

# Single Payer

## Transcript

During the Cold War, a lot of people came to believe anything “socialized” was somehow evil or at least hopelessly inefficient. I don’t think that way, but here I would like to point out that the black cloud of “socialism” has been applied to things that don’t even qualify.

Our original Medicare system is a single payer system for healthcare. All providers have their own privately owned businesses, and compete for customers. Single payer means the federal government is the only entity that collects money from patients and pays providers.

Socialized medicine means the doctors are employees of the federal government. That's how healthcare works for the military and the Veteran's Administration.

Today we have Medicare Advantage and Medicare Supplement plans, which use a combination of government funding and ordinary private insurance. I realize this is a bit complicated.

Medicare was introduced in 1965, with high deductibles and copayments. I assume the idea was that patients should use some judgment in selecting the most cost-effective treatments. That may have been reasonable in 1965, but today? Not so much.

Medicare Supplement plans, also called Medigap, and Medicare Advantage are two ways to prevent high out-of-pocket costs for people who qualify for Medicare. Medicare Advantage is the more popular one. Both give us a single payer core with private insurance enhancements.

Here's where I found statistics on how many people have various types of health insurance in the U.S.

We still have about 25 million uninsured Americans, and I would like to suggest expanding Medicare, with the option of Medicare Advantage, to all Americans who don't qualify for Medicaid. I don't think it's a perfect system, because every option has its advantages and disadvantages. But this would be a gentle change that doesn't make the health insurance companies obsolete all of a sudden. And it's not socialized medicine, so maybe it won't offend too many people.