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COMMENT

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Universal health coverage ensures access to care

There are continuing rumblings of health insurance reform with the Wyden-Hatch bill in Congress, dubbed the "Health Care That Works for All Americans Act," as well as several state initiatives.

Oregon voters defeated four-to-one a measure to provide universal health care for all residents, however, it would have raised the state's income tax rate to 17 percent.

In addition, a group of New England states are forming a prescription drug purchasing pool to help reduce costs.

The supporters of these reforms justify their actions by labeling health care a commodity, and thus open to all.

In fact, universal coverage is what most consumers actually want, even though most confuse universal coverage with universal health care and/or socialized medicine.

Universal health care typically is assumed to be a program sponsored for and paid for by the government through taxes. And, this may or may not employ providers and may or may not set benefits.

A single-payer plan, such as Medicare, would fit into this category as the funding is accomplished through taxes, but the providers work for themselves and not the government.

Socialized medicine usually is taken to mean that the government controls all aspects of



MY VIEW

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health care delivery. It is funded by taxing the populace.

The providers work for the government, are paid by the government and the benefits are set by the government as well.

Under these scenarios, for example, socialized medicine always will be universal coverage, but universal coverage may or may not be socialized medicine.

Universal coverage would ensure that everybody has access to an acceptable level of basic health care via some funding mechanism that includes everybody.

And universal health coverage does not mean that health care becomes a commodity. Not even food is treated with as much reverence.

A commodity is something that, by economic definition, is a "mass-produced, unspecialized product," such as gasoline, sugar or flour.

For the most part, the practice of health care (and the funding mechanism that supports it — health insurance) is not a commodity.

Health care is just the opposite. It is a highly specialized one-on-one service provided by highly trained, highly educated, highly paid pro-

fessionals utilizing extremely expensive technology and supplies.

The best thing we can do is treat health care the same way all people do, as a necessity, and figure out how to do so using the best distribution system available.

It might even be something that would be achievable using the commercial health insurance marketplace. But that only could be the case if the industry was inclined to iron out the differences inherent in the current jigsaw puzzle of coverage and embrace some sort of partnership with the government for funding.

There are no magic answers. The once competitive environment has evolved into paying more for less to combat, for one, the continued growth of underlying health care expenses.

If a single-payer initiative gains momentum, perhaps it would be a wake-up call to get the health care industry off their collective derriere and bring it to the table for meaningful dialogue focused on solving problems that the public takes very seriously.

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