



Written by [Steve Byas](#) on June 11, 2018

Pelosi Open to “Medicare for All” — “It’s All on the Table”

Imagine a driver who sees a brick wall in front of him, so his solution is to push down hard on the gas pedal and accelerate, hoping he can simply smash through the wall.

That is apparently the approach that House Democratic Leader Nancy Pelosi of California is now willing to consider as the solution to the woes of the Affordable Care Act (popularly known as ObamaCare) and the Medicare system. On Thursday of last week, Pelosi told reporters that she thinks “Medicare for All” proposals should be “evaluated” should Democrats win back the House of Representatives in November. “It’s all on the table,” Pelosi added.



“I’ve always been for a public option so I’m always eager to talk about that,” Pelosi said in response to a question about whether the Democrats would try to push a “public option” for the Affordable Care law, or even a “Medicare for All” bill, should the Democrats gain control of the House this fall.

Only last year, Pelosi appeared cool to the idea of “Medicare for All” because she did not believe there was a “comfort level with a broader base of the American people” as of yet. But socialist Senator Bernie Sanders, who is actually an “Independent,” ran so well in the Democratic presidential primaries in 2016, advocating such an idea, that many potential 2020 Democratic candidates have come out in favor of the idea, too. In addition, Democrats in some of the tightly contested “battleground” congressional districts are now favoring “Medicare for All” to replace ObamaCare — districts where Democrats need to win to have an opportunity to regain the House majority they lost in 2010 and have yet to win back. Many Republican campaign strategists believe support for the idea by Democrats in the swing districts will rebound to their favor instead.

Why would support for “Medicare for All” be probable loser for Democrat hopefuls?

If Democrats are going to trumpet “Medicare for All,” it seems logical to examine the status of the Medicare program as it presently exists. Established in 1965 as part of President Lyndon Johnson’s “Great Society” program, the argument was that once a person reached a more advanced age, private health insurers would be less likely to want to sell older Americans policies, and if they did, they would want (and need) higher premiums, as health problems usually increase with age.

The cold reality is that the Medicare program is widely conceded to have driven up healthcare costs, which requires ever-increasing premiums for users of the program. Amazingly, in the same week that Pelosi put expanding the Medicare program on the table as potentially part of the Democratic Party’s agenda, should they regain the House, Medicare trustees report that the program for *present* participants will become insolvent in 2026, only eight years from now, and three years earlier than had been forecast just last year.



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It would seem to be madness to expand a program that is in such deep financial problems, yet that seems to be a growing desire among Democrats in Congress.

And the Republicans, who have been “burned” repeatedly by Democratic Party demagoguery on such issues, seem to be whistling past the graveyard themselves. President Trump refused to even address the problems with Medicare (as well as Social Security and Medicaid) during his 2016 campaign. Treasury Secretary Steve Mnuchin has assured Americans that there is nothing to worry about, claiming that tax cuts, regulatory reform, and better trade deals “will generate the long-term growth needed to help secure these programs and lead them to a more stable growth.”

Of course, the Trump administration inherited the mess from the Obama administration (which inherited it from the Bush administration and so on). President Obama actually had a bipartisan commission which made some suggestions on tackling the problem, but he basically ignored their findings.

The problem is systemic. Seventy-four million Baby Boomers — 10,000 per day — are retiring into Social Security and Medicare by 2030, while fewer and fewer Americans exist to pay for the expensive programs.

Perhaps few advocates of Medicare in 1965 anticipated the extent of this demographic problem, not expecting the approximately 60 million *legal* abortions performed in this country since the infamous *Roe v. Wade* Supreme Court decision of 1973. Many of those aborted would now be adults, shoring up the system with contributions.

Another systemic problem is that the system is designed in such a way to have ever-increasing costs, as there are no real free-market inhibitions involved. As Mickey Edwards wrote in 1972, in his book arguing against government-run healthcare, *Hazardous to Your Health*, “A good part of the increased cost is that of the Federal programs promoted by the critics themselves. For example, in the first three years of Medicare (July 1966, through June 1969), the government disbursed \$11.2 billion for the hospital insurance portion of the program, and approximately \$4.9 billion for the supplementary medical portion. Those who advocated Medicare for the *purpose* of increasing expenditures on health care now complain that health care expenditures have increased.”

Of course, many leftist politicians such as Bernie Sanders always have their “solution,” which they believe is to raise taxes “on the rich,” but there aren’t enough rich people in the country to pay the present federal bill, let alone increased bills. According to the article “[Can You Be Kind, Caring, and Liberal?](#)”, even if the federal government taxed away all income in this country above \$100,000, the country still couldn’t pay balance the budget.

Instead of *expanding* the role of the federal government in healthcare, the better solution, fiscally, constitutionally, and for the physical well-being of patients, is to get government out of the healthcare field altogether. Sadly, not only is that not “on the table” for Nancy Pelosi, it does not appear to be on the radar of the Republicans on the other side of the aisle, or at either end of Pennsylvania Avenue.



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