

The time for health care reform is now

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Three months after the Japanese surrender on the Battleship Missouri -- in the midst of an unprecedented postwar transition -- President Harry Truman proposed the first national health insurance program for the United States. Six decades later, it all sounds familiar.

“Under the plan I suggest,” Truman said in his November 1945 message to Congress, “our people would continue to get medical and hospital services just as they do now -- on the basis of their own voluntary decisions and choices. Our doctors and hospitals would continue to deal with disease with the same professional freedom as now. There would, however, be this all-important difference: Whether or not patients get the services they need would not depend on how much they can afford to pay at the time.”

Truman went to great lengths in that message to assure Congress and the American people that his plan did not amount to “socialized medicine.” It is a bugaboo that still bites.

Sixty-four years later, nearly two decades since legislators last seriously considered comprehensive health reform, it is long past time for Congress to act. President Obama ran on a platform of reforming health care. The legislative and political window will be open only briefly. The moment to act is now.

The basic principle of true health care reform is clear, as it was in Truman’s day: Any program that emerges must include universal access to affordable quality care. Bishop William Murphy, chairman of the U.S. bishops’ committee on Domestic Justice and Human Development, had it right this spring when he told the Senate Finance Committee that “the moral measure of any health care reform proposal is whether it offers affordable and accessible health care to all, beginning with those most in need.”

Anything less, given the moment, will be judged a failure.

We have models of success. At home, the Medicare program (enacted in 1965) provides the nation’s senior citizens with guaranteed health coverage. Not only has this government-administered, government-funded effort provided coverage that seniors need, it has been instrumental in reducing the poverty rate among seniors from nearly 20 percent when it was passed to under 10 percent today.

Medicare is not without its problems, but it is widely popular among the elderly. So successful, in fact, that many recipients don’t fully appreciate its sponsorship. “Just keep the government’s hands off my Medicare,” say some elderly skeptics of expanding care to the rest of the population.

Our preference, as the details are worked out this summer in the Senate Finance and House Ways and Means Committees, would be for a single-payer system. Loosely translated in the current political climate, that means Medicare for everybody. This, sadly, is not in the cards. Charges of “socialized medicine,” while widely inaccurate, still carry a strong rhetorical punch in a country skeptical of centralized anything.

Fair enough: The near perfect need not be the enemy of the good.

Today, the insurance industry is lobbying ferociously against a "public option" -- a government-administered health plan designed to compete with private sector insurance policies. Such competition would not only guarantee universal affordable coverage, but spur the marketplace to additional cost savings and innovation.

The politics of the "public option" are, to say the least, difficult. The forces arrayed against it -- largely private insurance companies -- are powerful. It remains, however, the most effective means under consideration to achieve universal affordable quality care for all Americans.

Meanwhile, a public-option-lite proposal -- the establishment of regional cooperatives where businesses and individuals could purchase health coverage -- is now the rage. Put us down as skeptics: A true public option would reduce costs (while guaranteeing care) because government needn't spend billions marketing its plan or worry about generating profit. The risk with the public-option-lite proposal is that such savings could not be realized, care would not be universal, and that the cooperatives would ultimately be co-opted by the rapacious private insurance industry. That's not a risk worth taking, not at this moment, not when true health care reform is within reach.

As to the cost of reform, Truman had it right here too. "We are a rich nation and can afford many things," he told Congress oh so many years ago. "But ill health which can be prevented or cured is one thing we cannot afford."

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