

— TOP TAKEAWAYS —

The Public Option for Health Coverage

“UNIVERSAL COVERAGE” IGNORES THE REALITY OF SUPPLY AND DEMAND

- While offering more Americans health “coverage” is well-intended, coverage doesn’t guarantee care.
- In fact, existing public health plans (e.g. Medicare and Medicaid) provide insurance coverage but often fail to enable patients to get care, because fewer and fewer providers accept these plans.
- This translates into longer wait times for appointments, reduced access and inferior outcomes for those using the “public option.”
- Adding more Americans to the already lengthy rolls of Medicare (**61 million people**) or Medicaid (**83 million people**) would only exacerbate the shortage of providers available to these patients.

A PUBLIC OPTION WILL REDUCE COMPETITION, NOT INCREASE IT

- When the government competes with private companies, the competition isn’t fair. It’s the equivalent of the referee participating in the game.
- Government actors get subsidies, while private companies face tax and regulatory burdens. If a subsidized public option pulls enough market share away from the higher-quality private options, those private options will go away.

AMERICANS DESERVE MORE HIGH-QUALITY OPTIONS

- Universal care, not coverage, should be the goal of health policy. Sadly, a public option in health care will result in fewer high-quality private options for health insurance.
- Private health insurance and other private payment arrangements offer better access to a wider network of providers, thus offering more timely and better care.
- We should work toward offering more Americans these superior options, rather than an inferior public option.

Click [here](#) to read the full policy focus and learn more about what a public option for health coverage would mean for Americans.