

# CPATH ♦ Center for Policy Analysis

*Bringing a Public Health Voice to Sustainable Development*

## **Can We Change the Dems on Universal Health Care? Yes We Can!**

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So many misconceptions – so many months to set them straight.

It's long past time to end the disgrace of an exorbitantly expensive health care system that leaves so many of us broke and broken. Senators Clinton and Obama deserve credit for broaching this hot topic. But their cautious and complex proposals don't tackle the heart of the problem: the predatory for-profit health insurance industry that drives up costs, excludes the sick, and too often fails to provide benefits even to people with insurance. It's like dumping ice cubes on melting Arctic glaciers instead of fixing the holes in the ozone.

Public financing is the only way to ensure that we truly cover everyone, collect from everyone fairly, and rein in health spending. It would spur the nation's economic recovery and our personal security.

Those of us with a lot at stake and some clout to wield – women, communities of color, union members, employers – should ask candidates to show us realistic and practical first steps on the path to universal and affordable health care, and the grit to unite us against powerful opposition. And we should assure that they can be elected if they do.

Both candidates' proposals are mostly designed to cover the uninsured, but they include private health plans that inflate administrative costs, as well as public plans. Clinton aims for universal coverage, but would mandate individuals to pay in, presenting both cost and administrative barriers. Obama would let some individuals decide whether or not to participate. Too many would likely remain uninsured, leaving individuals and the system unstable. State experiments in Maine, Massachusetts, Minnesota and elsewhere with fragmented financing systems and mandates similar to the candidates' proposals have failed spectacularly to control costs and hence affordability, dooming expanded coverage and access. The Congressional health benefits plan Clinton would open for enrollment by the public faces the same inflationary pressures as all other private plans, with monthly premiums in the neighborhood of \$500 for individuals and \$1,000 for families. The reason it's great for members of Congress is that their employers (that's us) subsidize the cost, and members earn enough to afford the rest.

A program for the first 100 days can focus on the successes the embattled public sector actually has had. We can demand that we expand publicly financed systems of coverage like Medicare and the State Children's Health Insurance Programs, to cover more age groups and people of all incomes

Medicare is under threat of being defunded and privatized by “poison pills” that were sneaked into the Medicare Modernization Act of 2003. Let's hear a plan to fix that at the beginning of the next administration.

San Francisco County's innovative Health Access Plan focuses on expanding the capacity for organized systems of primary care to deliver high quality services to individuals at all income levels. It is still in jeopardy due to an ERISA lawsuit. The next President can fix the problem quickly. Candidates can point to high quality systems like Veterans Affairs, that uses 21<sup>st</sup>-century information technology, and integrated organizational methods, to dramatically improve health care delivery and outcomes.

Focusing on publicly-financed coverage will generate opposition from private health insurers. But we are not the same country we were in 1994 when the last noble attempt at reform hit the skids. Almost fifteen years after for-profit health insurance and hospital corporations took over the health care system, they are increasingly dysfunctional and unpopular.

These days employers who offer health insurance or would like to are getting no favors from the health insurance industry. And those that operate abroad know quite well how much better publicly financed universal coverage works for their bottom line and for their employees. They should be required to pay into the system, rather than outsourcing jobs to countries that have fixed the problem, or just abandoning health benefits.

Will the public support government intervention in corporate conglomerates that no longer serve our interest? When it comes to the environment as well as to health care, the answer may be, increasingly, that we will. The government has a responsibility to put us out of the misery caused by these vestigial enterprises, as well as to find a fair way to transition their employees to more productive activities.

But finally, yes, it will be a fight. Universal access to affordable health care must be a central part of our economic and political recovery as a nation. The candidates need to find ways to generate the momentum to prevail, and still get elected, and the public has to help. A public health agenda can set the right course for an election that will change our lives for the better.