

The following is an opinion expressed by Health Care for All Colorado (HCAC). The opinion is not necessarily endorsed by LWVLC:

Friends,

Following are some analyses of Health Care Reform & corrupted language around reform. Now is the time to talk straight with our legislators and tell them we want real reform. -- Michele Swenson

Public Option a Shadow of its Original Intent

Please see the piece below about how the "public option" has been diluted – testament to the influence of the monied lobbies. It is a rule of negotiation not to start with compromise, and, instead to make the best case for reform upfront. The best case for comprehensive coverage and cost containment is a single public payer model with full free choice of private providers -- from that position, compromise would at least be a stronger "public option."

Legislators home for summer break need to hear from constituents to counterbalance the \$1.4 million/day spent by insurance, PHRMA & other special interests steering the health care reform debate to benefit their bottom lines.

Some things we might tell our senators/representatives:

Eliminate For-Profit Insurances – The U.S. is the only country that continues to build its health insurance system around for-profit insurances. It is illegal in most other industrialized nations for primary health insurance to operate for-profit. Underwriting should be eliminated, and true universal coverage provided.

Extend Medicare to All – As Dr. Marcia Angel says, the simplest way to expand health coverage to all (even in stages) is to expand Medicare coverage to all. It can be expanded by decade - lower the qualifying age to 50, then 40, etc. The infrastructure for Medicare billing, etc. is in place; it only needs to be improved, e.g., to permit negotiation of bulk drug and medical equipment costs; and the more costly privatized Medicare plans eliminated.

A True Public Option – must include the 5 main criteria listed below. The "Public Option" won't save much money, but it may provide the competition to keep private insurances "more honest."

CBO Report of Single Payer Savings – The Congressional Budget Office should report the cost savings of the single-payer proposals (HR676 & SB703) side-by-side with the cost analysis of every other proposal. Over 20 federal and state studies (<http://healthcareforallcolorado.org/index.php?p=10&ID=332&d=1>) since 1990 show considerable cost savings with the single-payer model. If the Blue Dog Democrats are serious about cost containment, they should demand the full CBO Report – see [Blue Dogs Should Demand CBO Report of Single Payer Savings](#)

Means-testing for subsidies adds a high "non-benefit" cost. It is less costly to simply cover everyone (like Medicare) instead of making folks jump through hoops to prove eligibility. Read the [comments of Merton C. Bernstein](#), leading health insurance expert and law professor emeritus at Washington University, who notes that private health insurance non-benefit costs range from about 12% to as much as 30% of outlays – compared to Medicare overhead of 3%.

Kucinich Amendment in Support of State Single Payer – Urge our senators and representatives to assure that the Kucinich Amendment is part of any health bill that passes, to help states pass single payer reform without federal ERISA challenges. At least 10 states have written single payer proposals thus far.

Sick Around the World - view with neighbors, friends:

The documentary counters the misinformation about health care in other countries. This is an opportune time to invite neighbors, family and friends to view the documentary and discuss health care reform. Health Care for All Colorado has a number of copies that can be checked out (Call 303-618-3855). Check the libraries -- the Denver Public Library has 6 copies. [View the documentary online](#). ***Sicko*** is another excellent documentary, also available in libraries.

Genesis of the Public Option & Its Dilution

The Public Option feature of health care reform was conceived by political science professor Jacob Hacker, whose most recent iteration in 2007 is named the "Health Care for America Plan." Hacker envisioned it as a "Medicare-like" program that would sell health insurance to the non-elderly in competition with the 1,000 to 1,500 health insurance companies that sell insurance today.

Kip Sullivan, member of Minnesota Physicians for a National Health Program, recently evaluated the "public option" features of House and Senate Democratic proposals, and concluded that they are faint shadows of Hacker's original proposal. [Read the full piece](#) about the genesis of the public option & its dilution.

The five original criteria that Hacker and the Lewin Group (which evaluated it) said are critical to the success of the "public option":

- The Public Option had to be pre-populated with tens of millions of people, that is, it had to begin like Medicare did representing a large pool of people the day it commenced operations (Hacker proposed shifting all or most uninsured people as well as Medicaid and SCHIP enrollees into his public program);
- Subsidies to individuals to buy insurance would be substantial, and only Public Option enrollees could get subsidies (people who chose to buy insurance from insurance companies could not get subsidies);
- The Public Option and its subsidies had to be available to all nonelderly Americans (not just the uninsured and employees of small employers);
- The Public Option had to be given authority to use Medicare's provider reimbursement rates; and
- The insurance industry had to be required to offer the same minimum level of benefits the Public Option had to offer.

Concluded Sullivan, of Hacker's five criteria, only one is met by the Democrats' proposed bills – i.e., both proposals require the insurance industry to cover the same benefits the "public option" must cover. *None of the other four criteria are met.*

As Robert Kuttner writes ([Faint Praise](#)): "...the likelihood is that whatever finally makes it through this session of Congress will reinforce and further bloat the current disaster of a health insurance system rather than fundamentally changing it. And if the decent elements of the plan are blocked, Obama should have the courage to pull the bill and take his case to the people....The satisfaction of a Rose Garden signing ceremony is not worth it, if the plan is more thorn than rose."

More Corrupted Language around Health Care Reform – Republicans and their corporate allies have coopted the language and distorted the health care reform debate.

Choice of health providers under multi-payer insurances is limited to in-plan doctors - an employer or a provider may choose to discontinue association with any particular private insurance. Full choice of providers is provided by single-payer health care.

Republican allegations about **government-controlled health care** distract from the fact that, as former CIGNA executive Wendell Potter told Bill Moyers, we have **Wall St.-controlled health care – insurance bureaucracy stands between individuals and their doctors.**

Multi-tiered health care preserves a system of health care access for those who can pay out-of-pocket. The more categories of coverage, the greater the cost-shift to consumers and profits to private insurers.

Personal responsibility is often insurance code for shifting greater costs to consumers.