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**First Edition**

**The True American**

**115<sup>TH</sup> CONGRESS MIDTERM ELECTIONS & “MEDICARE FOR ALL”**

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This is the First Edition of the “new” True American. The “original” True American was published by Cassius Marcellus Clay, a relative of the famous Senator and orator Henry Clay, also from Kentucky in 1845. Cassius argued unsuccessfully for a gradual emancipation. The failure of the American people to listen to his arguments resulted in the Civil War.

Midterm Common Sense:

Democrats are going on the offensive on health care with some Big ideas. According to Ricardo Alonso-Zaldivar’s AP article in January, the Democrats are shifting to offense on health care, emboldened by successes in defending the Affordable Care Act. Their goal is a government guarantee of affordable coverage for all. That’s great for our Movement: Medicare-Advantage-For-All.Com, because this is what we have been advocating for over a year now. Tim Kaine (D-Va.) is quoted as saying, “Were tired of just playing defense. It is now time to talk about the next Big idea. It is a good time for everybody to put their Big ideas on the table.” So far, in this 115<sup>th</sup> Congress, the Democrats have introduced at least 5 major Health Reform Bills and come up with a few more proposals that have not yet been introduced as potential legislation.

And in the wake of the last presidential election, the DNC and Bernie Sanders are still advocating their visions of the “Medicare for All” proposal and this will drive votes for the Democrats in the midterm elections.

Elizabeth Warren has successfully urged all democratic candidates running for office to make health care an issue in their campaigns. In the conservative state of Kentucky, Amy McGrath won the Democratic primary

in the 6th Congressional District, over the very popular Mayor of Lexington, David Gray, with an Ad decrying Andy Barr's support for Mitch McConnell's opposition to the ACA/Medicaid expansion. In the liberal state of New York, Alexandria Ocasio-Cortez beat Joe Crowley, the 4<sup>th</sup> most powerful Democrat in the House, by advocating the expansion of Medicare to people of all ages.

Health insurance is a vital issue in the upcoming midterms and the Democratic candidates have an opportunity to overwhelm the Republicans with this "Medicare for All" issue. Most Republicans are AWOL (absent from one's post without intent to desert) on this issue.

Our seniors with Medicare Advantage coverage have all the advantages that the democratic politicians are promising right now, present day, here and now. This is doing "Medicare for All" the Right way. Obviously, Medicare Advantage is an important part of the Medicare system and covered by the provisions for Medicare Part C. This program has a proven track record. It started with broad bipartisan support with the passage of the 1997 Balanced Budget Act. Medicare Advantage continues to benefit from strong bipartisan congressional support. There is widespread agreement that competing health plans are the key to re-invigorating Medicare, the nation's largest health insurance program. So, why do the democrats that advocate "Medicare for All" want to re-invent the wheel? This is a damn good question! Why don't you ask them?

Contact Your Congressional Representative:

So, "What's in your Wallet?" What program would you like your political Party to promote? If our arguments for "Medicare Advantage for All" make sense to you, download this document and share it with your friends. If your congressional representatives **DO NOT HEAR FROM YOU ON THIS ISSUE**, who are they going to hear from? Contact your Congressional Representatives at:

1-202-224-3121 or send them an email from their official web pages. This one telephone number will connect you directly with each one of your representatives and you will be allowed to leave personal voice mail-messages with each one of them. Send them to our website: [www.Medicare-Advanatger-For-All.Com](http://www.Medicare-Advanatger-For-All.Com)! Your representatives contact web pages also allows you to compose personal emails. Presumably, their staff will summarize your ideas and relay their substance directly to your

representatives. How can they get more responsive to our concerns than that? This is easy to do and as a citizen, it is your right to do it!

“We the People” want high quality affordable health insurance coverage for everybody. Democrat candidates are running for office advocating “Medicare for All”. Republican candidates are cautioning their voters to be concerned about runaway costs and long-term access to health care and the failure of the ACA. Both of our political parties are very concerned about the up-coming midterm elections. Now is our chance to do something about this problem!

Give your Rep’s this “winning” idea and remind them that, if they want your vote to win elections and stay in office, they need to care about this issue and give us some help with it right away, in the Right Way! Please go to: [www.Medicare-Advantage-For-All.com](http://www.Medicare-Advantage-For-All.com) for more details.

We should ask every politician to truthfully answer the following multi-part questions:

1. If there was a health insurance program that meets all of the principles laid out in the various proposals and bills that you have read, signed or introduced, and
2. If the program had broad bi-partisan support in Congress, and
3. If the program covered almost 3 x times the number of people as were ever covered by the ACA / Obamacare, and
4. If it was private market, small government and growing like a weed, because everybody that uses this program likes it so much, and
5. If it was less expensive per capita (requiring a lower gov't expenditure per person) than the cost of Obamacare's marketplace insurance programs, and finally
6. if your political party’s candidates could get behind such a plan and promote it,

And, Q. do you think it would help your chances of winning your seat in the upcoming midterm elections?

The answer of course is "yes." If you are a Democrat and you are promoting "Medicare for All", the Republicans are going to counter that proposal with the fact that your program will cost 32.6 Trillion Dollars over ten (10) years." And, the fee-for-service Medicare Plan A, B and D probably will cost that much! Our country has just exceeded a total of 20.7 Trillion of dollars in debt. There are a lot of conservatives that don't want this situation to continue. Taking on a burden that may exceed the total national debt we now have over ten years would be insane. This high cost argument against Medicare for All will prevail as long as the Republicans maintain their majority in Congress.

However, what would happen if the Republicans came up with the call of their own version to expand Medicare For All? What if they decide to counter the Democrats with a Republican "Medicare Advantage for All" proposal, *which is the most cost-effective way to do it?*

If the Republicans ever realize that they could propose extending the Medicare Part C – the Medicare Advantage Program in a cost effective, conservative, small government fashion, ***we think the Democrats will be in real trouble!***

If the Republicans propose it, the Democrats, more than likely, will be forced - NOT to support it. This is because what we see is that Democrats do not support any Republican ideas. This is normal, usual and to be expected. If the Republicans came up with this IDEA, the Democrats would have be critical of it! This is called the Resistance, as we all now know it today. It appears to be the pronounced *Motus Operandi* for the minority Democratic party and the liberal progressive media to resist anything and everything that Trump and the Republicans are in favor off, no matter how good it is for the people. Honestly, this partisanship is "old school" and what we hate most about our two-party system.

And so, it will go with "Medicare Advantage for All". The Democrats would normally be in favor of extending "Medicare Advantage for All" (because the MA program has some democratic roots and because it extends the Medicare coverage to everybody regardless of age). But, because the Democrats already have their versions of "Medicare for All", trying to make the federal government the Big "insurer" or creating a Big Non-Profit "insurer", *they may not want to support "Medicare Advantage for All"*(MAA).

The truth is the American Public is probably not going to know the difference between MEDICARE ADVANTAGE FOR ALL and “MEDICARE FOR ALL”, and if Republicans support the Medicare Advantage for All program *first*, the Republicans may be able to vilify the Democrats as being two faced and insincere!

We have already made the case that Medicare Advantage for All is the “Right” thing to do! It is, after all, extending Medicare to “ALL” (just like the Democrats have been saying they would like to do). Would it be possible for the Democrats to support a Medicare Advantage for All Bill? Maybe, but because MAA is free market, using the public-private partnership, small government, and real insurance with capitation reimbursement (like the Republicans want in their Medicaid Reforms), it is more likely that MAA will be a solid Republican answer to the need to fix Obamacare.

#### Political Background:

The Republicans have failed with their promise to repeal and replace the ACA/ Obamacare. They have been unable to come up with a viable health insurance reform act of their own. They have muddled the legislative requirements for administering the program, withholding CSR payments and the risk-corridor payments from the carriers. They reduced the ACA open enrollment and cut CMS’s advertising campaign. They have abolished the individual mandate and refused to defend the ACA’s constitutionality in the federal courts.

However, we know that both parties are really to blame for the failure of the ACA. The Democrats and Republicans have both failed to pass the necessary market stabilization funding to keep ACA going smoothly. They have virtually stifled competition in the health insurance markets by presided over the creation of a government sponsored cartel and now most of the people that are living in the jurisdictional counties in the United States, have only one health insurance company from which to choose. And, finally, both political parties have critically failed to repeal the onerous “Cadillac tax”, the health insurance tax and the medical device tax that still hang over the insurance companies, who are doing their level best to extend affordable health insurance to the American people. And, no politician in either political party cares enough about it to get anything done!

Both political parties would rather fight about it. And, in the process, We the People, the voters are the real losers in this game and we are paying for it. This is criminal.

From our perspective, the very structure of Obamacare is the real culprit and until both parties recognize that fact and do something about it, things are not going to get any better. While democratic candidates for federal office may have a degree of flexibility over what they may advocate in their campaigns, they hit real a “hot’ button” when they campaign for “Medicare for All” in the wake of Republican failure to repeal and replace Obamacare. Even Republican Party stalwarts are still reeling from this failure and trying to figure out what to do about it. This failure was one of the greatest disappointments for conservative Republicans and Libertarian activists in their political history. This disappointment has turned into anger toward Republicans in general. And, the Democrats that run on the health care issue reinforce their Party’s earthy vitality and the success of their “resistance” in their fight for health care affordability and access for their caring constituents. The problem for both political parties is the absence of a viable health insurance “Plan that will Work”. **Medicare Advantage For All (Medicare Part C) is the Program That Will Work!**

What is the Problem:

We can’t blame Congress too much for not being able to solve this problem. Our representatives are lawyers, not health insurance executives. They have no idea what it takes to run a health insurance program, any more than they understand their own health insurance coverage (like most of us). In Congress, more than 90% of our congressional representatives are covered by comprehensive health insurance contracts through the Federal Employees Health Benefits Program (FEHB). Most of them choose the High Option BlueCross BlueShield coverage. Federal Employees in general have been poled more than once on Obamacare and consistently have voted against offering Obamacare vs. FEHB. They don’t want it! And, as a result, our Congress exempted itself from the ACA law. They exempt themselves from a lot of laws they pass for the rest of us.

Obamacare is good enough for the tax-payers, but it is NOT good enough for our congressional representatives, even though the tax payers would cover the cost of both programs for them and the congress men and

woman pay next to nothing for their coverage. Even President Obama does not have Obamacare for himself and his family. How can we expect our congressional representatives to know how to fix a program when they have ZERO (0) experience with it? These circumstances are absolutely disgusting.

Senator Bernie Sanders “Medicare For All” Act:

Bernie Sanders(D-Vt.) was way ahead of his time when he came up with the concept of “Medicare for All”. It sounds great, and it is a very populist idea. He has introduced S. 1804 in the Senate and his bill has a slew of the democratic senators that have signed on to support it. Representative John Conyers, Jr. (D-Mich.) also re-introduced a related National Single-Payer Health Care Bill in the House. Since Conyers resigned from the House, Representative Keith Ellison (D-MN) has taken over sponsorship of H.R 676.

Bernie Sander’s bill does not designate an “insurer” for his proposed *Medicare for All* program. In fact, his bill does not actually designate a company or an organization per se, as the “insurer”. In Bernie’s bill, the insurer is a “person”. His Senate Bill, proposing to make the “Secretary” (presumably the Secretary of Health and Human Services) the “insurer”!

What it appears that Bernie is trying to do with his legislation is designate the federal government as the insurance company. The average American citizen probably should not be expected to question this designation. After all, the federal government is responsible for health insurance for a lot of people. But, with all due respect, our government is NOT, nor should it be expected to be, an insurance company.

The United States Government was never intended to be an insurance company. Our Founding Fathers did not explicitly include being an insurance company as a responsibility of our government under the Constitution. They made provision for the our government to provide for the general welfare of the people. The very act of trying to legislate the designation of a Secretary of the Executive Branch of our government, as an “insurer” is a stretch. And, with all due respect, this designation, in and

of itself, could be construed by some, at best unprecedented and at worst un-American!

Even the suggestion that Senator Bernie Sanders is acting in an unconstitutional manner will leave him blushing and we mean by it, no disrespect. After all, Bernie Sanders is not a business man. He is not an expert on health insurance. He may never done anything more than make claims for himself and his family under the FEHB and Medicare. He certainly knows that the federal government is not an "insurer". The federal government does not insure anything. The federal government is a "payer", and not even a good single-payer at that. It may be the fiduciary for Medicare, but it does not physically pay any claims. Medicare is NOT, and never has been a single payer system.

However, the beautiful thing about his Senate Bill 1804 is the Freudian slip with respect to the verbiage of his "Medicare for All" Bill. Senator Bernie Sanders has clearly identified the need for an "insurer". However, in our opinion, rather than the "Secretary", it needs a real health "insurer". Senator Sanders needs a real insurer that knows how to quantify the value of health risks and how to underwrite them. A real health insurer that actually pays claims and takes responsibility for making commitments on the ability to pay claims. In short, Senator Bernie Sanders needs an insurer with the ability to meet the obligations of a "Medicare for All" program; deliver the program for the people, negotiate with health care providers and develop health and wellness programs. Even though Senator Sanders knows that he needs all of these things, we do not see that he has made provision for them in his "Medicare for All" Bill.

Perhaps this is too harsh a criticism of Senator Sanders Bill? We all understand what Bernie is trying to do. He fervently and admirably believes that health care is a Right for all Americans citizens, like our freedom of speech. He wants everyone to have it and he is just trying to get the government to make it happen. So, we can forgive Senator Sanders because we understand his passionate good intentions. His followers, however do not need to forgive him. They don't care how he does it, as long as he solves their problems!

But here's the BEEF? We the People do not absolve Bernie, or any of the other senators, from knowing what they are doing. Their virtuous intentions

do not absolve them from knowing how BEST to fix health care, nor their obligation to DO IT RIGHT! After all, that what we elected them to do. OK, so we understand they can disagree on how best to do it, but they don't have to pretend that there is only "one" way to do it or that the "best" way to do it, is to have Big Government do it. We the people are not that stupid.

Bernie Sanders, bless his heart, is a socialist. He looks around the world and he sees that most industrialized governments have taken over the responsibility of providing health care for their people. They haven't done so by treating it as a constitutional Right of the people, as much as they have just backed into doing it that way, because of their unique circumstances. They needed to provide adequate health care for their people and that was their only path forward for doing it.

In the United States, we DO NOT lack the ability to provide adequate health care for our people. We are not limited in the possibilities. The government now prides health insurance for about one third of all our citizens. Any person in the world that has the means to travel to the United States for health care, and there are a lot of them, abandon their own national health systems. They come to the United States for their health care in droves. We have arguably the best health care system in the world. When the Arabs wanted to build a mega-center for the best health care in the world in Dubai, they came to our Academic Centers for Medicine and asked our great university medical schools to help them set up their health care facilities, to build their systems for them. So, when the rich and famous don't have to come all the way to the U.S., they can go to Dubai for their health care. And, it is like coming here. Our health care system is an American innovation. Many of our university medical schools, teaching hospitals and interdisciplinary clinics were built by true visionaries in the field of medicine. Our health care system needs to be respected, as being more than a tool of a capitalist elite bent on depriving its own people of health care! It is a huge mistake for Americans to try and cheapen the qualities of our medical system by making it more like other government-run health care systems when ours is the best in the world.

It is hard to imagine that the superiority of our health care system in the United States is not recognized. We know that it has grown to become one of the largest sectors of our economy. It accounts for approximately 18% of

our gross national product (GDP) and it employs more people than any other single segment of our economy. Therefore there is NO reason why we cannot provide adequate health care to all our citizens, but there is a Right Way to do it and a Wrong Way to do it. And, declaring that the “Secretary”, shall be treated as the “insurer”, as Bernie Sanders has proposed in his Senate “Medicare for All” Bill is absolutely, categorically and unequivocally the “Wrong Way” to do it!

The public-private partnership between health insurance companies and the federal government is arguably the largest and most successful such partnership in the history of the world. It covers well over 110 Million Americans, most of whom are very satisfied with their health insurance coverage and with their health care. Admittedly we are not perfect. Even with Obama, we have 12.2% of our adult population without health insurance. This is the last and greatest remaining challenge that we face as a nation. And, so far, Obamacare has failed miserably to solve this problem. The ACA program was ill-conceived by politicians and too easily acquiesced by the health insurance industry. It was an experiment and it has failed, for all the reasons covered here and, on our website, [www.Medicare-Advantage-For-All.Com/](http://www.Medicare-Advantage-For-All.Com/). Now the time has come to move on to a New Program that will Work, and that is what we call the next generation ACA product – “Medicare Advantage for All (MAA)”.

Representative Conyers / Ellison Expanded and Improved Medicare For All Act:

While Bernie wants We the People to put it all on the “Secretary” and let him or her sweat out the details. The Conyers/ Ellison H.R. 676 Expanded and Improved Medicare For All Act has an even better idea. This Bill wants to create a Big government non-profit entity to handle a universal single-payer health care system for us all. What a groundbreaking idea. Except the government just got finished wrecking just such an entity about forty years ago.

These two congressional representatives were probably not around forty years ago when we had 60 state chartered non-profit BlueCross Blue Shield Plans in this country. In those days the BlueCross BlueShield Plans formed a unified national system of skilled and exclusively non-profit

corporations dedicated to providing affordable health insurance in every state and in every area of the country. The BlueCross BlueShield Plans, as they were called in those days, generally worked in close concert with one another providing health insurance coverage to the federal government, corporations large and small and individuals in all 50 states. Congress, in their great wisdom, decided to tax all these non-profit plans, even though they were legally non-profit and all of the money they received from the general public was returned to the subscribers in paid benefits, except for the cost of administration. At the time it was like Congress deciding to tax all the non-profit universities in the country. It was a greedy and arbitrary congressional act and it basically forced the break-up of the non-profit BlueCross BlueShield system. The for-profit commercial insurance companies may have successfully lobbied congress for this new BCBS tax to make it a more level playing field (they were taxed and the BCBS Plans were not)? Whatever the reason, this congressional action was an unnecessarily destructive way to get more federal tax revenues. At first, none of the Plans really worried much about the tax because none of them was making any money, so there actually wasn't any new federal revenue. The BCBS Plans were generally paying out more in benefits than they received from their customers in premiums. In those days they didn't need to worry about Minimum Loss Ratios.

#### For-Profit BlueCross BlueShield Plans:

Eventually, the Plans figured out that if they had to pay federal taxes anyway, they might as well be set up as profit making institutions and many of them re-organized themselves as such. Some of them combined operations like Anthem Blue Cross BlueShield, which has combined operations of at least twelve (12) separate Plans to form Anthem.

Whatever the reason for the federal tax, you will note that even today, the Corporations commitment to their communities is a strong one. For the most part, the last health insurance carriers involved and supporting the Obamacare are the BlueCross BlueShield plans. And, that is a testament not only to their expertise but also to their commitment to provide health insurance benefits to the communities they serve. Many of the for-profit commercial health insurers carriers have dropped out of the ACA markets.

This only goes to show you that when our federal government decides to take things over, as it did with ACA/ Obamacare, and control or unduly influence an industry or private enterprise, ***everything gets screwed up.***

There is not an American citizen alive, who will disagree with the above statement. No one in their right mind thinks that our government can do a better job *of anything* over that of our private enterprise system. We have learned this lesson from the UK Healthcare system that recently let two children die because they would not let their parents take the children out of the country to seek medical care, even though it wasn't going to cost them any money. The British health system has been loved by the people since the WWII but it is in regular turmoil. In 2014, the National Health Service dissolved the entire management structure of the system, throwing 30,000 workers out of work and then turned over 80% of the health service budget to the doctors in the hope of encouraging privatization and lower the cost medical cost and patient wait times. This is something like what we are having to do at the Veterans Administration, where Vet's were dying before they could get in to see a doctor. The Democrats basically fought against giving Veterans the right to seek medical care outside of the VA system right done to end.

We see countries like oil rich Venezuela, whose people are starving for lack of working economy. Countries like Mexico, Nicaragua and Honduras where people are walking thousands of miles just to come to the U.S. to find work. We see economies of Iran and North Korea where military budgets overwhelm their health care spending. Our health care is NOT a public utility. If we let our health care system go the way of the VA or we try to keep the ACA/Obamacare going, we need to seek mental health services. The problems with the VA and the ACA are everyday headlines. Big government is NOT the answer!

H.R. 676 - Expanded and Improved Medicare For All Act:

Keith Ellison, and most Democrats believe that a majority of Americans are frustrated with the high cost of out-of-pocket deductibles, skyrocketing premiums, and many other "serious problems" that are part and parcel of a health care system dependent on private health insurance plans. Many of them think that Keth Ellison's Bill will *fix all of these things*. Representative

Ellison thinks universal health care is the civil rights issue of our time. He supports Obamacare, which he has stated that it was an important reform, providing improved quality and lower costs. Unfortunately, there is no evidence of that. By virtue of his support for the ACA, Representative Ellison presumably believes in the following ACA provisions. He believes:

1. The government should be telling insurance companies how to rate their products, requiring among other things, community rating even though we know that certain segments of the population end up paying more than their fair share of the cost under that system.
2. Health Plans should use artificial rating to prevent the true pricing of health care risks that would otherwise lower the cost of health insurance for younger people and those with healthy life styles and raising it for the older people, smokers and high-risk individuals.
3. The government should require minimum health benefits regardless of a need for coverage, so that everyone must pay for all the coverage levels regardless of their need for the coverage and level of benefits, which artificially raises the cost of insurance for everyone.
4. The government must eliminate deductibles and coinsurance for people at or just above the poverty level, despite the obvious need for incentives for the proper use of the benefits, like copays for emergency room use, etc. supposedly because poor people should pay less for their health care than the other people who are not so poor. Maybe Keith Ellison also believes people of color should also pay less than white people for their health insurance?
5. The government should make it mandatory that everybody enrolls in a health plan through unlicensed non-profit Marketplaces and not through an insurance company. The health plans are the ones that need the information to pay the claims, but Obamacare believed it is better, fairer or clearer for consumers to enroll in the ACA through disinterested and unlicensed third party Marketplaces. Consumers are not allowed to enroll directly with the companies that are in the business of administering the ACA benefits, paying the claims and are required to use only licensed and trained agents to sell their products.

6. It is better to regulate the amount of money an insurance carrier can pay out for a consumer even if such MLR regulation forces the company to raise their rates and increase their payments to providers to increase their profitability.
7. The government must allow anyone to sign up for health insurance at any time and be placed in the same programs and in the same risk pools and at the same rates as those people who have maintained health insurance for many years and paid premiums into the programs, even if it increases the cost of the plans for everybody else due to adverse selection.
8. The government must force the non-renewal (cancellation) of all other non-qualified health insurance plans and the limitation of temporary health plans providing affordable coverage for many Americans, because the government fears that the American people would actually like those plans and find them affordable and then not join the costly ACA or drop out of it, even when these limitations forced many Americans to join the ranks of the uninsured.

Basically, you get the idea. The government knows best. Big Brother will take care of you. The problem is Big Government can't take care of us. The problems listed above are just some examples of what the government did wrong when they passed the ACA. The way the ACA handles the items noted above unnecessarily raises the cost of the ACA health plans for everybody. Collectively they make health insurance less affordable for the American people. It is no accident that the ACA enrollment is declining. They lost another half million Americans in 2019, bringing the total enrollment to 8.5 Million people left on the program and most of them urban dwellers, 75% of which have their premiums largely paid for by the tax payers. Even though three quarters of Obamacare participants are heavily subsidized by federal government, we can't call them free loaders because without that government subsidy, they would be just like the rest of the 29 Million people without any health insurance.

We must remember we still have 29 Million people, who don't want to touch the ACA/Obamacare program with a ten-foot pole, mostly because they can't afford it. That is why the Republicans eliminated the ACA's individual tax mandate. It was a tax burden that did not cause uninsured people to sign up for the program. The penalty was too low, and it had so many

waivers, it worked more like a sieve than a bowl. The uninsured population that was aware of the ACA Mandate (those that paid taxes) welcomed the tax penalty if they could avoid having to pay the ACA premiums.

Keith Ellison is quoted as follows: “I am a steadfast advocate for a single-payer health care system. I am a proud co-sponsor of the United States Health Insurance Act, which will provide health care to all Americans by establishing a national single-payer health system. I will continue to fight for single-payer health care system because I think it is only true way to make health care a right for every single American.”

We know that this statement is not true. However, we believe it is time for Members of Congress, health policy scholars, economists and the medical community begin a serious discussion of the merits of a universal single-payer health care system.

H.R. 676 H.R. has been introduced every year in Congress since 2003 and has a broad base of support among universal health care activists, organized labor, physicians, nurses, and social justice organizations across the nation. The bill has been endorsed by 26 international unions, Physicians for A National Health Program, two former editors of the New England Journal of Medicine, National Nurses United, the American Medical Students Association, Progressive Democrats of America, and the NAACP. In the 114<sup>th</sup> Congress, 78 Members in the House signed on as cosponsors of the Conyers legislation. In 2011, the Vermont legislature passed legislation that lays the foundation for a single-payer health care system in the state. But, in 2014, Vermont’s plans were in ruins. Similar bills have been introduced in Hawaii, New York and Massachusetts and more recently, the former Mayor of San Francisco, now Lt Governor Gavin Newsom of California (CA) wants single-payer. The problem is no state has the resources to pay for the system. Not only that, when the tax payers are asked if they want such a system, if their taxes are going to go up top pay for it, a majority of those polled don’t want it.

In a recent documentary on the Vermont experience, someone stated categorically ***“I believe, along with many leading health practitioners and experts, that establishing a non-profit universal single-payer health care system would “NOT” be the best way to effectively contain health care costs and provide quality care for all Americans.”***

With all due respect, in the United States, we have *never* tried to do such a thing exactly the way John Conyers, Keith Ellison, Gavin Newsom and Bernie Sanders are suggesting it be done. On the other hand, we have Price Waterhouse projecting that Medicare Advantage (MA) enrollment will grow by 8 percent to a total of 21 million beneficiaries, almost three times bigger than ACA enrollment. The previous research from A.M. Best and the Kaiser Family Foundation also found that MA premium revenues grew from \$69.9 billion in 2007 to \$187.5 billion in 2016, indicating an upward trend in popularity ([Reference](#)). MA now covers over 35% of all Medicare beneficiaries and with 11,000 aging into the program daily, 50% are choosing Medicare Advantage within their first year of eligibility. **WHY CAN'T WE JUST AGREE TO EXTEND THIS FANTASTICALLY SUCCESSFUL PROGRAM TO ALL AMERICANS?**

Medicare Advantage for All:

Now it is the time to move on to a New Program that will Work, and that is what we like to call the next generation ACA product – “Medicare Advantage for All (MAA)”. MAA has everything most Republicans want in a national health plan. It is private insurance. MAA does not require more bureaucracy, because HHS already has almost everything in place to manage the program. MAA is fully grounded in free market principles. MAA is real health insurance, underwritten by the public-private partnership and paid for by the federal government through capitation reimbursement. Deficits in the programs funding do not accrue to the national debt and there is no unfunded liability associated with the program. The government regulations in place are flexible enough to permit creativity and experimentation by the insurance carriers. There are minimum standards but few mandates. MAA is slightly less expensive than the ACA and if *the extension product is re-engineered and designed properly, it can be a lot less expensive.*

There are no ACA type mandates that arbitrarily require carriers to do things that increase rates and cause insurmountable problems like the ones that make the ACA programs so unaffordable. MAA is in place for over 21 Million seniors over age 65. However, the program would have to be modified to be responsive to the needs of a younger clientele. This would include the expansion of Health Savings Accounts and the Medicaid

Modernization, especially as it relates to the way we handle pre-existing condition coverage.

None of these additions will take away from the fact that seniors (voters) and their politicians love the Medicare Advantage program. Democrats and Republicans alike will WIN the public's support for doing the Next Right thing if they propose extending "Medicare for All" in this responsible "Advantaged" fashion. Our nation will benefit from the removal of the threat of government incursion into the health insurance and health care systems. Our economy will benefit from the continued vibrancy of the health care sector and the support we give to the public-private partnership that makes it all possible. Medicare Advantage will be a Winner in 2018 and in 2020! We have to enact meaningful legislation before the end of the decade. This is a Program whose Time Has Come Today. Go to: [www.Medicare-Advantage-For-All.Com/](http://www.Medicare-Advantage-For-All.Com/) for everything you ever wanted to know about health insurance reform but were afraid to ask!