Dynamic Chiropractic

PHILOSOPHY

National Health Insurance Is a Prescription for a Fool's Paradise

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The high cost of health care in the U.S. is the key issue in the national debate over reforming the nation's health care system.

Advocates promise substantial savings by adopting a "universal-access single-payer system." The League of Women Voters, organized labor, the elderly, and even some parts of the business community have accepted this rhetoric and climbed on board the nationalization bandwagon.

But there is nothing wrong with health care in American that more government intervention could not make worse. Since the cause of overspending lies with government policy, legislation that attempts to assess blame on the health industry will not lower costs.

Government spending accounted for 42.4 percent of total health care spending in 1990, a higher level than any previous year. The Department of Health Education and Welfare estimated the 10th year cost of Medicare to be $1.7 billion but actually was $12.6 billion or seven times the original estimate. The cost of Medicaid was $17.1 billion or more than 16 times the original estimate.

Government involvement has dramatically expanded the volume, intensity, and price of health care. By first bidding up the price with a payment system that encouraged excessive utilization, and then imposing cost-containment that led to cost-shifting, government had increased the cost to other buyers and changed the way health care is delivered.

Extensive regulation of the hospital industry, originally governing reimbursement for Medicare and Medicaid patients, now extends to care provided to all patients. States now enforce some 700 laws mandating insurance coverage for conditions ranging from alcoholism to hair pieces, costing health consumers as much as $60 billion a year, increasing insurance costs by 30 percent.

Approximately 34 million Americans are uninsured and advocates say that's reason enough for NHI. But little press attention has been given as to who the uninsured are and why they are not insured.

An investigation of these questions revealed that lack of insurance in most cases is a short-term phenomenon that only rarely is the result of being denied coverage. A study by the Urban Institute found that half of all uninsured lack insurance for four months or less, while only 15 percent are uninsured for more than 24 months. Seventy-six percent of all uninsured spells end within a 12 month period.

Alarm over short-term non-insurance is unjustified for several reasons. A person in need of medical treatment who lacks insurance will not be turned away by health care providers. In fact, the National Health Interview Survey conducted in 1984 found that people who lack insurance make similar numbers of contacts with physicians and stay in hospitals similar lengths as people with insurance. A patient with little money and unable to borrow, will still receive treatment at non-profit and government hospitals. It is against the law for a non-profit hospital to turn away a

patient needing medical care; sanctions include revocation of tax exempt status. (Fewer than 12 percent of hospitals in the U.S. are for-profit).

According to Henry Aaron of the Brookings Institution two thirds of the uninsureds are under the age of 30, the age group with the lowest health care costs.

If one includes the subjective costs associated with health care delivery in other countries -- longer waits and greater pain and suffering and longer recovery periods -- it is likely that many foreign countries have higher health costs than the U.S. even though their spending may be lower. Paying $1,000 in the U.S. for a procedure that costs only $500 in Canada, for example, might be justified by the benefit of escaping several weeks, months or even years from pain.

Canada does not allow patients to use private sector treatment to avoid the waiting lists. According to the Fraser Institute, the entire province of British Columbia has fewer CAT scanners than the city of Seattle. There are fewer MRI machines in all of Canada than in Michigan.

A patient of mine last year moved to Canada. She recently came in the office and said, "You better hope the U.S. never adopts NHI." She stated that in Canada, those making over $28,000 a year are in a 45 percent tax bracket, plus another 12 percent surtax. She asserted that if you're over 55, you can't get a by-pass operation, and the government ran out of money last December for hip replacements so none could be given until April when they re-allocated the money; then the people waiting two years could get back in line.

National Health Insurance advocates are asking 85 percent of all Americans to trade in their comprehensive health coverage for one with complete government control and tight restrictions on care. All this to insure the 15 percent who could be treated anyway. It's like tearing down a reasonable good house just to add another room and then inviting the neighbors to move in.

Allowing bureaucrats to order doctors around will result in a new breed of doctor and much lower quality of health care.

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