



1-14-2016

Will They Read It?

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Lane, William H. "Will They Read It?" Gettysburg Times (January 14, 2016).

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Abstract

The Pennsylvania Health Care Plan Saves Money, But Will Legislators Take Time to Read the Bill?

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Keywords

Healthcare, Medical Costs, Pennsylvania Health Care Plan, Medicaid, Health Insurance, Insurance Reform

Disciplines

English Language and Literature | Health and Medical Administration | Health Services Administration | Public Health

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The Pennsylvania Health Care Plan Saves Money, But Will Legislators Take Time to Read the Bill?

As the new year begins, it's time to hitch up our britches and take a look at how things are going with healthcare insurance reform.

The good news: 17 million are insured for the first time, thanks mostly to government subsidies and Medicaid expansion available under the Affordable Care Act. The bad news: 30 million are still without insurance, whether by choice or through unfortunate circumstances, and significant financial penalties loom in the year ahead for those without policies in place. Meanwhile, Santa brought lots of squinting at fine print for healthcare "shoppers" online and higher premiums, higher copays and higher deductibles for most of the rest of us who are (at least somewhat) covered by our employers. Even the so-called "Cadillac" plans are looking more like Edsels every day, if only because they may soon be taxed. Seriously, if you've never heard of the Edsel, you just might want to Google it just to get a feel for what our system for funding healthcare looks like today!

Let's face it, underinsurance is the new norm. Some well-intentioned employers I know personally found themselves looking at a 24% jump in premiums for 2016 and switched providers. They found a cheaper plan, one of those with a mandatory network—no dermatologist in our area yet, but "we're working on it"—and more out-of-pocket expenses for all.

Really, it's like that famous frog in the folk tale sitting in a pot of cool water on the stove wearing, no doubt, a sly smile. If you had tossed him into a boiling kettle, he would have had the sense to jump out. But in a pot of slowly warming water, he never gets around to noticing he's being cooked! So it is with these yearly adjustments in healthcare insurance. Bottom line: almost all of us are paying more and getting less!

Indeed, according to the Kaiser Family Foundation, the United States spends about twice as much per capita on healthcare compared to the average spending in other developed countries. We spend \$8,745; the average spending—in countries such as France, Japan and Sweden—is \$4,460. The British—those tightwads—come in at \$3,289. And, all these countries cover everyone, with medical outcomes as good as ours and sometimes far better!

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How can this be? Well, it's an old story. With a private, for-profit insurance and health system, you get higher administrative costs. You get complicated, confusing rules about what's covered and what's not. You get multiple staff members in every provider's office assigned just to sort out the confusion and defend patients' access to care. You get runaway drug prices and capricious pricing of procedures. You get medical bills that arrive in inexplicable bits and pieces and are difficult—nearly impossible for the civilian—to read. You get seemingly endless (and expensive) advertising pitching the latest mega-drugs to consumers on TV. You get seven-digit salaries for health insurance executives. You get, in short, the unfair, inefficient, and expensive system we're currently stuck in.

What to do? Some folks in Harrisburg have come forward with a plan that merits a careful look. It could be implemented as soon as 2017 when it becomes possible to apply for an exemption from the Affordable Care Act. The Pennsylvania Health Care Plan, House Bill 1688, introduced by Representative Pam Delisio and supported by Healthcare for All PA and a variety of other organizations across the state, would cover all Pennsylvanians while allowing them to choose their providers. Mandatory networks would go away as would premiums, co-pays, deductibles and other out-of-pocket expenses. Funding would come from a 3% tax on individual income and a 10% tax on businesses. If this sounds expensive, just ask a business owner what they are currently paying! Coverage would be "comprehensive," including dental, vision, mental health and long-term care.

Too good to be true? Maybe not. Nobody likes taxes, but that 3% doesn't sound too bad when you figure that many families are already spending 8-10% and more on care, and this approach, its advocates assert, covers

essentially everything. Out-of-pocket costs simply go away. Businesses, if they offer coverage, are often laying out more than 15% of payroll to get that done. With the Pennsylvania Health Care Plan, they would spend 10% and provide a plan for their employees that offers them full access to the care they need.

Moreover, according to an economic feasibility study conducted by economist Dr. Gerald Friedman of the University of Massachusetts in 2013, these sources of revenue will be sufficient to fully fund the program, especially considering that federal funding for Medicaid and other programs would flow into this state-coordinated effort. Medicare would be preserved intact, but recipients would pay 3% of income and be free of the burden of purchasing supplemental insurance.

An approach like this is often dubbed "single payer," and that sometimes scares people who, incorrectly, assume it will mean an end to our freedom to choose our doctors and get the care we prefer, which it emphatically does not. As Dave Steil, a Pennsylvania business owner and a former Republican member of the State Legislature for sixteen years, recently commented online, "Conservatives should support single payer because it costs less." And the delivery of care would remain completely private under this plan.

Potentially, the money to be saved by individuals, businesses and government at all levels seems enormous. Statewide we could be talking about savings in the billions of dollars per year, and we could be looking at a chance to pay down our state budget deficit, return an appropriate level of state funding to our schools and maybe even trim those property taxes after all.

Our legislators—Senator Alloway, and Representatives Moul and Tallman—have a fiduciary, as well as a moral, responsibility to study this bill and explore this apparent opportunity to resolve several of our most pressing problems all at once. If you agree, make sure to let them know what you think.

Details on the bill are available at <http://www.healthcare4allpa.org/>

Will Lane teaches at Gettysburg College and directs the College's student-staffed writing center. He is a longtime member of Gettysburg Area Democracy for America and serves as secretary of its healthcare task force.