

Exploring The Effects Of The Public Option On America's Health Care System

The <u>Partnership for America's Health Care Future</u> and FTI Consulting examined the impact the public option would have on American health care coverage with the release of a study, "Assessing the Impact of a Public Option on Market Stability and Consumer Choice."

The study found the public option would force up to two million Americans off their existing health care coverage over a 10-year period and leave close to eight million without a private coverage option through the health insurance marketplace over the same time span.

Some of the study's other findings include:

- Introducing the public option would create a "two-tier" health system where employer-based insurance provides access to a different set of hospitals or services than those available to enrollees in public insurance.
- The government would be expected to set premiums for the public option approximately 25 percent below market value for comparable private insurance plans, squeezing out private competition and diminishing consumer choice. The significant discrepancy in premiums would cause the eventual elimination of all private plans in the individual market.
- By 2028, 20 percent of state marketplaces would not offer a single private insurance option as a result of the introduction of the public option.
- In the first year following introduction of the public option, over 130,000 Americans enrolled through the health insurance marketplace would be forced off their existing health plan as private insurers exit the marketplaces.

Although some have tried to frame the public option as a moderate proposal, whether it's called Medicare for All, Medicare buy-in, or the public option, one-size-fits-all government-run health insurance systems will force Americans to pay more to wait longer for worse care. A copy of the full report can be found here and a link to all of the Partnership's resources can be found here.

