## UNIVERSAL HEALTH CARE AND THE 2008 CAMPAIGN: CAN WE GET IT RIGHT THIS TIME?

March 27, 2007 Ellen R. Shaffer, Co-Director, Center for Policy Analysis

Are most presidential candidates proposing universal health care plans that can actually work? Judging from their remarks at last Saturday's Forum on Universal Health Care, sponsored by the Center for American Progress Action Fund and the Service Employees International Union (SEIU), the answer is clear: Absolutely not. But a lot has changed since I watched health care reform crash and burn from my perch as a Senate health staffer in 1994.

In those 13 years this country has learned through painful experience that market-based health care plans don't work. We've driven that point successfully into the ground with a fragmented, market-driven system that costs more and more as we cover fewer and fewer. State by state, program by program, big reform announcements have been impaled by unstable funding and cumbersome enrollment and retention procedures, followed by more high costs and more uninsured. Individual mandates, often combined with eligibility rules reminiscent of an MC Escher maze, have proven to be inefficient ways to collect money from people if you want everyone in the system. It doesn't work for Medicaid. It doesn't work for car insurance. It doesn't work

Just ask U.S. businesses, usually the biggest defenders of the market. They have been forking over more and more significant percentages of their profits to the insurance industry -- an increasingly irritating pebble in the corporate shoe. The frustration of employers and employees alike has been an important factor driving more favorable polling for a government-financed health care solution, and the California legislature's approval of a single payer plan in 2006 – vetoed by the governor. However critical we may be of the government, businesses and citizens alike are coming to recognize that it is the most efficient mechanism for collecting money fairly from everyone. And public-sector financing is the most effective plan for achieving universal health coverage

All of this was reflected in the statements of the presidential candidates who participated in the health care Forum, last weekend:.Senator John Edwards, Governor Bill Richardson, Senator Barack Obama, Senator Hillary Clinton, Senator Chris Dodd, Rep. Dennis Kucinich and Senator Mike Gravel.

All the candidates advocated universal coverage for reasons ranging from human rights to economics. Themes running through many candidates' statements included:

- U.S. health care outcomes including life expectancy and infant mortality are deplorable, and even worse considering the \$2 trillion we spend a year on health care.
- We waste at least 30% of every health care dollar on insurance compny profits and administration.
- We're going to have to go after insurance companies this was emphasized eloquently by Clinton and the pharmaceutical companies.
- To be successful, we need to generate political will.

While only Kucinich actually proposes a single-payer plan, most of the candidates addressed the idea with respect - a far cry from the dismissive tone of the 1990s.

They differed on some important points that will come out in the wash: whether we can get there in one year or eight years; whether we can generate enough savings from reform to pay for all of

the uninsured, or whether we need the money we will get from taking back George Bush's tax cuts for the wealthy. Edwards has a plan, Obama doesn't, Clinton is proposing legislation now to eliminate insurance company discrimination against people with pre-existing conditions and those who are otherwise sick and need coverage.

Chris Dodd took the most expansive, public health view, discussing how social and economic security affect heath:

"In the 20th century we extended life expectancy in this country by 30 years. Only 5 of those 30 years can be accountable because of improved health care. [...]"It's very important as we look at issues like income and equality, like the ability to have decent retirement, decent wages, decent working conditions. [...]If you're better off financially, if you're better educated, then the likelihood is you're going to be in better health."

But the big differences are still around single payer. Except for Kucinich, the candidates are dancing around proposals to expand the Federal Employees Health Benefits Plan, to throw a chunk more money here and there to the state children's health insurance programs (S-CHIP) and Medicaid, or, in Edwards case, as he describes it, to let a single-payer Medicare type plan compete with market-based plans, in the hope that the public sector would eventually win out. I've been curious to hear more about Edwards' plan. Maybe this could be the magic alternative we've sought all these years: all the power of a single payer system, without all that political muss and fuss right up front. But Kucinich, batting next-to-last, raised important questions:

"If you have competition between insurance companies, everyone knows what happens. That doesn't drive down costs, it drives up profits. If you say you're going to give people a choice, either be on a private plan or be with the government, the private companies start cherry picking the people in the best health[...]. The most medically compromised end up on programs that the government is paying for, and then the government program starts to go down. You end up in an insurance death spiral.

"Now, think about it. Candidates up here advocating that government provide subsidies to the insurance industry. [...E]ven the insurance companies are for universal health care, [...] if the government is subsidizing them. What a deal that is for the insurance companies, but what a rotten deal for the American people."

He concluded: "What it ultimately comes down to is who has the courage and the willingness to take a stand and can reach out to the American people and to say we're going to change this."

So there I think is the challenge for the next year and a half. As people who use and provide health care, as analysts and as advocates for social justice and public health, as women, as communities of color - - this is the year to marshal what we really know about what works and what can work, and find out even more; to connect that with the political will that already exists, and find out how much farther we can go.