THE NATIONAL PSYCHOLOGIST

January/February, 2019
Vol. 28, No. 1, P. 8

Midterm elections don't signal single-payer health care anytime soon

By Dana Beezley, Ph.D.

Any aim to repeal the Affordable Care Act (ACA) is "dead in its tracks, at least for now," Larry Levitt of the Kaiser Family Foundation (KFF) tweeted on election night.

In fact, the November midterm election results could represent "something quite the opposite of repeal," according to *Huffington Post*'s Jeffrey Young and Jonathan Cohn. "A few hundred thousand more people could get health insurance through Medicaid."

Voters in Idaho, Nebraska and Utah, traditionally red states, passed measures authorizing Medicaid coverage for individuals at 138 percent of the federal poverty level. New governors-elect in Kansas, Maine and Wisconsin may also pursue the ACA's optional expansion of the federal-state program.

"The Medicare example is instructive," write Cohn and Young, "because it shows what happens when a program has become too popular to dislodge."

While most agree that the Democrats' takeover of the House of Representatives reflected Americans' worries over health care, analysts differ as to just what constituents want.

Marketing research firm TechnoMetrica Market Intelligence reports voters' top priority for congressional attention is the cost of health care.

Levitt believes that protections for preexisting health conditions were key to the House win. He counsels Democrats to preserve the ACA. "They don't have to pass legislation."

To Jeffrey Spross of *The Nation*, "a big night for Medicaid means a big night for Medicare-for-All (M4A)."

Robert Laszewski, president of consulting firm Health Policy and Strategy Associates, maintains that "the 2018 elections were not about Obamacare. They were about health insurance security…. What people want is health insurance security not only for themselves but for their neighbors."

Both parties fail to understand voter sentiment, he believes: Democrats avoid admitting that the ACA "has been devastating for the middle class" while Republicans don't appreciate the law's value to lower-income families.

Democrats do realize, however, that "Obamacare has not worked really well," Laszewski told a 2018 audience, "and they know they've got to go to the next step" – an expansion of the Medicare program, he expects.

Last year saw Democrats author two M4A bills from Sen. Bernie Sanders (I-Vt.) and former Minnesota representative Keith Ellison, three proposals for a federal "public option" plan to compete on the ACA exchanges and three "buy-in" programs to Medicare or Medicaid.

According to the union National Nurses United, Democrat candidates in 52 percent of House races advocated M4A. Progressive Change Institute's analysis indicates that 41.4 percent of incoming Democrat House members support M4A and 19 percent a Medicare buy-in program.

If one of the two M4A schemes were enacted, all those residing in the United States and its territories would be folded into a single government-administered system. Private insurance would be abolished, except to cover non-covered services.

Psychologists would no longer have to calculate and collect copayments or deductibles. Reimbursement would conform to the Medicare fee schedule under Sanders' bill while Ellison's proposal would set Medicare rates, approved by the Medicare director, through negotiations with other stakeholders. Federal mandates and restrictions would pertain to all service provision.

Private contracts with patients would be permitted, subject to current rules, under the Sanders' bill, but not under Ellison's.

The public option concept was advanced during the development of the ACA as a means of easing into a single-payer program, but was eventually discarded by policymakers. As now envisioned, such a policy would follow ACA marketplace rules for benefits and out-of-pocket limits.

Medicare-contracted providers would participate under each of the three public option proposals and Medicaid providers under two. One proposition allows an opt-out choice.

The bills would reimburse at some variation of the Medicare fee schedule. Consumer cost-sharing would likely align with current Medicare standards.

The two Medicare buy-in bills would cover non-seniors using existing Medicare payment rates, rules and copayments. One proposal lowers the Medicare eligibility age to 55, the other to age 50. Both designs require participation by Medicare providers.

The Medicaid buy-in alternative would allow the program to be purchased on the ACA exchanges, with each state creating rules for its residents. Primary care providers would be paid at Medicare levels and Medicaid rates would apply to all others.

What do the midterms mean for today's practicing psychologist? Nothing as dramatic as M4A, according to PricewaterhouseCoopers Health Research Institute's Benjamin Isgur. He anticipates that federal gridlock will move "some of the big sweeping policy proposals off the table."

That doesn't mean Democrats should sit idly by, explains Harold Pollack, University of Chicago public health sciences professor.

In a *New York Times* editorial, Pollack, a historically stalwart ACA supporter, urges the party to immediately prepare for the 2020 elections by developing and offering one of the buy-in plans. "Tweaking the Affordable Care Act is insufficient."

Although he admits allegiance to M4A, he believes, "There is zero chance that any Congress taking office in 2021 would do all that," especially given the massive tax increases needed to unload private expenditures onto the federal budget.

"America may someday have a single-payer system," Pollack says, "but we won't get there in a single bill that phases out private health insurance, rewires our byzantine health care delivery and finance systems and markedly cuts payments to hospitals and other providers."

"Progressive voters will be demanding a single-payer bill, and will be disappointed when they don't get it. They are entitled to a feasible alternative they can genuinely be proud of."

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