GlobalResearch
Center for Research on Globalization

Real Health Care Reform – Universal Single-Payer

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Global Research, August 05, 2009
5 August 2009

Region: USA
Theme: Science and Medicine

Organizations like Physicians for a National Health Program want Americans to have the same system in place in all other Western countries and elsewhere, including Venezuela, South Korea, Japan, Cuba, Brazil, Saudi Arabia, Costa Rica, Singapore, Taiwan, and Thailand. But not in America – the only industrialized country without it despite spending more than double per capita than the other 30 OECD countries and delivering less for it.

In a September 2007 report to Congress, the Congressional Research Service (CRS) compared 2004 US health care spending with other OECD countries:

— America then averaged $6,102 per person, well over double the average $2,560 for OECD countries;

— US health care spending was 15.3% of the economy compared to 8.9% on average for OECD countries; for Canada it was 9.9%; Germany – 10.6%; Great Britain – 8.1%; France – 10.5%; and Japan 8.0%;

— "US prices for medical care commodities and services are significantly higher than in other countries (delivering comparable care) and serve as a key determinant of higher overall spending;" high insurance and drug costs are the most significant factors;

— life expectancy in America is lower than in other OECD countries;

— the US ranks 22nd on life expectancy at birth; post-65, it's 11th for men and 13th for women;

— America has the third highest infant mortality rate after Turkey and Mexico;

— heart disease, cancer, and respiratory diseases are the top OECD country causes of death; America ranks 17th for heart disease "despite (performing) substantially more invasive heart procedures than all the other (OECD) countries;"

— quality of US health care isn't superior overall; nor do Americans "have substantially better access to health care resources, even putting aside the issue of the uninsured;" and

— because of the cost, many Americans delay or forego treatment.

World Health Organization's (WHO) Ranking of World Health Systems

WHO ranks America 37th overall, behind Saudi Arabia, United Arab Emirates, Iceland, Malta, Colombia, Cyprus, Morocco and Costa Rica and about equal to Slovenia and Cuba.

In other measures, it has the US 24th on life expectancy, 72nd on level of health, 32nd in distribution of care, 54 – 55th in financial contribution fairness, 15th in overall goal attainment, and first in per capita amount spent. If Obamacare is adopted, it will drop America lower in world rankings by making its dysfunctional system worse.

In a 2007 Commonwealth Fund study comparing Australia, Canada, Germany, New Zealand, the UK and US, America ranks last as in its earlier studies on access, patient safety, efficiency, chronic care management, and equity. Most notable is its absence of universal coverage. Overall, the US ranks poorly on its ability to promote healthy lives through affordable, high quality care. Its for-profit system prevents it.

National Coalition on Health Care (NCHC) Data

Founded in 1990, NCHC is the "largest and most broadly representative alliance working to improve America's health care." Its membership includes Common Cause, Consumers Union, AARP, Children's Defense Fund, several labor unions, numerous medical groups, including the American Cancer Society, American Heart Association, and American Academy of Family Physicians, League of Women Voters, and National Council of La Raza. Below are data it reports on US health care coverage, costs and quality.

(1) Health insurance coverage:

— most Americans have employer-provided insurance; costs are shared, and as industrial America became more service-based, employment no longer assures coverage, and when it does it's often woefully inadequate;

— in 2007, about 46 million Americans were uninsured, and nearly 90 million (about one-third of the below-aged 65 population) lacked coverage during some portion of the year;

— working adults with no insurance topped 20% in 2006; the same year (before today's economic crisis) 1.3 million full-time workers lost coverage; and

— employment-based coverage was 62% in 2007; rising insurance costs are largely to blame; from 1999 – 2007, premiums rose 120%, over four times the rate of wage growth;

(2) Costs

— annual costs are rising at twice the rate of inflation;

— in 2007, it was about $2.4 trillion or $7900 per capita;

— estimated 2017 spending is projected to be $4.3 trillion or 20% of GDP;

— for 2008, the average cost of health insurance for a family of four was about $12,700; it topped $4700 for single coverage but is much higher for older singles and those with a history of poor health;

— employee contributions to company-provided coverage rose 120% since 2000; out-of-pocket costs for deductibles and co-payments rose 115%;

— medical expenses are the leading cause of personal bankruptcies;

— in normal economic times, about 1.5 million families lose their homes annually because of

unaffordable medical costs; and

— America spends six times more per capita on administrative costs than other industrialized nations.

(3) Quality

— despite spending more than twice per capita of other developed countries, America ranks low on many quality measures, including life expectancy, infant mortality, and ability to receive needed care;

— only 54.9% get the care they need; over 100 million insured Americans get sub-standard treatment, especially for high-cost procedures, surgeries, hospitalizations, and other extended care; and

— overall America's health care system fails to deliver quality care to growing millions; affordability is the major factor.

Families USA on Americans Losing Health Care Coverage

Calling itself the advocacy organization for "high-quality, affordable health care for all Americans," Families USA says US Census Bureau data "indicate that some 45.7 million Americans lacked health coverage in 2007." On its web site, it says nearly 3.7 million more lost coverage since January 1, 2008. Those without it now number nearly 50 million, and their ranks are rising exponentially each month.

A May 2009 Health Affairs.org-published Todd Gilmer – Richard Kronick study estimated the following:

— 44,230 Americans currently lose health coverage each week;

— 191,670 each month;

— 2.3 million each year; and

— by yearend 2010, 6.9 million more Americans will be without it unless new policy measures halt it.

Unfortunately, Families USA supports Obamacare (with a public option) calling it "Long overdue steps to modernize the system, improve the quality of care provided, and curb unnecessary spending so our American care system delivers the best possible care." Current House and Senate bills fall short on each count and won't direct spending where it's most needed.

Single-Payer Legislation in Congress

On January 26, 2009, HR 676: United States National Health Care Act or the Expanded and Improved Medicare for All Act was introduced in the House "To provide for comprehensive health insurance coverage for all United States residents, improved health care delivery, and for other purposes." It was referred to the House Energy and Commerce, Ways and Means, and Natural Resources Committees. No further action was taken.

The bill proposes the following:

— establishes the United States National Health Care (USNHC) Program to provide all residents in America and US territories with free health coverage – including all necessary care, primary and preventive care, prescription drugs, emergency care, long-term care, mental health services, dental services, and vision care;

— only public and non-profit institutions may participate;

— patients may freely choose their providers;

— prohibits private health insurance duplicative of this act; insurers may sell non-medically necessary benefits like non-essential cosmetic surgery;

— establishes a USNHC Trust Fund to finance the program from existing government revenues, a personal income tax increase on the top 5% of earners, a Tobin-type tax on stock and bond transactions, and progressive payroll and self-employment income taxation;

— creates a confidential electronic patient record system;

— establishes a National Board of Universal Quality and Access to advise on quality, access, and affordability; and

— integrates the Indian Health Service and Department of Veterans Affairs programs into the new one.

On March 25, 2009, S. 703: American Health Security Act of 2009 was introduced in the Senate "to provide for health care for every American and to control the cost and enhance the quality of the health care system." It was referred to the Senate Finance Committee. It had no co-sponsors, and no further action was taken.

The legislation is largely similar to the House bill to provide all lawful US residents with health care services. It establishes a State-Based American Health Security Program, an American Health Security Standards (developmental and administrative) Board, and an American Health Security Quality Council to review and evaluate guidelines, quality standards, performance measures, medical review criteria, and develop minimum competence criteria. It also creates the Office of Primary Care and Prevention Research at NIH within the Director's office and amends the Internal Revenue Code to fund the program.

Physicians for a National Health Program (PNHP)

With over 16,000 physician members nationwide, PNHP believes universal single-payer coverage is a human right no different from food, shelter, clothing, and other essentials to life and well-being. High-quality health care "should be provided equitably as a public service rather than bought and sold as a commodity." All barriers to proper treatment must be removed for "the uninsured, the poor, minority populations and immigrants, both documented and undocumented."

Social justice demands democratic, not corporate, control, "public administration, and (equitable) single-payer financing" by progressive taxation. Doctors should be "professional advocates for (their) patients," not burdened under a wasteful system or constrained from delivering essential care by bureaucratic gatekeepers denying expensive treatments and

excluding pre-existing conditions to control costs. Providers should be care-givers, not manipulated tools of marketplace medicine.

The Hippocratic Oath should be sacred under which physicians observe the highest ethical and moral standards – above all to deliver high quality care using their full range of knowledge, skills and tools. Only under universal single-payer coverage, freed from a for-profit bureaucracy, is that possible.

In testimony before Congress on June 24, PHNP's Dr. Quentin Young said:

Current congressional legislation "will fail miserably in its purported goal of providing comprehensive, sustainable health coverage to all Americans. And it will fail whether or not it includes a so-called 'public option'….."

"….single-payer national health insurance is not just the only path to universal coverage, it is the most politically feasible path to health care for all, because it pays for itself, requiring no new sources of revenue." It eliminates costly private insurance, achieves huge administrative savings (over $400 billion), and redirects them for care.

"Elimination of US-style private insurance has been a prerequisite (to achieve) universal (coverage) in every other industrialized country in the world." America's structurally defective model can't be fixed under current House and Senate proposals. Universal "single payer is the only fiscally responsible option. Two-thirds of (Americans) support it." Most physicians do as well plus the US Conference of Mayors, 39 state labor organizations, and hundreds of local unions across the country. This committee must take the lead to provide it.

Elements of HR 3200

According to a July 24 Free Republic.com posting, the bill:

— rations health care;

— lets a government committee and Health Choices Commissioner decide what treatments and benefits are allowed;

— provides a National ID Healthcard to all US residents;

— gives the government access "all individual bank accounts for electronic funds transfer;" also to all financial and personal records;

— lets the government set physician wages;

— taxes individuals with inadequate coverage 2.5% of income;

— cuts Medicaid payments;

— has doctors of all specialties get comparable compensation; and

— lets the government decide end-of-life treatments.

In a July 20 article, this writer said:

The administration and lawmakers have been unresponsive (to single-payer advocates) in moving ahead with House and Senate legislation to enrich health insurers, Big Pharma, and large hospital chains. It will ration care, curb expensive treatments and surgeries for those who can't afford them, leave millions in the country uncovered, deny it altogether to undocumented immigrants even though they pay income, payroll and other taxes, and claim it's real reform like they always do.

Both bills stress cost cuts, "efficiencies," and market-based solutions, not real reforms addressing human needs. If Obamacare passes, most working people, the poor and disadvantaged, and those designated less important (like seniors needing expensive treatments) will face big cuts in quality, readily accessible care, and costly services when they most need them. They'll learn they were fooled again by being denied the same universal coverage available to people in all other industrialized countries.

Their system has everyone in, nobody out. So if you have no job or lose one, you've got health care from birth to death. Private gatekeepers can't exclude pre-existing conditions or impose other restrictive barriers. Patients retain autonomy to freely choose their providers and most treatments. Unneeded middlemen are excluded and administrative waste reduced. Significant cost savings are achieved, including through volume drug purchases. Most important, public welfare priorities rank above marketplace ones, replacing a dysfunctional system with more equity.

Most doctors agree – universal single-payer is the right prescription for America. It's the only way to have comprehensive, cost-effective coverage for everyone.

The Best Health Care Industry Lobbying Money Can Buy

Money talks and with multi-millions it bellows. The Center for Responsive Politics (CRP) keeps track of how loudly. It says that during the 2008 election cycle, health sector political contributions totaled over $167 million, and for the first time since 1992, Democrats got more than Republicans.

However, lobbying spending is far greater. With national attention on health care reform, corporate interests spent $126 million in 2009 Q 1, and topped it with "the most cash on federal-level lobbying efforts in" Q 2. "The health sector was the No. 1 sector, spending $133 million during the second quarter of 2009. And within the 100-plus industries that CRP tracks, the pharmaceutical/health products industry was again the top dog on K Street, spending roughly $68 million during the quarter."

The biggest contributors included the Pharmaceutical Research & Manufacturers of America (PhRMA), Blue Cross/Blue Shield, Pfizer, Eli Lilly, Amgen, and the American Hospital Association. These interests favor mandated insurance coverage but oppose a public option. Big Pharma also wants strong patent protection rights to delay the availability of cheaper generics and no change in the ability to charge high prices. Until health care issues are resolved, lobbying and political contributions will continue at a ferocious pace, and as always yield industry-friendly results at the expense of real change.

That's only possible with universal single-payer coverage, the one true fix off-the-table and not considered, so what's ahead is one of two options – leaving today's dysfunctional system in place or making it worse. Either way, US health care will keep costing more and delivering less. Financial solvency ahead will more than ever depend on staying well

because illness for most Americans will be unaffordable. The best democracy money can buy assures it.

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