Making Sense of Medicare-for-all and Other Proposals to Expand Public Coverage

Larry Levitt, MPP
SVP, Health Reform

Tricia Neuman, ScD
SVP, Director, Program on Medicare Policy

Mollyann Brodie, PhD
SVP, Executive Director, Public Opinion and Survey Research

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Larry Levitt

Senior Vice President for Health Reform
Tricia Neuman

Senior Vice President
Director, Program on Medicare Policy
Mollyann Brodie

Senior Vice President for Executive Operations
Executive Director, Public Opinion and Survey Research
Medicare-for-all And Other Public Plan Proposals Aim To Address Many Goals

- Cost containment
- Simplify coverage
- Universal/broader coverage
- Affordability for consumers
- Health equity
- Address marketplace shortcomings
- Expand benefits to meet diverse needs
- Reduce role of private insurance

Figure 1
Public Opinion About These Proposals Will Be Shaped, In Part, By The Coverage And Experiences People Have Today

Total U.S. population = 317 million people

There Are Five General Approaches Involving Public Plans

<table>
<thead>
<tr>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
<th>#5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare-for-all</td>
<td>Public Program with Opt Out</td>
<td>Federal Public Plan Option</td>
<td>Medicare Buy-In (50-64)</td>
<td>Medicaid Buy-In</td>
</tr>
</tbody>
</table>
Medicare-for-all

- Cradle to grave coverage for all U.S. residents in one new “Medicare” program
- Replaces all other sources of coverage (except Veterans Administration, Indian Health Service)
- No premiums, deductibles or cost sharing (modest copays for prescription drugs in Sanders)
- Comprehensive benefits, including long-term services & supports
- Provider payments based on Medicare rates
- Government negotiates prescription drug prices
- Global budgets
- Federal financing--to be determined
Public Program With Opt Out (Medicare for America)

- Federal public program (Medicare for America) for all U.S. residents, with opportunity for individuals to opt out for qualified coverage; Medicare Advantage for America plans also offered
- Replaces Medicare, Medicaid, CHIP and individual insurance
- Employers may provide qualified coverage or purchase Medicare-for-America (8% of payroll);
  - Employees can elect Medicare-for-America instead of employer plan
- No premiums < 200% federal poverty level (FPL); income-related premiums above 200% FPL
- No cost sharing below 200% FPL; out-of-pocket limits up to $3,500/individual and $5,000/couple
- Comprehensive benefits including long-term services and supports
- Provider payments rates based on Medicare or Medicaid rates, whichever is greater
Federal Public Plan Options


- Establishes a federal public option; retains other sources of coverage

Proposals with public plan options are similar to each other, but differ in ways, such as:

- Eligibility criteria for public plan
- Key Features of public plan
  - Benefits; cost-sharing and subsidies
  - Premiums, rating rules and subsidies
  - Provider payment rates
- Changes to ACA marketplaces (e.g., cost-sharing subsidies)
- Changes to current Medicare program (e.g., new out-of-pocket limit)
Medicare Buy-In for People Ages 50-64  

- Not the same as simply lowering the age of Medicare eligibility
- People ages 50-64 years old would have option to buy into Medicare
- Premiums would set to cover 100% of benefit & administrative costs for buy-in population
- Medicare benefits and cost-sharing (with new public Medigap option under the Higgins bill)
- ACA premium tax credits & cost-sharing subsidies applied to Medicare buy-in program
- Medicare providers and payment rates
- Secretary negotiates prescription drug prices
- No other changes to current Medicare program (firewall)
Medicaid Buy-In

- Gives states the option to provide a public plan option based on Medicaid
- Eligible individuals can buy into the Medicaid plan through the marketplace
- Benefits-- ACA benefits (10 Essential Health Benefits) or broader
- Premiums set by states to be actuarially fair; no more than 9.5% of income
- Applies ACA premium tax credits & cost-sharing subsidies
- Uses Medicaid providers and payment rates, except Medicare rates for primary care
- Extends 100% Federal matching rate for states newly adopting Medicaid expansion
Likely Impact Varies Across Proposals

Other Proposals

- Less of an impact
  - Number of people gaining coverage: Greater impact
  - Affordability: premiums and other out-of-pocket costs: Greater
  - Breadth of covered benefits (long-term services and supports): Greater
  - Changes to current Medicare: Greater
  - Revenues for physicians and hospitals: Greater
  - Role of private insurance: Greater
  - Role of employers: Greater
  - Federal spending: Greater
  - Taxes/revenues: Greater

Medicare-for-all
Presidential Candidates Are Engaged On This Issue

<table>
<thead>
<tr>
<th>Medicare-for-all</th>
<th>Federal Public Plan Option (Or Opt Out)</th>
<th>Medicare Buy-In (50-64)</th>
<th>Medicaid Buy-In</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 candidates</td>
<td>9 candidates</td>
<td>4 candidates</td>
<td>6 candidates</td>
</tr>
</tbody>
</table>


SOURCE: Candidate images are from the New York Times, “Who’s Running for President in 2020?”, Updated May, 2019; Positions of current members of Congress are based on cosponsorship of legislation introduced in the 116th Congress. Other candidate positions are based on campaign websites (when available) and statements, but may not be tied directly to specific legislation. Sources are available upon request. Data as of 5/14/2019.
Figure 11
Modest Increase In Support For Single-Payer Health Care Over Time

Percent who favor a national health plan in which all Americans would get their insurance from a single government plan:

NOTE: Question wording has included “Medicare-for-all” since 2018.
SOURCE: KFF Polls. See toplines for full question wording and response options.
Public’s Attitudes On Proposals To Expand Medicare and Medicaid

- **Strongly or somewhat favor**
  - Allowing people between the ages of 50 and 64 to buy health insurance through Medicare: 77% favor, 18% oppose
  - Allowing people who don’t get health insurance at work to buy health insurance through their state Medicaid program instead of purchasing a private plan: 75% favor, 18% oppose
  - Creating a national government administered health plan similar to Medicare open to anyone, but would allow people to keep the coverage they have: 74% favor, 24% oppose
  - Having a national health plan, sometimes called Medicare-for-all, in which all Americans would get their insurance from a single government plan: 56% favor, 42% oppose

A Majority Of Republicans “Strongly Oppose” While A Majority Of Democrats “Strongly Favor” National Health Plan

Do you favor or oppose having a national health plan, sometimes called Medicare-for-all, in which all Americans would get their insurance from a single government plan?

<table>
<thead>
<tr>
<th></th>
<th>Strongly favor</th>
<th>Somewhat favor</th>
<th>Somewhat oppose</th>
<th>Strongly oppose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>36%</td>
<td>20%</td>
<td>10%</td>
<td>28%</td>
</tr>
<tr>
<td><strong>Democrats</strong></td>
<td>54%</td>
<td>26%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Independents</strong></td>
<td>31%</td>
<td>20%</td>
<td>15%</td>
<td>28%</td>
</tr>
<tr>
<td><strong>Republicans</strong></td>
<td>14%</td>
<td>13%</td>
<td>10%</td>
<td>57%</td>
</tr>
</tbody>
</table>

### Terminology Affects Public Opinion On A National Health Plan

Do you have a positive or negative reaction to each of the following terms?

<table>
<thead>
<tr>
<th>Term</th>
<th>Positive</th>
<th>Negative</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal health coverage</td>
<td>63%</td>
<td>31%</td>
<td>6%</td>
</tr>
<tr>
<td>Medicare-for-all</td>
<td>63%</td>
<td>34%</td>
<td>3%</td>
</tr>
<tr>
<td>National health plan</td>
<td>59%</td>
<td>36%</td>
<td>5%</td>
</tr>
<tr>
<td>Single-payer health insurance system</td>
<td>49%</td>
<td>32%</td>
<td>19%</td>
</tr>
<tr>
<td>Socialized medicine</td>
<td>46%</td>
<td>44%</td>
<td>11%</td>
</tr>
</tbody>
</table>

SOURCE: KFF Health Tracking Poll (conducted April 11-16, 2019). See topline for full question wording and response options.
More Than Half Of Democrats And About Half Of Republicans Now Report Strong Partisan Reactions To Medicare-for-all

Percent of **Democrats** who say they have a “very positive” reaction:

- 2017: 49%
- 2019: 58%

Percent of **Republicans** who say they have a “very negative” reaction:

- 2017: 42%
- 2019: 51%

SOURCE: KFF Health Tracking Polls. See topline for full question wording and response options.
Figure 16
Public’s Views Of Medicare-For-All Can Shift Significantly After Hearing Arguments On Either Side

Do you favor or oppose having a national health plan, sometimes called Medicare-for-all?

<table>
<thead>
<tr>
<th>Favor</th>
<th>Oppose</th>
<th>Net favorability</th>
</tr>
</thead>
<tbody>
<tr>
<td>56%</td>
<td>42%</td>
<td>+14</td>
</tr>
</tbody>
</table>

Would you favor or oppose a national Medicare-for-all plan if you heard that it would do the following?

<table>
<thead>
<tr>
<th>Description</th>
<th>Favor</th>
<th>Oppose</th>
<th>Net favorability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guarantee health insurance as a right for all Americans</td>
<td>71%</td>
<td>27%</td>
<td>+45</td>
</tr>
<tr>
<td>Eliminate all health insurance premiums and reduce out-of-pocket health care costs for most Americans</td>
<td>67%</td>
<td>30%</td>
<td>+37</td>
</tr>
<tr>
<td>Eliminate private health insurance companies</td>
<td>37%</td>
<td>58%</td>
<td>-21</td>
</tr>
<tr>
<td>Require most Americans to pay more in taxes</td>
<td>37%</td>
<td>60%</td>
<td>-23</td>
</tr>
<tr>
<td>Threaten the current Medicare program</td>
<td>32%</td>
<td>60%</td>
<td>-28</td>
</tr>
<tr>
<td>Lead to delays in people getting some medical tests and treatments</td>
<td>26%</td>
<td>70%</td>
<td>-44</td>
</tr>
</tbody>
</table>

Public Education Challenges: Most (67%) Supporters Think They Would Be Able To Keep Their Health Insurance

- Yes, think they and their family would **be able to keep their current health insurance**
- No, think they and their family would **not be able to keep their current health insurance**

**Figure 17**

Total

- 55%
- 35%
- DK

Among those who **favor** having a national health insurance plan or Medicare-for-all

- 67%
- 24%
- DK

Among those who **oppose** having a national health insurance plan or Medicare-for-all

- 41%
- 51%
- DK

Universal Coverage Is Most Important Feature Of A National Health Plan Among Supporters

How important is it that a national health plan…?

- **Covers all Americans**: 89% very important, 9% somewhat important, 1% not too important, 1% not at all important.
- **Simplifies the health care system**: 79% very important, 18% somewhat important, 2% not too important, 2% not at all important.
- **Eliminates monthly premiums**: 56% very important, 33% somewhat important, 8% not too important, 2% not at all important.
- **Eliminates out-of-pocket costs like co-pays and deductibles**: 56% very important, 32% somewhat important, 8% not too important, 1% not at all important.
- **Shifts what people pay for health care to taxes**: 45% very important, 38% somewhat important, 8% not too important, 6% not at all important.
- **Eliminates private health insurance companies**: 38% very important, 29% somewhat important, 19% not too important, 11% not at all important.

NOTE: Among those who favor a national health plan.
Focus Group Participants’ **Questions** About Medicare-For-All

If everybody has health insurance, and the government’s covering it, how long will it take to see a doctor? It’s concerning.

Single payer, who’s the payer? **Are we the payer?**

What effect does it have on all the people who work for insurance companies? **Are they out of jobs?**

It says here, all people in the US… **for anybody who can walk across a river.**

Those individuals who can afford to have the type of coverage they want, **they wouldn’t want a basic burger**. No, they want to add all of the extra fixings because they can afford it.

It seems like a **fairytales**.
Figure 20
What Focus Group Participants **Like About** Medicare-For-All

- No one can be omitted, no ailment, no illness, nothing can be omitted. No age, no income. **Everyone can get it**, so that you can get the healthcare that you need.

- This [system] strikes me as **much more fair**.

- When businesses don’t have to pay insurance premiums anymore, if they **increase employees’ pay**, it would be great.

- Even though your taxes may go up, you may actually **have more money**.

- I get that it would raise taxes…but I believe in everyone taking care of each other in that way…**everyone pitching in**, so that everyone can be taken care of.

- Everybody is **secure**.
Resources on KFF.org

- Compare Medicare-for-all and Public Plan Proposals
- Medicare-for-all and Public Plan Buy-In Proposals: Overview and Key Issues
- Public Opinion on Single-Payer, National Health Plans, and Expanding Access to Medicare Coverage

Thank you.