largely prevalent in the UK. A total of 157,370 calls had to wait at least an hour for an ambulance in 2018, and ambulance trusts have missed the category 2 response target of 18 minutes by an average of almost 12 minutes in the worst months.<sup>31</sup> Conversely, the average time for an EMS to arrive on scene in the US is seven minutes.<sup>32</sup> Of course, when ambulance crews fail to meet target response times, the results can be fatal. If the UK were able to reduce their ambulance response times to five minutes, they would almost double the survival rate for cardiac arrests.<sup>33</sup> Clearly, it is crucial that the US works to maintain its response times and survival rates.

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<sup>27</sup> Canadian Institute for Health Information. "Wait times for priority procedures in Canada | CIHI." *Cihi.ca*. 2019. <https://www.cihi.ca/en/wait-times-for-priority-procedures-in-canada>

<sup>28</sup> Kremer, Maradit et al. "Prevalence of Total Hip and Knee Replacement in the United... : JBJS." *LWW*. 2015. [https://journals.lww.com/jbjsjournal/Fulltext/2015/09020/Prevalence\\_of\\_Total\\_Hip\\_and\\_Knee\\_Replacement\\_in.2.aspx](https://journals.lww.com/jbjsjournal/Fulltext/2015/09020/Prevalence_of_Total_Hip_and_Knee_Replacement_in.2.aspx)

<sup>29</sup> Jasvinder A. Singh. "Rates of Total Joint Replacement in the United States: Future Projections to 2020–2040 Using the National Inpatient Sample." *The Journal of Rheumatology*. The Journal of Rheumatology, 1 Sept. 2019. <https://www.jrheum.org/content/46/9/1134>

<sup>30</sup> Simunovic, Nicole. "Effect of early surgery after hip fracture on mortality and complications: systematic review and meta-analysis." *CMAJ*. CMAJ, 19 Oct. 2010. <https://www.cmaj.ca/content/182/15/1609>

<sup>31</sup> Sophie Borland. "What DOES it take to get an ambulance?." *Mail Online*. 25 Dec. 2018. <https://www.dailymail.co.uk/news/article-6529121/What-DOES-ambulance.html>

<sup>32</sup> Alvarado, Sara. "What is the Average Response Time for Emergency Medical Services? - Medical News Bulletin | Health News and Medical Research." *Medical News Bulletin | Health News and Medical Research*. 5 Oct. 2017. <https://medicalnewsbulletin.com/response-time-emergency-medical-services/>

<sup>33</sup> Pell, Jill. "Effect of reducing ambulance response times on deaths from out of hospital cardiac arrest: cohort study." *PubMed Central (PMC)*. BMJ Publishing Group, 2001. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC32251/>



## Rural Hospital Closures

Rural hospitals provide a large-scale impact on the neg side. The link into the argument comes through decreased payments to hospitals; since insurance companies would no longer be able to reimburse hospitals and doctors at higher rates, hospitals would begin to lose funding. Reports have noted that MFA would lower payments to doctors by about 30% and payments to hospitals by about 40%.<sup>34</sup> The same source observes that Medicare pays hospitals about 90% of their costs, and hospitals make that up through private insurance, which pays around 145% of hospital costs. It seems clear, then, that all hospitals stand to lose money under MFA.

The biggest area of concern is with rural hospitals. With a government insurance program reimbursing hospitals at Medicare rates, as many as 55% of rural hospitals, or 1,037 hospitals across 46 states, could be at high risk of closure.<sup>35</sup> These closures would mean that individuals living in rural areas would have to travel much further in order to receive hospital treatment, likely resulting in worse overall health outcomes. The impact could be massive, as the Census Bureau notes that about 60 million people, or one in five Americans, live in rural America.<sup>36</sup> A large portion of these individuals may be hurt, as rural populations would likely see mortality rates rise 5.9%.<sup>37</sup>

## Stifling Innovation

This argument calls back to the past PF topic regarding price controls. The MFA Act specifies that the government would be the sole negotiator of prices for drugs and pharmaceuticals. This could have potentially catastrophic impacts. The US is currently the world leader in medical innovation, having produced more than half of the world's new medicines in the last decade.<sup>38</sup> Pharmaceuticals are not cheap to produce; the development of a new pharmaceutical can cost between \$1.3 and \$5.9 billion.<sup>39</sup> With MFA, this money would likely

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<sup>34</sup> Newman, Rick. "There aren't enough doctors for Medicare for all." *Finance.yahoo.com*. 23 Sept. 2019. <https://finance.yahoo.com/news/there-arent-enough-doctors-for-medicare-for-all-195947805.html>

<sup>35</sup> Goldsmith, Jeff and Leibach, Jeff. "The Potential Impact of a Medicare Public Option on U.S. Rural Hospitals." *Guidehouse.com*. 7 Aug. 2019. <https://guidehouse.com/insights/healthcare/2019/the-potential-impact-of-a-medicare-public-option>

<sup>36</sup> Haya El Nasser. "What is Rural America?." *The United States Census Bureau*. 9 Aug. 2017. <https://www.census.gov/library/stories/2017/08/rural-america.html>

<sup>37</sup> McCausland, Phil. "Rural hospital closings lead to more deaths, study finds." *NBC News*. 6 Sept. 2019. <https://www.nbcnews.com/news/us-news/rural-hospital-closings-cause-mortality-rates-rise-study-finds-n1048046>

<sup>38</sup> Grace-marie Turner. "Though The U.S. Is Healthcare's World Leader, Its Innovative Culture Is Threatened." *Forbes*. 23 May 2012. <https://www.forbes.com/sites/gracemarieturner/2012/05/23/though-the-u-s-is-healthcares-world-leader-its-innovative-culture-is-threatened/>

<sup>39</sup> Winegarden, Wayne. "Pharmaceutical Price Controls Risk Future Cures." *Forbes*, 2 Dec. 2015. <https://www.forbes.com/sites/econostats/2015/12/02/pharmaceuticalprice-controls-risk-future-cures/>



not be generated, and the US would likely be unable to produce pharmaceuticals at the same rate.

If MFA is unable to adequately finance the need for prescription drugs, we are likely to see prescription drug shortages across the country. When companies have to sell drugs at low prices, they are likely to exit markets, or reallocate their development towards more profitable drugs.<sup>40</sup> Drug shortages would obviously be detrimental for the health of individuals - if MFA is implemented, clinical pathways will likely have to limit access, or ration care, in order to control costs.<sup>41</sup> On top of this, drug shortages pose a problem for hospitals. In a 2019 survey, every participating facility reported being affected by drug shortages.<sup>42</sup> The survey also noted that hospitals are estimated to spend an additional 8.6 million personnel hours per year managing the impact of drug shortages, which amounts to at least \$359 million in labor costs.

## Too Expensive

A common argument on the negation deals with the overall cost of MFA. This was a popular argument by moderate candidates in the Democratic primaries, and it is often the first response that many make against enacting the MFA Act. Though there are a few different numbers floating around, numerous estimates place the cost of the program at around \$34 trillion in its first decade in operation.<sup>43</sup> That amounts to more than the federal government's total spending in the upcoming decade for Social Security, Medicare, and Medicaid combined. Sanders has publicly noted that the program would cost between \$30 trillion and \$40 trillion over 10 years.<sup>44</sup>

The bill itself does not outline a specific method of financing, so it could come from a number of different methods. The likely solution would be a tax increase; unfortunately, the tax increase necessary to finance MFA would be unprecedented. \$34 trillion is almost 50% more than the US is projected to collect from the personal income tax over the next decade, and it's more than double the projected revenue from the payroll tax for the same period. Even with

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<sup>40</sup> Thomas Sullivan. "Increasing Generic Drug Shortages Linked to Government Price Controls," Policy and Medicine. 6 June 2018. <https://www.policymed.com/2012/03/increasing-generic-drug-shortages-linkedto-government-price-controls.html>

<sup>41</sup> Matthew Pakizegee. 07-2019. "Ramifications of "Medicare for All" and Implications for Clinical Pathways," Journal of Clinical Pathways, July 2019. <https://www.journalofclinicalpathways.com/article/ramificationsmedicare-all-and-implications-clinical-pathways>

<sup>42</sup> Jennifer Gershman, 07-02-2019, "New Study Shows Drug Shortages Have a Large Impact on Hospitals," Pharmacy Times. 2 July, 2019. <https://www.pharmacytimes.com/contributor/jennifer-gershman-pharmdcph/2019/07/new-study-shows-drug-shortages-have-a-large-impact-on-hospitals>

<sup>43</sup> Ronald Brownstien. "The Eye-Popping Cost of Medicare for All." The Atlantic, 16 October 2019.

<https://www.theatlantic.com/politics/archive/2019/10/high-costwarren-and-sanders-single-payer-plan/600166/>

<sup>44</sup> Shefali Luthra. "Would 'Medicare For All' Cost More Than U.S. Budget? Biden Says So. Math Says No.." *Kaiser Health News*. 14 Feb. 2020. <https://khn.org/news/does-medicare-for-all-cost-more-than-the-entire-budget-biden-says-so-but-numbers-say-no/>

other methods of financing, the US would still struggle to generate the necessary revenue to fund the program. A study from Penn Wharton finds that payroll tax financing MFA would reduce GDP by 7.3%, deficit financing would reduce GDP by 5.9%, and premium financing would reduce GDP by 2.3%.<sup>45</sup> This means that 71% of households that currently have private insurance would end up paying more than they pay under the current system.<sup>46</sup>

## Doctor Shortages

As previously mentioned, if doctors and hospitals were reimbursed at Medicare rates, they would lose vast amounts of money. A big problem here is the fact that medical school is expensive and demanding, and without the financial payoff, there is less incentive for students to tough it out. With lower pay, doctors would likely become disincentivized to work, since graduates often spend years working at low-paid residencies with the expectation of high pay in the future.<sup>47</sup>

The US is already expected to see a physician shortage, which MFA would only exacerbate. The major projection is that the US will face a shortage of between 54,000 and 139,000 physicians by 2033.<sup>48</sup> One projection suggests that MFA would cause a loss of approximately 45,000 physicians by 2050, which amounts to a 5.4% decrease in the supply of physicians.<sup>49</sup> This physician shortage means that the remaining doctors will have to cover the supply of patients, leaving them overworked and underpaid. In the UK, around 60% of the National Health Service's staff work unpaid overtime each week.<sup>50</sup> The more physicians there are, the better equipped health services are to combat illness. In a study conducted by Stanford University and Harvard University, every 10 additional primary care physicians per 100,000 people in the US was associated with a 51.5 day increase in life expectancy.<sup>51</sup>

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<sup>45</sup> "Choices for Financing Medicare for All". Committee for a Responsible Budget. 17 May 2019.

<http://www.crfb.org/papers/choices-financing-medicare-all>

<sup>46</sup> "Medicare For All Could Decimate The Economy." *The Partnership for America's Health Care Future*, 4 Feb. 2020.

<http://www.americashealthcarefuture.org/medicare-for-all-could-decimate-the-economy/>

<sup>47</sup> Newman, Rick. "There aren't enough doctors for Medicare for all." *Finance.yahoo.com*. 23 Sept. 2019.

<https://finance.yahoo.com/news/there-arent-enough-doctors-for-medicare-for-all-195947805.html>

<sup>48</sup> Boyle, Patrick. "U.S. physician shortage growing | AAMC." AAMC. 26 Jun. 2020. <https://www.aamc.org/news-insights/us-physician-shortage-growing>

<sup>49</sup> FTI Consulting. "Medicare For All and the Future of America's Health Care Workforce." *America's Healthcare Future*. 10 Jan. 2020. <https://americashealthcarefuture.org/wp-content/uploads/2020/01/FTI-Medicare-for-All-and-the-Future-of-Americas-Workforce.pdf>

<sup>50</sup> Sally C. Pipes. "Doctors need a second opinion on 'Medicare-for-all' - Pacific Research Institute." *Pacific Research Institute*. 27 Jan. 2020. <https://www.pacificresearch.org/doctors-need-a-second-opinion-on-medicare-for-all/>

<sup>51</sup> Beth Duff Brown. 02-18-2019. "More Primary Care Physicians Leads to Longer Life Spans." *Stanford Medicine*. 18 February 2019. <https://biox.stanford.edu/highlight/more-primary-care-physicians-leads-longer-life-spans>