



10-12-2017

## Healthcare: What Comes Next?

William H. Lane  
*Gettysburg College*

Follow this and additional works at: <https://cupola.gettysburg.edu/engfac>

 Part of the [American Politics Commons](#), and the [Health Policy Commons](#)

**Share feedback about the accessibility of this item.**

---

Lane, Will. "Healthcare: What Comes Next?" Gettysburg Times (October 12, 2017).

This is the publisher's version of the work. This publication appears in Gettysburg College's institutional repository by permission of the copyright owner for personal use, not for redistribution. Cupola permanent link: <https://cupola.gettysburg.edu/engfac/81>

This open access opinion is brought to you by The Cupola: Scholarship at Gettysburg College. It has been accepted for inclusion by an authorized administrator of The Cupola. For more information, please contact [cupola@gettysburg.edu](mailto:cupola@gettysburg.edu).

---

# Healthcare: What Comes Next?

## **Abstract**

Where do we go from here on healthcare?

America has been talking about fixing its fragmented and overly expensive healthcare system for quite a while now. At times, it seems as though we simply keep having the same conversation (or argument, if you prefer) over and over again without making much progress in ensuring access to affordable care to all Americans. In fact, however, some significant gains have been made. Twenty million left without insurance (our situation now) has got to be better than forty million left without (our situation a decade ago).

## **Keywords**

healthcare, Medicare, Medicaid, Steven Brill

## **Disciplines**

American Politics | Health Policy

## **Comments**

This article appeared in the *Gettysburg Times* on October 12, 2017.

## Opinion

# Healthcare: What comes next?

Where do we go from here on healthcare?

America has been talking about fixing its fragmented and overly expensive healthcare system for quite a while now. At times, it seems as though we simply keep having the same conversation (or argument, if you prefer) over and over again without making much progress in ensuring access to affordable care to all Americans. In fact, however, some significant gains have been made. Twenty million left without insurance (our situation now) has got to be better than forty million left without (our situation a decade ago). But costs continue to rise, premiums and deductibles are going up for almost everyone, and across the country choices for those without employer-based insurance or access to Medicare or Medicaid seem to be disappearing rapidly. Where do we go from here? What principles should guide our efforts? What specific measures can be taken right now to ensure major progress on this issue in the future?

First of all, many would agree that we need to change the framework of our national conversation on healthcare. We need to walk away from the fixed positions and tiresomely repetitive debates of our politics and focus on problem solving. With so many Americans still at risk, isn't it long past time to get practical? Isn't it time to learn from the experience of other democracies around the world, almost all of which provide access to affordable care to all their residents while spending much less than we do per capita, and then to apply what we've learned to meet our own country's needs?

But secondly, it may also be time to clarify our goals and values. If healthcare "reform" is simply about saving money and reducing the size of the federal government, I suppose that for some it makes sense to slash spending on Medicaid even though doing so puts millions of Americans at risk—most of whom are either working or living as residents in nursing homes. But if our goal is to cover everybody, because it's the right thing to do and the right thing for America, then our task is to find the cheapest, most efficient, most practical way to get that job done.

Will  
Lane



In the meantime, it makes sense to protect the progress we have made, to stabilize insurance markets and reduce healthcare costs wherever we can. Steven Brill, author of "America's Bitter Pill: Money, Politics, and the Fight to Fix Our Broken Healthcare System," has argued in a recent article for a number of measures that would bring costs down. Medicare, for example, should be allowed to negotiate with drug companies to bring its costs more in line with drug prices in other countries, which are 30-60 percent lower than in the United States. A 15 percent reduction in these prices, he suggests, could save over \$600 billion over ten years.

Brill also argues for allowing Medicare to fully implement competitive bidding for medical devices and equipment. Competitive bidding, he asserts, could save the government more than \$50 billion over the next decade, money that could be used for increasing premium support for older Americans—or, for bringing younger, healthier people into the insurance pool. He also argues that the excise tax on medical devices, which was originally part of the Affordable Care Act (ACA) and was allowed to lapse in 2015, should be reinstated and used to fund a marketing program focused on the young. With more young people enrolling, premiums could go down for everyone.

Congress, for its part, has also recently considered some options for stabilizing insurance markets. During the summer—before the most recent Republican efforts to repeal the ACA and dramatically cut funding for Medicaid—a bill with bi-partisan support was introduced. The Market Stability and Premium Reduction Act of 2017

would "guarantee continued payments for ACA subsidies." Resolving uncertainty about the subsidies would make lower premiums likely. The Kaiser Family Foundation, in fact, "estimates that premiums would be 19 percent lower with guaranteed cost-sharing payments." The threat of a possible end to these payments is probably the biggest single driver of rising premiums in the individual health insurance markets.

Secondly, the bill calls for support for insurance companies for enrolling potentially high-cost customers. According to a report from the Center for American Progress, this "reinsurance" has already helped to dramatically lower increases in states like Maine and Alaska. In Alaska, premium increases went down from 40 percent to less than 10 percent. In Maine in 2011, "in the state's pre-ACA individual market this approach actually reduced premiums by 20 percent," according to the report.

A third section of the bill puts forward a Guaranteed Choice Plan that would allow "people in underserved counties" to "buy into the Federal Employees Health Benefit Program." "Senators Bob Corker (R-TN), Lamar Alexander (R-TN) and Claire McCaskill (D-MO)" the report continues, "have all supported the concept of filling in the gaps in under-served counties."

In conclusion, though some kind of universal coverage must remain our ultimate goal—whether Medicare for All as in Canada or a better regulated, nonprofit-based version of the ACA as in Germany and Switzerland—it's clear that we can and must stabilize markets and protect the progress we have made in healthcare so far. It's also clear that there is significant bipartisan support for doing just that. It's up to us, as voters and active citizens, to make sure that tentative support (and the accompanying good intentions) get turned into meaningful action by letting our elected officials know how we feel.

*Will Lane is a lecturer in English at Gettysburg College and serves as chair of Gettysburg Democracy for America.*