

The Cost of Doing Nothing

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In 2007, New Mexico studied alternative ways of achieving universal health care. As well as looking at three different models, the consultant that conducted the study was asked to look at “cost of maintaining the status quo”. That turned out to be the most expensive alternative.

Much has been made about the one trillion dollars the Congressional Budget Office estimated the House health reform bill would cost. The Congressional Budget Office has not studied the cost of maintaining the status quo. Well, the Urban Institute and the Centers for Medicare and Medicare Services have and here is what they found:

1. **U.S. spending on health care** will climb from 2.39 trillion in 2008 to 4.28 trillion in 2017;
2. Under the best case scenario, **the number of uninsured** will increase to 53.1 million in 2014 and 57 million in 2019. The worst case scenario puts those numbers at 57.7 million in 2014 and 65.7 million in 2019.
3. Under the best case scenario, **employer spending on health premiums** will increase from 430 billion on 2009 to 740 billion in 2019. The worst case scenario puts that figure at 885 billion;
4. Under the best case scenario, **individual and family spending** would increase from 326 billion in 2009 to 478 billion in 2019, The worst case scenario puts the 2019 figure at 548 billion;
5. Under the best case scenario, **spending on non-elderly Medicaid and CHIP** would grow from 251 billion in 2009 to 409 billion in 2019. The worst case scenario would put that figure at 520 billion; and
6. The **cost of uncompensated care** would increase by 72% under the best case scenario and 128% under the worst case scenario.

These last two will lead to a considerable rise in taxes to pay for them.

If your roof was leaking and you just looked at the bill for repairing the roof, you would never have it fixed. If you totaled up the costs of not having your roof fixed, it becomes a no-brainer. Shouldn't we follow the same process when evaluating health care reform?

We need systemic health care with a strong national public option and effective oversight. If not, we will be choosing the most costly of the options – leaving the present system in place.