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Democrats Should Not Get a Single Vote from Seniors

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Would seniors vote for a party that has PROMISED to destroy Medicare? Maybe—if they believe the lies of Democrats and Socialists. SO, IT'S IMPORTANT TO SHARE THIS.

Democrats have gotten behind Socialist Bernie Sanders's deranged plan, the Medicare for All Act (M4A), which is nothing more than single-payer health care—a long-time leftist dream for America; but a nightmare for those in other nations who have it.

Professional liars and Socialists Sen. Sanders—no, that's not the fried chicken guy—and candidate Alexandra Ocasio-Cortez claim that Medicare for All would actually cost LESS than Medicare for seniors or disabled alone costs now. The latter actually told CNN's Chris Cuomo, on August 8ththat a study "show[ed] that Medicare-for-all is actually much cheaper than the current system that we pay right now." Sanders said in a video that the plan "would save the American people $2 trillion over a 10-year period."

Of course, any fool knows that's mathematically impossible. To support their ludicrous promises, these hucksters cite a study titled, "The Costs of a National Single-Payer Healthcare System," published by the Mercatus Center at George Mason University. Alas, like everything the Socialists say in order to sell their lunatic agenda, this is a lie: the study doesn't say that at all.

The true cost of M4A

The paper clearly says the cost of Medicare for All would dwarf what we're paying now to finance health care insurance for seniors and disabled alone:

The Medicare for All Act (M4A), would, under conservative estimates, increase federal budget commitments by approximately $32.6 trillion during its first 10 years of full implementation (2022–2031)…. This projected increase in federal healthcare commitments would equal approximately 10.7 percent of GDP in 2022, rising to nearly 12.7 percent of GDP in 2031 and further thereafter. *Doubling all currently projected federal individual and corporate income tax collections would be insufficient to finance the added federal costs of the plan*. [Emphasis added.]

But, the study adds, "It is likely that the actual cost of M4A would be substantially greater than has been estimated from its legislative text. That text requires that healthcare providers — hospitals, physicians, and others—will be reimbursed for all patients at "current Medicare payment rates."

[Read the Bill, page 13, line 17.]

That last part sounds good, right? But it's not.

Sanders based this rule on a projection by the Centers for Medicare & Medicaid Services (CMS), that Medicare provider payments will be roughly 40 percent lower than those paid by private insurers during the first 10 years of M4A's proposed implementation (by 2031.) [Figure 2, page 8]

But those cuts in provider payments would only happen if Congress allows adjustments [cuts] that are mandated under current law. CMS also predicted that Congress is likely to prevent these cuts, to ensure that Medicare beneficiaries will keep their access to medical care:

"In our view there is a strong likelihood that the scheduled physician payment updates and the productivity adjustments will not be achievable in the long range. It is reasonable to expect that Congress would find it necessary to legislatively override or otherwise modify the reductions in the future to ensure that Medicare beneficiaries continue to have access to health care services." [Page 2]

Various alternatives are offered. [See pages 11–15]

Unfortunately, M4A would force all providers to be paid at the reduced Medicare rates. This would not only destroy Medicare as we know it, but deal a sudden 40% cut to provider payments by private insurance companies, which will be outlawed under M4A:

"SEC. 104. PROHIBITION AGAINST DUPLICATING COVERAGE. 14 (a) IN GENERAL—It is unlawful for a private health insurer to sell health insurance coverage that duplicates the benefits provided under this Act." [P. 9 of the Bill]

Obviously, many, many doctors would then refuse to accept Medicare patients—even seniors. That would reduce Medicare to an even lower status than Medicaid, now accepted by relatively few doctors—and not so many good ones. That, in turn, would force long waits for inferior care.

So, we could enjoy the same kind of health care as in Canada (or worse), where the Fraser Institute reported in 2017 that "Specialist physicians surveyed report a median waiting time of 21.2 weeks between referral from a general practitioner and receipt of treatment." That's why Canadians have for years gone south to pay out of pocket for life-saving treatments.

If M4A becomes law, where will we all go for vital care?

Please make sure any senior you know is aware of the Democrats' plan to destroy Medicare and replace it with inferior care. It's like mandating free food, but 50% of the food will be dirt.

What would the coverage under M4A be like?

First of all, on page 4, the Bill says:

"IN GENERAL—All individuals residing in the United States (including any territory of the United States) are covered under the Medicare For All Program."

Apparently, that means illegal aliens would be covered.

Why single payer can't work

The basic flaw in "free" single-payer health care is that demand for that care would be ever-increasing. The only way to control costs is by limiting access to care, through various types of rationing. There's an easy way to see what life might be like under M4A. Just look at what Obama and the Dems did, in the heady days when they had full control—which they now seek to regain.

In 2010, Obama appointed "rationing advocate Donald Berwick to become the director of the Center for Medicare and Medicaid Services." [I'm quoting *Life News*here.]

Life News described Berwick this way:

"Berwick is an outspoken admirer of the British National Health Service and its rationing arm, the National Institute for Clinical Effectiveness (NICE).

"During a 2008 speech to British physicians, Berwick said 'I am romantic about the National Health Service. I love it,' and call[ed] it 'generous, hopeful, confident, joyous, and just.'"

Waiting to die

Michael Tanner, a senior fellow at the CATO Institute wrote in the Daily Caller at the time exactly how joyous the British National Health Service (NHS) is:

Berwick was referring to a British health care system where 750,000 patients are awaiting admission to NHS hospitals.

The government's official target for diagnostic testing was a wait of no more than 18 weeks by 2008. The reality doesn't come close. The latest estimates suggest that for most specialties, only 30 to 50 percent of patients are treated within 18 weeks. For trauma and orthopedics patients, the figure is only 20 percent.

Overall, more than half of British patients wait more than 18 weeks for care. Every year, 50,000 surgeries are canceled because patients become too sick on the waiting list to proceed.

Tanner described another single-payer feature, from the UK:

With the creation of NICE, the U.K. government has effectively put a dollar amount to how much a citizen's life is worth. To be exact, each year of added life is worth approximately $44,305 (£30,000). Of course, this is a general rule and, as NICE chairman Michael Rawlins points out, the agency has sometimes approved treatments costing as much as $70,887 (£48,000) per year of extended life.

To Dr. Berwick, this was exactly how it should be. "NICE is not just a national treasure," he says, "it is a global treasure."

And Dr. Berwick wanted to bring NICE-style rationing to this country. "It's not a question of whether we will ration care," he said in a magazine interview for Biotechnology Healthcare, "It is whether we will ration with our eyes open." Here's another charming method of cost-cutting in the UK:

"The one thing the NHS is good at is saving money. After all, it is far cheaper to let the sick die [waiting] than to provide care," Tanner writes.

A license to kill

Costs would also be moderated by saving money on care for the most expensive group, by using euthanasia. There were frequent reports in the UK of elderly patients with terminal illnesses in hospitals being starved to death and dying of thirst. Relatives came to visit a grandmother only to find the bed empty. They were told that she had died the day before. Don't believe it? Google "Liverpool Care Pathway."

This was a program for delivering palliative care to people with a terminal illness. It included govt. incentives to end the lives of such people by refusing them fluids. Never mind that sometimes they weren't terminal at all, or lived much longer than expected, sometimes after development of new treatments.

In America, many people were recalled to life by a new medicine called Gleevec that was shown to be 100% effective in halting two deadly cancers.

Some had already purchased their burial plots. They rose from their hospital beds and went home. But there have been damned few, if any miracle drugs discovered in the U.K. indeed, Obama supporters don't believe in "wasting" money on research.

The *Daily Mail* reported that "almost two-thirds of NHS trusts using the LCP have received 'payouts' totaling millions of pounds for hitting targets related to its use."

The *Mail* called it "a pathway to euthanasia."

After a series of scathing *Daily Mail* articles, the Liverpool Pathway was shut down in 2013. It had been the standard of care since the 1990s.

That's the system lauded by Obama's appointee to supervise Medicare and Medicaid in 2010, and clearly the Democrats' intended plan for America.

PS: the plan put forward to replace the LCP was even worse, encouraging hospital staff to *guess* who might be terminal, thence to withhold fluids.

The Telegraph reported:

"The Nice proposals call on hospital staff to identify a list of 'signs' and 'changes'—such as agitation or fatigue which might suggest a person is entering the last days of their life, before drawing up a plan for their care, which could see fluids withdrawn.

That's why Democrats should not get a single vote from seniors—or from anyone else.