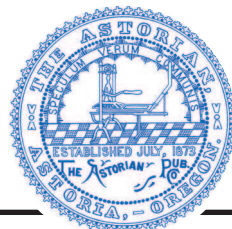


OPINION



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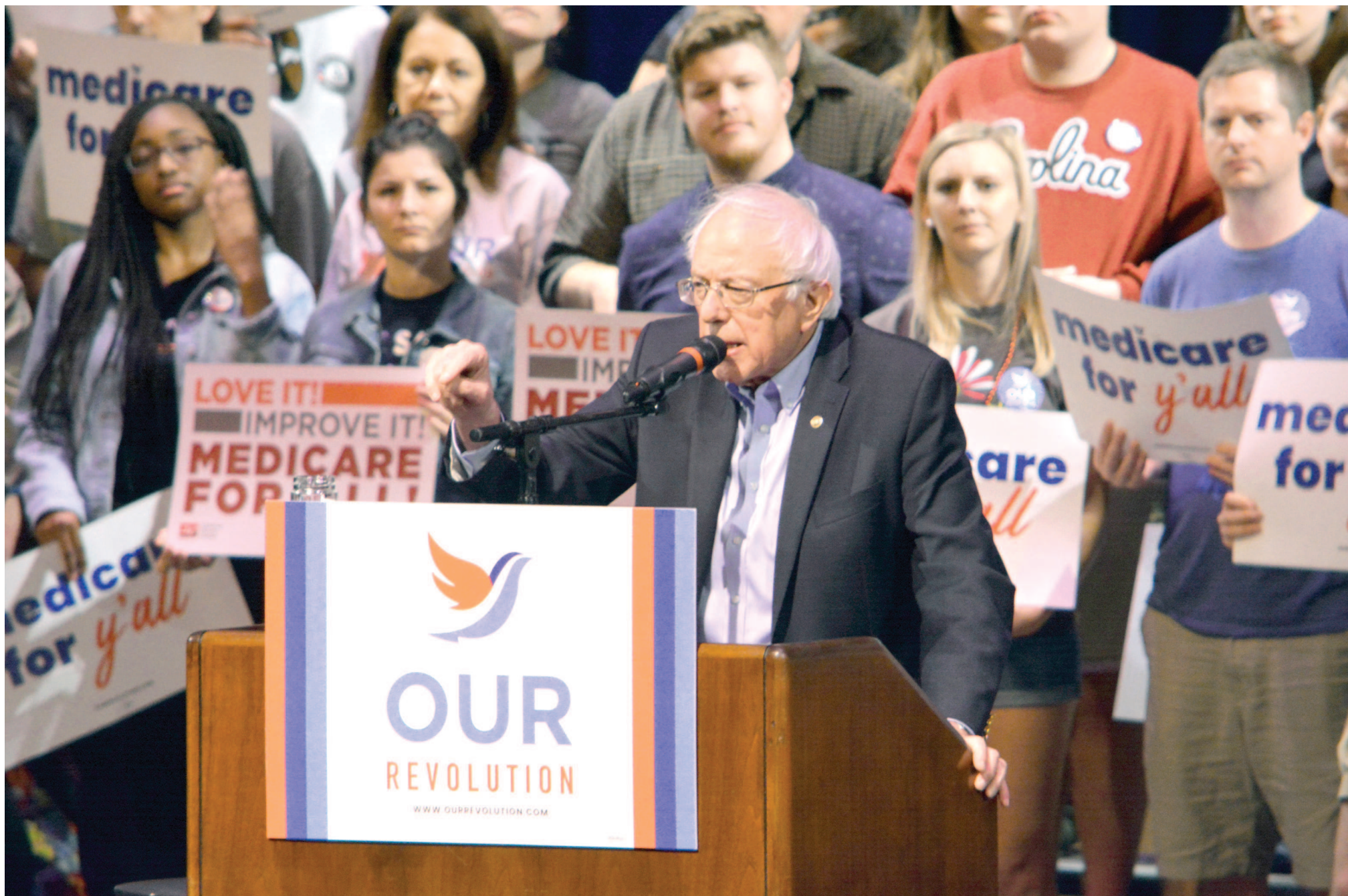
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PRO-CON

Should America join other rich nations and provide universal health care?



AP Photo/Meg Kinnard

Vermont Sen. Bernie Sanders addresses supporters at a 'Medicare for All' rally in Columbia, S.C.

PRO: Medicare for all is doable; most Americans want it

WASHINGTON — In Canada, everyone in the country is guaranteed access to health care by the government.

The same is true for France, the United Kingdom, Germany, Netherlands and every other country that we think of as comparable in terms of levels of wealth, democracy and economic development.

In spite of providing universal care, these countries also all spend much less on health care than the United States.

In Canada, per person spending is 60 percent what it is in the United States. In Germany spending per person is 56 percent and in the United Kingdom just 42 percent of what we spend.

And these countries all have comparable outcomes. People in other wealthy countries not only have longer life expectancies and lower infant mortality rates, they also have comparable outcomes when looking at more narrow health issues like treatment for cancer or heart disease.

The basic story is that we spend roughly twice as much per person as people in other wealthy countries and we have pretty much nothing to show for it in terms of better health. This is the context in which critics of Medicare for all are telling us it is not possible.

If the argument is that it won't be easy, the critics have a point. The reason we spend twice as much for our health care is that big actors in the industry get twice as much money here.

Drug companies get away with charging us twice as much for drugs as they do in other wealthy countries. The same is true for medical equipment companies who charge far more for kidney dialysis machines and MRIs than in France and Germany.

And our doctors and dentists get paid twice as much on average as their counterparts in other wealthy countries.

In addition, we spend more than \$250 billion a year paying insurance companies to administer our chaotic system.

Doctors' offices, hospitals and other providers spend tens of billions more on administrative personnel who have to

deal with the paperwork and issues that are caused by having a range of insurers, each with their own payment rules and practices.

These interest groups will use all of their political power to protect the income they get under the current system. The pharmaceutical industry will fight measures to rein in their profits in the same way the tobacco industry fought public health advocates who sought to curb smoking. The same is true for the medical equipment industry.

And doctors and dentists will fight like crazy to preserve a pay structure that puts most of them in the top 1 percent of wage earners.

This will also be true of insurers faced with a more efficient system that will put most of them out of business.

While a well-designed pathway can get us to Medicare for all, even we can't do it all at once.

For beginners, we can look to lower the age of Medicare eligibility from the current 65 to 60 or even 55 in an initial round. We can also allow people of all ages to have the option to buy into a public Medicare-type system.

We can also look to start getting our costs down. This means lowering drug prices, both by negotiating in the same way as other countries, and directly funding research so that newly developed drugs can be sold as cheap generics.

We should do the same with medical equipment. And we can subject our doctors and dentists to the same sort of foreign and domestic competition that workers in other professions face.

These steps can get us on a path to Medicare for all, on which we will quickly be extending coverage to millions of people, while substantially reducing the cost of care for everyone.

We are smart enough to be able make the same sort of guarantees on providing health care as every other wealthy country.

Dean Baker is co-director of the Center for Economic and Policy Research, a progressive think tank.



Dean Baker

CON: Americans are in no mood for another health care upheaval

PAEONIAN SPRINGS, Va. — Conservatives and progressives agree that everyone should be able to get health insurance and have access to quality health care. But the divide over how to accomplish that goal is wide and deep.

Progressives believe the government should make decisions about allocation of the resources in our health sector while conservatives believe these decisions should be controlled by individuals and families.

The sales pitch for Medicare for all is appealing — universal coverage, free access to doctors and hospitals, and no insurance premiums, copayments or deductibles.

But then come the tradeoffs: Washington bureaucrats would decide what services are covered and how much doctors and hospitals would be paid.

Everyone would be required to give up the coverage they have now — including 173 million American who get health insurance at work — and taxes would be much higher to finance \$32 trillion in added government spending over the next decade. For comparison, federal revenues last year totaled \$3.4 trillion.

"If you look at polling data, it's great until you tell them taxes would double and they'd have to give up their employer coverage," Sen. Bill Cassidy, R-La. noted recently.

The American people don't want such a major upheaval. They rightly don't trust politicians and their broken promises such as former President Barack Obama's — "If you like your doctor you can keep your doctor. If you like your health plan you can keep your plan."

At least this time, they are being up front: They would outlaw private health insurance entirely.

California senator and Democratic presidential candidate Kamala Harris supports a government-run single payer system and said of private health insurance: "Let's eliminate all of that."

What they aren't saying this time is that "free" access to care comes with a big price tag. In other countries with government-run health systems, care is rationed, waiting lines are long, and access to the newest medicines and treatments is restricted.

We believe the right solution is to give people more choices of more affordable health coverage and have states, rather than the federal government, target resources to those who need help.

We've seen with the Affordable Care Act how difficult it is for a centrally controlled system to work. The ACA dictated the rules for health insurance policies in the individual and small group markets, including the rich benefits package. Then premiums doubled.

Currently, many people have a choice of buying an expensive Obamacare plan or going uninsured.

Between 2015 and 2018, 3 million people dropped insurance, according to the Kaiser Family Foundation. California spent \$100 million last fall trying to boost enrollment in its exchange, yet it saw the number of new enrollees shrink by nearly 24 percent.

The problem is cost. The costs of premiums and deductibles can be prohibitive, especially for those who don't get subsidies. One dad trying to provide coverage for his family faced premiums of \$4,000 a month for an Obamacare policy in Virginia last year.

The solution is to offer people more choices of plans that meet their needs and that they can afford — which a properly functioning market could provide.

States have decades of experience in overseeing their health insurance markets.

One part of the ACA provides an option for State Innovation Waivers to allow states to reallocate existing resources to take better care of those with preexisting conditions, for example.

In the several states that requested ACA innovation waivers, premiums went down and enrollment went up.

States are helping their health insurance markets to recover, offering better choices and lower costs for families struggling to provide for their families, and with better protection for those with pre-existing conditions.

Devolving control to states and ultimately individuals is the right solution, not more centralized Washington control.

Grace-Marie Turner is president of the Galen Institute, a public policy organization she founded in 1995 to promote free-market ideas in the health sector.



Grace-Marie Turner