



Build a Single-Payer National Health Program

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The COVID-19 crisis demonstrates that the United States has underinvested in public institutions and infrastructure, and that public service provision is too often delegated to a maze of agencies and private actors. This is evident in the CARES Act coronavirus relief bill that Congress passed, where the lack of a centralized directory of Americans hampers efforts to provide emergency payments, and where state level provision of benefits obstructs national unemployment insurance. But as we hear news of a 17 year-old American who died after being denied COVID-19 treatment, it is time to face reality: **the United States must create a universal national health insurance program as soon as possible.**

The American health insurance system suffers from three central problems. First, private insurance companies extract a large proportion of U.S. health spending from the system in the form of administrative waste (mostly attempting to avoid paying for care) and profit. This economic extraction is reaching epidemic levels. As COVID-19 causes people to use more health care, which in a functioning system would mean health insurers are spending more on care, health insurers are actually standing to dramatically increase profits. On the eve of the worst economic crisis since the Great Depression, the United States cannot afford to pay billions of dollars to these entrenched middlemen.

Second, the provision of health insurance by employers, already untenable, is catastrophic in a crisis like this one. Americans are losing their jobs literally due to a pandemic; we are all more vulnerable to this pandemic if they lose their health care along with it.

Third, the provision and regulation of health insurance by state governments leads to red tape and underinvestment—all too clear in the COVID-19 crisis. This decentralization of health administration leads to a hodgepodge of overlapping responsibility and prevents coordinated responses from the health system. Governors and mayors are tripping over each other to solve mask and equipment shortages at their local hospitals; state administrators are scrambling to fit provisions of national relief bills into the particularities of their Medicaid programs. In a crisis, such an uncoordinated system is slow, costly, and deadly.

Single payer health insurance has been on the political agenda for a century, but the American political system has lacked the capacity to implement it. As Congress moves to pass a temporary emergency response, we must recognize that if we do not create a national health program, we will continue to be unprepared for new crises.