# Financing Medicare Expansion Proposals March 2020 Maya MacGuineas



Committee for a Responsible Federal Budget

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#### **Types of Medicare Expansion**

## Medicare Buy-In/Eligibility Change

## >A Public Option (Medicare for Some)

## Medicare for All (Comprehensive Single-Payer)



#### How Much Would Medicare for All Cost?

#### Depends on what you mean by "cost"

#### Medicare for All would increase *federal* costs dramatically

- Eliminating premiums and out-of-pocket costs would transfer significant new costs to the federal government
- Expanding coverage to more people and for more services would further increase costs
- Lower provider payments, drug prices, and administrative costs would partially offset increase

#### Medicare for All could *increase* or *reduce* national health expenditures

- Expanding coverage and reducing cost sharing would increase utilization and thus cost of care
- Paying less for medical providers, prescription drugs, and administrative spending would reduce costs

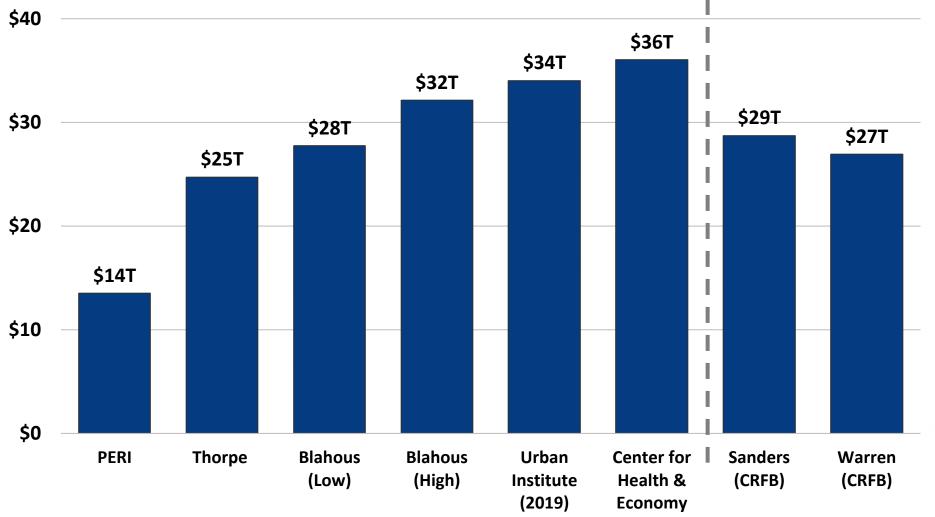
#### The effect on federal costs and national health expenditures are BOTH important

- Higher NHE means a larger share of the economy's resources going to health care
- Higher federal costs requires great levels of taxes, spending cuts, or borrowing different financing choices have different economic, distributional, and policy consequences



### Medicare for All Would Cost About \$30 Trillion

Trillions of Dollars Over Ten Years (Windows Vary)



*Sources:* <u>PERI</u>, <u>Kenneth Thorpe</u>, <u>Charles Blahous</u>, <u>Urban Institute</u>, and <u>Center for Health and</u> <u>Economy</u>. Note: ten-year costs are estimated on different budget windows, some include revenue feedback while others do not, and some include long-term care while others do not.

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#### Many Options for Financing Medicare for All

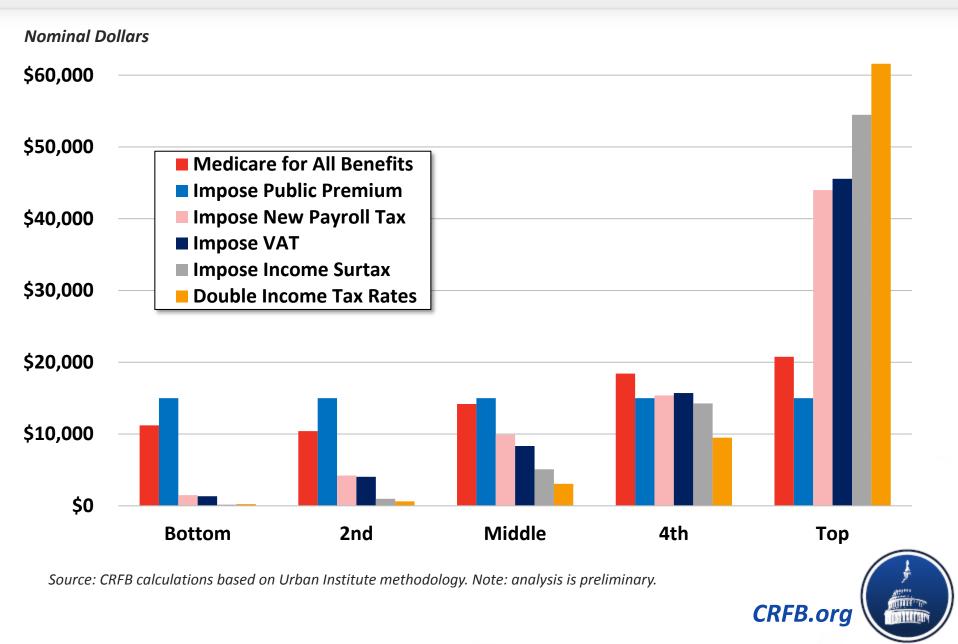
#### Generating \$30 trillion would require the equivalent of:

- A 32 percent payroll tax on all wages;
- A 25 percent income surtax on income above \$24,800;
- A 42 percent value added tax (VAT);
- A mandatory public premium of \$7,500 per capita or \$12,000 per individual without public insurance;
- More than doubling all individual and corporate tax rates;
- An 80 percent reduction in non-health federal spending;
- A 105 percent of GDP increase in the national debt; OR
- Impossibly high taxes on high earners, corporations, and the financial sector

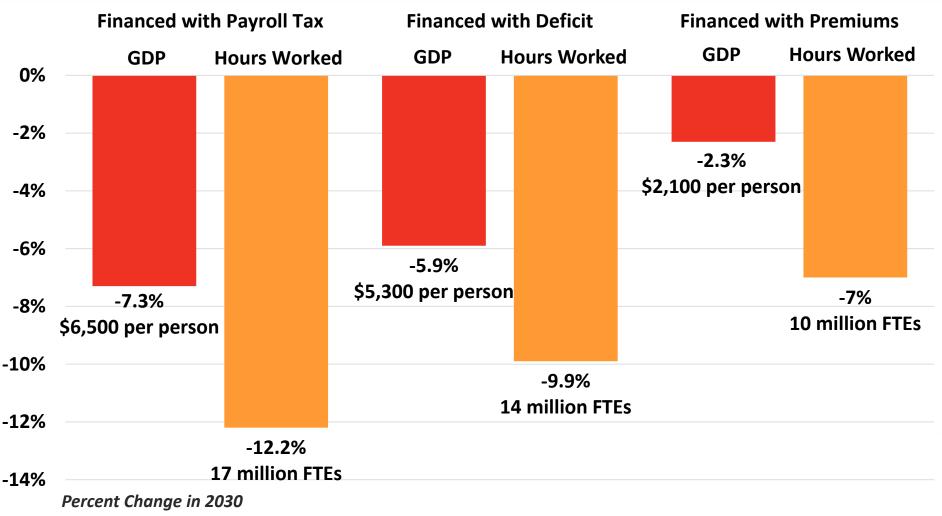
#### Policymakers would likely consider a combination of approaches



### **Options Have Different Distributional Implications**



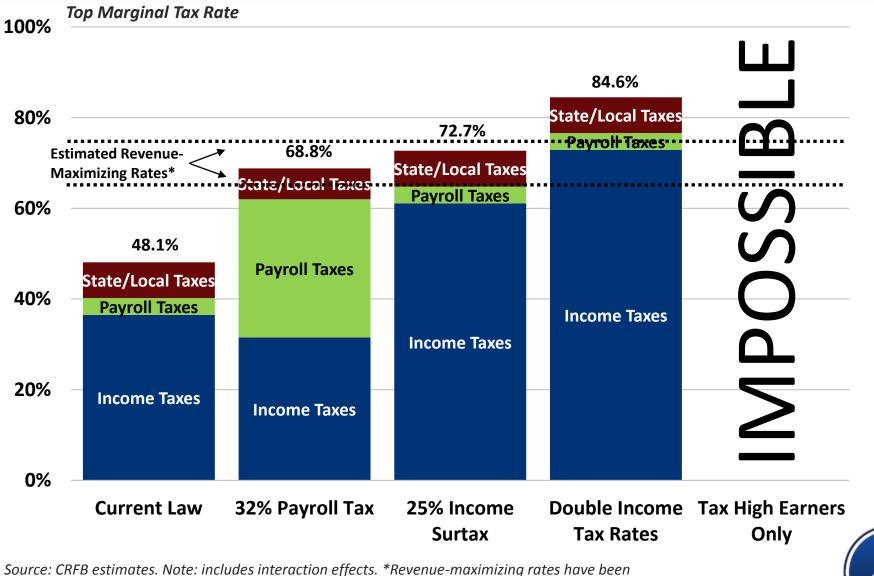
### **Options Have Different Economic Implications**



Source: CRFB calculations based on <u>Penn Wharton Budget Model</u> and CBO data.



#### **Options Have Different Tax Capacity Implications**



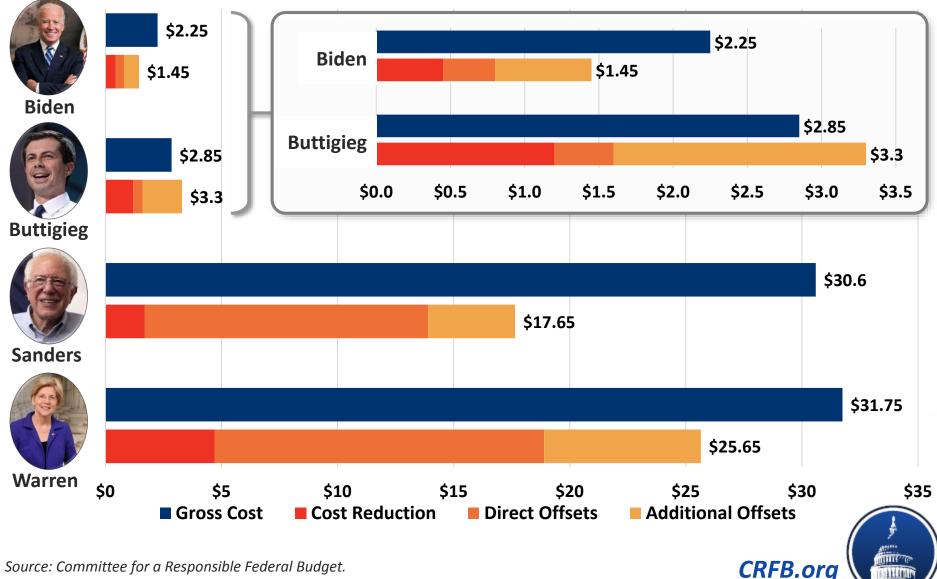
estimated at 63 percent by Trabrandt and Uhlig and 73 percent by Diamond and Saez.

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### **2020 Candidates All Propose Different Pay-Fors**

Trillions of Dollars in New Spending and Offsets, Central Estimate, 2021-2030



#### What Else Could You Do With The Money?

#### Things you could do with \$800 billion:

- Free Public College & Universal Pre-K
- Double the Earned Income Tax Credit
- Paid Family Leave & Debt-Free College
- Double the NIH Research Budget & Fund the Highway Trust Fund
- More Than Double SNAP Spending

#### Things you could do with \$30 trillion:

- Triple All Social Security Spending
- Quintuple Defense Spending
- Launch the Apollo Program 200 Times
- Abolish the Individual & Corporate Income Tax
- Enact a Universal Basic Income of \$1,000 per month

