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Charlotte Strasser

Let's talk about Single Payer health care insurance.

...Under such a plan the government would collect the taxes and premiums needed to fund universal healthcare. The government would then contract with and reimburse private doctors and hospitals for the healthcare services they provide....Medicare is an example of a single-payer system....Medicare covers the reasonable costs of doctor, hospital, preventative care, long-term care, mental health, reproductive health, dental, vision, prescription drug, and medical supply costs....Since 1987, the share of Americans who receive some sort of public insurance has roughly doubled to about 4 in 10 as of 2015. That's not even counting the people who receive subsidies to buy private insurance on the Affordable Care Act exchanges.

There are few truly single-payer systems in the developed world. Canada has one, as does Taiwan. Most countries rely on many, many insurers. Germany, for instance has more than 150 "sickness funds." The Swiss and Dutch health systems look a lot like Obamacare's health-insurance exchanges. In France, about 90 percent of citizens have supplementary health insurance. Sweden has moved from a single-payer system to one with private insurers. Yet all pay vastly less...than Americans do.

Is health care a human right, which should be provided for everyone?

Who can administer health insurance for everyone most efficiently and effectively?

...administrative costs for Medicare are about 2% of total services. The overall embedded administrative costs in the private healthcare system amount to over 30% of services provided.

The insurance industry and its supporters argue that expanding the single-payer concept of Medicare and Medicaid to all Americans would bankrupt the system,

but the truth is it would secure the financial viability of both programs. The system could be funded with premiums paid (based upon ability) by those covered and employer health taxes (employers would actually save money by not being required to provide coverage), but the most significant funding would come from savings obtained by replacing the current system of patchwork coverage. America now has the most inefficient and highest cost system of any industrialized nation; while failing to provide coverage for all citizens. Redirecting the expenditures from this failed private system would provide more than adequate funding for the single-payer Medicare and Medicaid systems. Furthermore, with everyone covered under the same plan, the government would have the clout to monitor and control the costs of services and medication. Insurers in Switzerland don't negotiate drug prices with Pfizer. The Swiss government simply sets its drug prices and lets Pfizer decide whether to sell in Switzerland—or not.

Insurers aren't where the big profits in the health-care system go. In 2009, Forbes ranked health insurance as the 35th most profitable industry with an anemic 2.2 percent return on revenue....The pharmaceutical industry was in third place, with a 19.9 percent return, and the medical products and equipment industry was right behind it, with a 16.3 percent return....doctors are more likely than members of any other profession to have incomes in the top 1 percent.

A health-care system that followed international best practices would direct the government to set rates. Or it would let insurers band together and negotiate rates collectively—a practice called “all-payer rate setting.” But it wouldn't need to eliminate private insurers. It's good for consumers to have a choice of insurers, who have real incentives to innovate and devise better ways to keep customers healthy and costs down.

It's health-care providers—not insurers who have too much power in the US system. As a result, they have the most to lose if health-care prices fall. But, as is often the case, political power flows in part from popularity. So politicians who routinely rail against for-profit insurers are scared to criticize—much less legislate

against—for-profit hospital, doctors, or device manufacturers (although drug companies come in for a drubbing now and then). These are the people who work every day to save our lives, even if they make us pay dearly for the privilege. No one cheers when you take them on.

Words make a difference! If you call it “government insurance,” people balk. If instead you say “Medicare for everyone,” they think it a fine idea.

....Centralized systems also underpay physicians. “In a single-payer system, planners decide arbitrarily what the payments should be, and payments fall because there are no competitors and no choice for providers to bid up payments.”

Indeed a 2011 study found that reimbursements to US primary care physicians from public payers, such as Medicare and Medicaid, were 27 % higher than in countries with universal coverage, and their reimbursements from private payers were 70% higher. Meanwhile, reimbursements to US specialists were 70% higher from public payers and 120% higher from private payers.

“Then there is the old concern about "rationing," with which I must admit to very little patience, probably because, like the claret-soaked Tories of old, I am not myself terribly interested in health. I have no doubt that if America were to adopt a single-payer system, those with sprained ankles or runny noses would indeed face longer lines. This is a good thing. Health is not the be-all end-all of human existence, and half the reason care costs what it does is that providers across the country know that they can charge BlueCross whatever they want when wealthy suburban mothers bring Dylan in after soccer practice for X-rays, MRIs, CT scans, and goodness knows what other radiological marvels, when what he really needs is a \$1 ice pack.

Putting the government in charge of health care would restore it to its proper place in our lives. If conservatives' worst fears turn out to be

justified, then visiting the doctor will become a very occasional half-day-long exercise in mandatory tedium, like going to the DMV or having your passport renewed. I do not visit the clinic down the street for aches or minor ailments, much less stop in to see my non-existent family physician to engage in morbid speculations concerning the potential diseases to which I might one day succumb — and neither should you.

—Matthew Walther, *The Week*, 05/03/17'

What do we make of all this? If single-payer best spreads the risk, and is cheapest to manage, how can we possibly get there? OR...is it already happening?

Thirteen men in the US Senate are presuming to write a health insurance plan for America.

Is it possible to take politics out of health care?

Could the problems of delays and physicians' concerns be solved?