Representative Kamela Harris recently tossed her hat into the ring as a contender for the Democratic Party’s nomination for president in the 2020 election. The one plank in her platform that has stirred the most discussion is Harris’s bid to institute a single-payer health care system for every American, called [Medicare For All](https://www.breitbart.com/politics/2019/01/27/kamala-harris-pushes-medicare-all-bid-presidency/).

Her reasons for this, [in her own words](https://www.breitbart.com/politics/2019/01/27/kamala-harris-pushes-medicare-all-bid-presidency/) are:

<clip from CNN>

In her conception of health care access, Medicare for All would eliminate all existing private insurance companies. As the end of the clip shows, when asked about their fate, Representative Harris simply say “Let’s eliminate all of that.”

Now there are obvious political ramifications for such a single-payer proposal. Doctors and the health systems they work with and for have powerful lobbyists. Insurance companies also have a great deal of influence in politics given their financial holdings and their presence in every state. And whether such a plan would be popular with a majority of voters has yet to be tested. But let’s leave that all behind and simply ask what economic factors exist that support Harris’s assertions and what factors refute it.

## Health Care Price and Supply

One of the cornerstone ideas in economics is the law of supply and demand that dictates that the price goes down when the supply is higher than demand. The primary way to encourage an ample supply is to allow the suppliers to reap a profit when they persuade a consumer to buy their offering. Ideally, we would want more health care professionals to enter into the market than is strictly necessary by statistics alone. These individuals would compete fiercely with each other driving the price down and forcing less-competent professionals out of the market place. Less expensive health care would go a long way to addressing her complaint that “[H]aving a system that makes a difference in terms of who receives what based on your income is unconscionable.”

Currently, competition in the health care arena is blunted primarily by two factors. First, by government regulation, insurance companies only compete amongst themselves within specific states. No buying of insurance across state lines is permitted. For example, [the ugly battle between UPMC and Highmark](https://www.beckershospitalreview.com/hospital-management-administration/10-of-the-biggest-rivalries-in-healthcare.html) only takes place within western Pennsylvania with neighboring states being completely ignorant. Second, since the primary mechanism by which most of us get our health care coverage is through our employment, competition is further limited to the number of choices provided by people (i.e. employers) who aren’t directly consuming the product. A vestigial practice left over from the wage-controlled years during World War II, business-supplied health-care benefits have over negative consequences that will be covered below.

Under Harris’s plan for a single-payer system, competition would be erased rather than enhanced. With the elimination of private insurance would also go any incentive for the provider, in this case the Federal Government, to lower costs. Without competition, the average bureaucrat will have little reason to push for a higher efficiency and almost no motivation to put patient/customer first. For the health care practitioner, the situation could go one of two ways. Either the government will attempt to fix prices in order to address cost or it subsidize the activity , thus the pervasive government regulations will likely discourage people the really good people from becoming doctors and nurses while encouraging substandard one to become partfrom

## Quality of Care and Market Knowledge

As

## Outcomes, Delays, and Torts

Implicit in her complaints

Delays, eliminated but there is no incentive to do so

## Examples of Single-Payer System Outcomes

Veteran Affairs

British Health System

https://www.burtonreport.com/InfHealthCare/BritNatHealthServ.htm waiting lists to get on waiting lists have been created

Canada

Is Britain's Health-Care System Really That Bad? - <http://content.time.com/time/health/article/0,8599,1916570,00.html>