



December 9, 2019

The Honorable Anna Eshoo  
Chairwoman  
House Energy and Commerce Subcommittee  
on Health  
2125 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Michael Burgess  
Ranking Member  
House Energy and Commerce  
Subcommittee on Health  
2125 Rayburn House Office Building  
Washington, D.C. 20515

Dear Chairwoman Eshoo and Ranking Member Burgess:

The Partnership for America's Health Care Future (PAHCF) welcomes and supports an open discussion on how to best protect our health care future and make sure every American has access to affordable, high-quality coverage during the "Proposals To Achieve Universal Health Care Coverage" hearing held by the U.S. House Committee on Energy and Commerce's Health Subcommittee. However, many of the proposals being considered would have severe consequences for taxpayers, consumers, patients and families. In fact, studies show that new government-controlled health insurance systems – namely Medicare for All, Medicare buy-in and the public option – could mean higher taxes and premiums, longer wait times and lower quality care.

The Partnership is a nonpartisan coalition of the nation's leading doctors, nurses, clinicians, community hospitals, health insurance providers and biopharmaceutical companies committed to working together to ensure every American has access to the affordable, high-quality coverage they deserve. Our mission is to build on what's working in health care and fix what's not. We want to work together to lower costs, protect patient choice, expand access, improve quality and foster innovation. But whether it's called Medicare for All, Medicare buy-in, or the public option, one-size-fits-all health care will never allow our nation to achieve those goals.

Studies show that a Medicare for All system would cause American families to pay more to wait longer for worse care. In fact, Medicare for All is estimated to [cost more than \\$50 trillion](#) over 10 years. The non-partisan Committee for a Responsible Federal Budget (CRFB) [finds](#) that "fully offsetting the cost would require higher taxes on the middle class," and [would](#) "require the equivalent of tripling payroll taxes or more than doubling all other taxes." And despite arguments that most families would see their overall costs decrease, a wide range of experts agree that [it is impossible to make those guarantees](#), warning that "most taxpayers would pay more in taxes than they would save from having the federal government absorb the cost of health-care premiums."

Even worse, instead of increasing access to quality care, a one-size-fits-all government-controlled health insurance system could actually [reduce it](#), according to the non-partisan Congressional Budget Office (CBO). The CBO also finds that a new one-size-fits-all system may not address the needs of some people and could lead to "a shortage of providers, longer wait times, and changes in the quality of care." Medicare for All would also pose a tremendous threat to our nation's rural hospitals, which are already struggling to stay open. Some ["would close virtually overnight,"](#) further limiting access to care for American patients. Findings like these have been [backed up](#) by economists across the ideological spectrum.

Likewise, studies also show that so-called “moderate” alternatives to Medicare for All – such as the public option, Medicare buy-in and Medicare for America – would ultimately lead to the same consequences. A recent [study](#), conducted by FTI Consulting, finds that the public option would cause millions of Americans to lose their current coverage and could result in the loss of all other private plans in the individual market. According to the study, “[i]n the first year following introduction of the public option, over 130,000 Americans enrolled in ACA coverage would be forced off of their existing health plan. Over a decade, up to two million enrollees could experience a loss of private coverage as insurers exit the marketplaces.” At the end of that decade, more than seven million Americans would no longer have their private coverage through the marketplaces.

While Medicare for All would eliminate every American’s existing health coverage virtually overnight, new government-controlled health insurance systems such as the public option will lead to the same harmful consequences over time. A [study](#) by KNG Health Consulting, LLC found that Medicare for America, another government-controlled health insurance system, could force one-third of American workers off of their current employer provided health care coverage.

Other recent studies have also shown these government-controlled systems like the public option would limit patients’ access to quality care, as hospitals could be forced to offer less care or even shut their doors entirely. According to a [study](#) by Navigant Consulting, the public option could put more than 1,000 rural U.S. hospitals – which serve more than 60 million Americans – “at high risk of closure.” And a [study](#) from KNG Consulting found that “[f]or hospitals, the introduction of a public plan that reimburses providers using Medicare rates would compound financial stresses they are already facing, potentially impacting access to care and provider quality.”

The public option would also increase costs for American families. Another KNG [study](#) finds that instead of addressing rising health care costs, it “would increase total health care spending, with the largest spending increases occurring among those who already had public coverage through Medicare or Medicaid.” Americans’ premiums could sky-rocket and experts have [noted](#) that a public option system “could prove costly.”

Today, about 90 percent of Americans are covered and millions more are eligible for coverage under our current system. Patients with pre-existing conditions are protected and young adults can stay on their parents’ health plans until they are 26 years old. By building on what’s working, we can expand access without compromising the coverage and care a [majority](#) of Americans are satisfied with.

The Partnership welcomes and supports an open and honest discussion on how to best expand access to affordable, high-quality coverage for all Americans and appreciates your focus to this critical issue. We look forward to a frank conversation about the consequences of new government-controlled health insurance systems and urge lawmakers to instead work together to build on what’s working and fix what isn’t.

Sincerely,

Lauren Crawford Shaver  
Executive Director  
Partnership for America’s Health Care Future