

Experts discover historic roots of Medicare for All, public option and free-market proposals

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As political leaders debate the future of the U.S. health care system, a pair of health financing experts discovered that all of the current proposals—from Medicare for All to "repeal and replace"—have been circulating in various forms since the 1940s.

In an article published today in the *Annals of Internal Medicine*, "Medicare for All and its rivals: new offshoots of old health policy roots," longtime health care researchers Steffie Woolhandler, M.D., M.P.H., and David U. Himmelstein, M.D., reveal the historical foundations of today's health care debate.

For example, the Medicare for All Act of 2019 (H.R. 1384), recently filed by Reps. Pramila Jayapal and Debbie Dingell, traces its roots back to the 1948 Wagner-Murray-Dingell national health insurance bill and the 1971 single-payer plan proposed by Sen. Ted Kennedy and Rep. Martha Griffiths. Today's "public option" plans that would offer individuals the option to buy-in to Medicare or Medicaid were first proposed by two Republicans, Sen. Jacob Javits and Rep. John Lindsay in the early 1960s. Even President Trump's recent budget proposal—which seeks to shrink the government's role in [health care](#) by cutting trillions in Medicare and Medicaid funding, further privatizing Medicare and the VA, stripping the basic protections of the Affordable Care Act, and saddling patients with higher deductibles—echoes policies favored by President Richard Nixon and others in 1971.

Drs. Himmelstein and Woolhandler inherited the archives of Dr. Sidney S. Lee, who was a professor of health policy at Harvard Medical School and former general director of Beth Israel Hospital in Boston and chief executive of Michael Reese Hospital in Chicago. While recently exploring Dr. Lee's archives, the researchers came upon news clips, transcripts of Congressional hearings, and other descriptions of proposals that closely mirrored those still being proposed today.

"When Sen. Kennedy introduced a comprehensive single-payer bill in 1971, Republicans countered with a public option alternative that was friendlier to private insurers, and some conservative Democrats proposed settling for coverage with sky-high deductibles," said Dr. Woolhandler, an internist in the South Bronx, Distinguished Professor at CUNY/Hunter College and Lecturer in Medicine at Harvard. "In response, Sen. Kennedy complained that anything short of single-payer Medicare-for-All '...calms down the flame, but it really doesn't meet the need,' an observation that still holds true today."

Dr. Himmelstein, a Distinguished Professor at the City University of New York's (CUNY) Hunter College and Lecturer at Harvard Medical School, urged current [political leaders](#) not to repeat the mistakes of earlier generations that tinkered around the edges of the U.S. health system while ignoring its fundamental flaws.

"The leading option for U.S. [health](#) reform would leave 36 million people uninsured in 2027, while costs would balloon to nearly \$6 trillion. And the disgraceful trends of decreasing [life expectancy](#), rising drug prices, medical bankruptcy, and physician burnout would persist" said Dr. Himmelstein. "That option is called the status quo."

More information: Steffie Woolhandler et al, Medicare for All and Its Rivals: New Offshoots of Old Health Policy Roots, *Annals of Internal Medicine* (2019). [DOI: 10.7326/M19-0780](https://doi.org/10.7326/M19-0780)

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