

# StayingAlive

## Where's the money for health care?

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A trillion dollars here, a trillion there. Soon you're talking about real money. Bailing out mortgages and their derivatives should cost close to a trillion bucks, but nationalizing Freddie Mac and Fannie Mae effectively adds another \$5 trillion to the federal deficit, which for this year totals a merciful \$410 billion. The trade deficit is \$800 billion a year, while the Iraq war, "paid for" with tax cuts, should eventually cost \$3 trillion.

Who is going to pay for health care? The truth is the health care system is already a train whose wheels are flying off, and major changes will be needed soon to avoid yet another national financial meltdown.

### De facto rationing

The American "model" of health care consists of approximately 3,000 insurance schemes mostly paid by employer and federal monies. Small employers, like myself, are progressively disadvantaged by this system, as insurance, when you can get it, is far more expensive than for large companies. At this moment the average American family is paying more than \$1,000 a month for very partial coverage.

Even the largest employers now ask their employees pay for more of their care, but many don't have the cash. Estimates are at least 20 percent of the population can't pay the medical bills they have right now. People start rationing themselves, not getting high blood pressure pills or going to doctors until they fear for their lives. Losing your eyes or legs versus going bankrupt is a daily choice for lots of people, and when they do seek care, the hospital costs often turn catastrophic for them and the community.

Insurers have always rationed care but have begun to

use new, risky stratagems. In my office, I now receive a daily blizzard of pharmacy faxes. A written prescription is no longer acceptable to many pharmacy benefit companies. Though most prescriptions I write are generics, the faxes I'm asked to sign often change the medication as well as the dose. My option is to sign or to spend hours on the phone with "customer representatives" who may, in the end, relent by sending another fax, allowing me to repeat in written form the same discussion. When I do achieve verbal agreements, it is often later denied.

A new tack is to "allow" only certain numbers of pills per month. The problem with this approach is that many medications only work above a certain threshold. Too little medication is often equivalent to nothing at all. If I give a narcoleptic half the medication they formerly received and they sleep 19 hours a day, that's fine with the insurance company. If antidepressant doses are halved and people are then hospitalized, often that part of the bill is "carved out" to some other company.

### Alternatives to Russian roulette

People know inherently that high oil prices are a huge tax on themselves and our nation, but many don't seem to realize that health care costs also act as a tax. If the American economy is to compete effectively, we need to lower health care costs.

Cutting reimbursements won't solve the problem. Before hospitals and doctors go out of business, many will increasingly demand money up front. Cut Medicare 10 percent each year for five years, as Congress has proposed, and fairly soon the majority of physicians won't take it.



If we really want to save money, emphasizing health over health care makes the most sense. Health is more a matter of lifestyle than health care. Changing school food policies will save you much more down the road than rejiggering Medicaid.

Yet something must be done soon to cut health care waste. The first place to check is administrative costs. Private health insurance spends about 30 percent of health care dollars to cherry pick clients and drive people and doctors insane with constantly changing, inconsistent rules. Most developed countries spend perhaps 5 percent to 7 percent of their money administering health care, Medicare much less.

We're nationalizing mortgages. We're nationalizing banks and insurance companies. The feds already pay a huge portion of health care dollars. Isn't it time to do what most of the developed world did 60 or more years ago, and consider nationalizing large parts of health care?

What if there were less than a dozen health plans, rather than 3,000? What if providers realized that they might get a better deal by getting a piece of the 30 percent spent on administration? What if our malpractice "system" was made slightly rational, with patients compensated quickly and doctors retrained, rather than adding hundreds of billions in costs for unnecessary tests and procedures?

The financial meltdown has required that tough decisions be made for the good of everyone. It's time to make similar decisions for the national health. With a little intelligence, we can save lots of money, and our lives.

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