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# Single-Payer Health Care Is Coming To America-Are We Ready?

Speaking at a recent conference, Mark Bertolini, CEO and Chairman of Aetna Insurance, announced that the end is near for profit driven health insurance companies. “The system doesn’t work, it’s broke today. The end of insurance companies, the way we’ve run the business in the past, is here.”



In highlighting the reasons for his bold statement, Bertolini called out the ban on medical underwriting propounded by the Affordable Care Act, which Bertolini believes has made the traditional health insurance business model untenable in the long term, while also giving an ‘honorable mention’ to the MLR requirements.

Underwriting is the process of separating out the healthy from those more likely to be ill and then offering coverage to the good risks while passing on the bad ones.

And yet Bertolini, who leads one of the nation’s largest health insurance companies and is a man known for his honesty and willingness to do the right thing, was not raging against government interference nor suggesting that the Affordable Care Act has destroyed his business as it leads America down the road to healthcare disaster. Indeed, Mark offers a considerable measure of praise for Obamacare saying, “For most of what has already been

implemented, it has been a pretty good thing.”

If you are a single-payer advocate—and it is no secret that I fall within this category—you are likely pumping your fist in the air at this news. After all, when the CEO of one of the nation’s largest health care insurers waves the white flag, it’s got to be a good thing for those who wish to usher in the era of universal coverage.

To you single-payer supporters who are enjoying Bertolini’s perceived capitulation, I would simply say, “chill out.”

While I have long argued that the for-profit health insurance model no longer works, and that some form of a single-payer system is—whether you like it or not—inevitable, the simple fact is that we are no more ready to make single-payer a success in America than we are capable of sustaining the existing for-profit model.

Why?

Because our healthcare cost issues are going to be as damaging and deadly to a single-payer approach as they have been to the for-profit business model.

Yes, there is ample reason to believe that the conversion to a single-payer system will go some distance in solving some cost issues. Right now, the for-profit model [sucks about \\$400 billion a year](#) out of our health care dollars to pay for administrative costs —costs that largely disappear in a public system where administrative costs run dramatically lower. That’s a lot of money that could be better spent on providing actual care to those in need.

However, the few state-based experiments in making government-sponsored health care available to everyone have revealed problems—such as over-usage of the medical system when it is made available without co-pay or deductible—that can quickly eat up these savings, putting us right back in the soup when it comes to making this alternate approach to health care work out.

The notion of creating a “Medicare For All” health care system in America has been on the table ever since Medicare first came into being in 1965. And for just as many years, the battle has raged over whether making such a system available to all Americans would be akin to a capitulation to socialism in a nation that prides itself on its free-market principles or, conversely, a humane and moral step forward for our society.

[Polls](#) have long shown that when the idea of a “Medicare For All” is suggested, or some other variation of a national health insurance system is put to the public, the results tend to be favorable. However, when the wording of such a poll includes the words ‘socialized medicine’ or suggesting an increase in taxes to pay for the same, the [results tend to be very different](#).

For advocates of a universal care system, the driving factor tends to be the underlying belief that health care should be a basic right for all humanity . For the more pragmatic supporters, the belief is that what we’ve currently got just isn’t working so why not try a different way?

Those who oppose a universal or single-payer approach, appear to believe that the practical matters are the greatest concern while some object based on deep ideological concerns. The practical fear is the perceived inevitability of rationing in medicine, and the wait times to receive medical care that come when the system is opened to all, based on our lack of adequate funds to pay for the increased services or the limited availability of sufficient medical personnel to meet the demand.

Whichever side draws your support, if the war over the Affordable Care Act has taught us anything it is that there is likely to be more than enough legislators to block an effort to extend Medicare to all Americans, or some other variation of a single-payer system, for the foreseeable future. However, if the for-profit insurance companies find it no longer worth their while to stay in the business, which is my own expectation and a notion that appears to be shared by Mr. Bertolli of Aetna, a single-payer system may be thrust upon our politicians when government is the only entity large enough to take on the financial responsibility of our health care system.

However it happens, and I very much believe it will, we had better be prepared—and we are not.

If single-payer is in our future, whether on a state-by-state basis or a system operated by the federal government, it would be best to set it up before we are forced into it by failed private insurance companies. That means that devising a workable program with political support from all sides is far preferable to waking up one day to find that this is the only option available to us.

To do this, supporters of the single-payer model are going to have to offer up something more than their good intentions to both politicians and citizens who oppose this approach. Supporters are going to have to offer the solutions designed to control what are now out-of-control health care costs without putting patients in jeopardy of death due to rationing or causing folks undue waiting times to deal with a medical problem.

And this all has to be done in a way that does not increase the cost of health care to taxpayers and promises to lower costs over time.

That's a tall order to be sure. But it not only can be done- it is being done.

It also means that single-payer supporters cannot pretend that the experiments in variations of universal care in states like Maine, Minnesota and Tennessee did not fail. They did. By the same token, opponents of universal care cannot just point to these failures as the reason we should not be striving to achieve a far better health care system than the one we've got.

Failure does not mean that these efforts could not have succeeded had they been better planned and executed or that what we've learned from these failures can't be used to do a better job in the future. The point of experimentation is not to give up when something doesn't work—the point is to learn from the failure and devise approaches that will accomplish the goal while avoiding the mistakes that made earlier experiments go wrong.

In the coming days, you'll find a discussion here on how we can go about reducing these costs in a way that will give opponents of universal care—and the politicians who represent their point of view—permission to support what is an important and noble goal. As a “warm-up”, take a look at [a piece I published](#) some weeks ago, relaying the story of [Grand Junction](#), Colorado. This reveals what is possible when cost issues are tackled on the local level—which is *precisely* where the problem must be solved.

Now, if you are so engrossed in your ideology that you cannot deal with the idea that a government based payer system— or some combination of government and private industry— cannot come forward with a solution to our problem, these articles are not going to be for you. On the other side of the coin, if you are so convinced that there is no room for private industry in a healthcare system where government is the primary payor for care because profit is, somehow, the mortal enemy of quality healthcare for all, then you too will be equally disappointed.

However, if you are interested in bringing forth a new, *uniquely American* model for our health care system, there may be some ideas that might ring true or, at the least, spark a non-partisan, non-ideologically based discussion.

More to come.

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