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Medicare at Fifty Needs to Grow

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Abstract
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In America everybody has a healthcare story. A bill impossible to read, an inscrutable "additional" charge, trouble getting insurance, trouble keeping it, a friend or family member who's fallen between the coverage "cracks."

Why has it been so hard to get everybody covered in this country? Why has universal, affordable healthcare proved so difficult to achieve in the United States when almost all other industrialized democracies were long ago able to accomplish this goal?

With the 50th anniversary of Medicare coming up on July 30 and the recent Supreme Court decision affirming the right of citizens who qualify to receive subsidies in all states toward the purchase of insurance, this seems an especially appropriate time to reflect on these questions. For those sixty-five and older, Medicare-almost-gets 'er done. Most people try to buy a supplemental policy if they can afford it, but Medicare is our best shot so far at providing the kind of coverage people in many other countries take for granted. Why are we so tough on ourselves? Why are we so unwilling to learn from the experience of other countries, countries that share our love of freedom and commitment to democracy? Why are we so reluctant to extend these benefits to all Americans?

With the Affordable Care Act (ACA)-newly reaffirmed by the Supreme Court-some real progress has been made, though significant problems remain. Millions have coverage that they could not afford before, thanks to a new set of rules, supplemental payments for those who qualify, and the expansion of Medicaid in those states willing to accept it. Coverage is harder to deny because of a pre-existing condition; children can remain longer on their parents' policies; preventative care is more readily available. And, according to the Kaiser Family Foundation and other sources, the increase in overall costs has begun to slow.

But with the ACA (assuming it does not succumb to new lawsuits or legislative assaults), several significant problems remain:

Millions of Americans are still not covered. The exact count varies somewhat depending on the source of information, but many people either can't afford to participate or choose not to. The costs of their care, when they cannot pay, are still passed on to the rest us in the form of higher medical bills.

Prices of procedures and other forms of care vary wildly from place to place. Accountability and transparency are non-existent. (If you have questioned a medical bill recently, you will know exactly what I mean.)

The websites may be working better, but the customer experience is still full of headaches and hassles. Too many insurance policies still contain unpleasant surprises that may not be noticed by the non-specialist until the insurance is put to use. The application process is long and tedious. Worst of all, that process has to be redone every year, and often the existing policy is no longer available and a whole

new "shopping" experience must be undertaken by the weary customer.

Underinsurance is the new norm. A so-called Bronze plan under the ACA covers only 60% of costs. Even those of us lucky enough to be fairly healthy and have "good" insurance from an employer are paying more and more as premiums, deductibles, and copays rise.

Our health insurance "system" remains a non-system. Everything is way too complicated for both patient and provider: too many sets of rules for doctors' offices to cope with, too much uncertainty about costs for patients to deal with when they are seriously ill and least able to shop and compare costs for care.

In short, we have not even begun to reap the savings provided by a publicly coordinated, universal healthcare system. We spend much more per capita than other comparable countries but get only mediocre results in terms of health outcomes. Nor are our people able to enjoy the security, the certainty that they can afford care when it is needed, provided by a public system.

These systems come in three main types, and ironically we have something of all three in America right now serving different sectors of our population. If you want flat-out socialized medicine where most care providers work directly for the government as they do in Britain, look at the Veterans Administration. If you want a Canadian-style so-called single payer approach, hold your breath till you turn sixty-five and are eligible for Medicare. If you want a carefully regulated system of private insurers coordinated by national and state governments as in Germany . . . well, move to Germany!

Seriously, what we need is an American system well suited to American traditions, temperaments, and cultures. But we also need to make sure everybody's covered and can afford the care they need. To get things started, why not begin by letting people buy into an improved "Medicare for All," based on an American healthcare program that's proved itself for-nearly-fifty years? This "public option" could be offered on the exchanges we've put so much time and energy into setting up. Though the ultimate goal should be an improved version of Medicare delivered directly to all Americans, that would be a great way to celebrate Medicare's 50th birthday and move our county forward again at last!

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.