

Key Questions For Supporters Of “Buy-In” Plans

What problem, exactly, are you trying to solve with this “buy-in” approach?

- If the goal is to cover the uninsured, aren't there less disruptive and more cost-effective ways to get there – given that roughly 90 percent of Americans are currently covered and most Americans rate their coverage and care highly?
- If the goal is to bring down costs, how does making across-the-board cuts to provider payments create any incentives or tools to address costs in the system? Wouldn't that just lead to doctors and hospitals limiting the amount of care they provide, and some even opting out?

Isn't this just another step on the way to single-payer health care?

- Even proponents of this approach agree that private coverage would have a difficult time competing with a government program. So, wouldn't a buy-in or public option just destabilize a sensitive marketplace and force people off their plans into the government program?
 - That is how Sen. Chris Murphy (D-CT) – a supporter of buy-in who says he will soon introduce his own legislation – framed it recently when he [told The Hartford Courant](#) that he views this as a way to bring about the “slow death” of private coverage and serve as an “on ramp to a single-payer system.” *Shouldn't we take him at his word on that?*
- Again – 90 percent of Americans are now covered and most rate their coverage highly – so why go down this path? Isn't this effort based on an ideological belief that more government health care is somehow better?

What do you say to concerns that this approach will produce longer wait times and a lower quality of care?

- Given that these government-run programs work by making steep cuts in payments to hospitals and doctors, won't the result be that providers will have to limit the amount of care they deliver and some providers will opt out of the system altogether?
- That would mean Americans losing not only their current health coverage, but potentially their doctors and hospitals as well – wouldn't it?

How do you explain these major changes in Medicare to seniors who depend on that program and were promised dependable health care coverage?

- Doesn't pushing millions more Americans into Medicare pose risks to the coverage and care seniors depend upon and were promised?
- How, exactly, would this approach impact the Medicare Trust Fund? Given Medicare's existing fiscal challenges, wouldn't this just put the program at even greater risk?

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