

Health Care

- I will ensure that all Americans have access to affordable, quality health care, and have peace of mind with respect to their financial security when confronted with a catastrophic illness or injury. We need to end the gridlock in Washington and get things done.
- The American system provides superb acute care and trauma care, and access to the best technology in the world. By objective measures, however, such as cost per capita, longevity, and cost of paperwork, it is a failure. The US is the only country in the western world where individuals can go bankrupt because of medical bills. That, and the fact that 45 million persons go without any insurance, demand a complete overhaul.
- I will work for a “single-payer”, government-financed health-care system – like our own Medicare system (or the system in Canada, France, Germany, the Nordic countries and many other nations around the world). It would be funded similarly to the current Medicare system, but just as Medicare delivers quality care more efficiently than the current business delivery system, so would a single-payer system cost less.
- I will fight initiatives such as the current Republican sponsored prescription drug plan that was secretly written as a sweetheart deal for the insurance companies and drug makers (Johnston, 2007), which, among other things, prohibited the federal government from negotiating for the lowest possible prices. It assured that the federal government would, in fact, pay above market prices and the drug companies would make exorbitant profits. The final bill as passed will cost \$720 billion, 80% more than originally proposed, and as such, could actually end up killing Medicare.
- Our current health care system has evolved similarly. Americans spend nearly 6 times the average of what 13 other modern western countries do on health care (McKinsey Global Institute, 2007) and 86% of this excess cost is in the part of American health care run as a business instead of a public service. Health care administration costs Americans 123.6 billion (2003), \$412/person for administrative overhead (Johnston, 2007). We must redress the inefficiencies and inequities in the system.

From the working draft of the Illinois Green Party platform:

The United States is the only industrialized country in the world that does not guarantee health care for its population.

The U.S. spends far more on health care per person than any other country in the world – in fact more than twice as much as the average for other rich countries. We have the best technology and certainly among the finest physicians. Yet we are not getting our money's worth in terms of good health.

The United States ranks near the bottom of the industrialized world in life expectancy, infant mortality, and other standard measures of health. The World Health Organization ranks the United States 37th in overall quality of health-care performance. No wonder, since so many don't have health-care coverage at all and millions more have inadequate coverage.

In Illinois, from 2000 to 2004, health insurance premiums rose by 34.9 percent, while average earning rose by only 13 percent. Businesses and consumers alike are suffering from either being priced out of the market altogether, or from the growing strain of paying through the nose for increasingly inadequate health-care insurance.

The framing of this issue by the corporate media and politicians as a “health *insurance*” crisis, rather than a health *care* crisis, is a deliberate misdirection. Fifty or more years ago, most people, when they got sick, paid their doctor – directly. Even hospital stays and surgery, while expensive undertakings, did not have quite the shocking impact that they have today. But over the years, as medical technology and methodology improved and became more sophisticated, the costs of all health services climbed. And gradually, more and more people turned to insurance to help pay for it.

The idea behind insurance, is that consumers pay a “middleman,” on a regular but gradual basis, to cover their health-care needs, rather than pay a huge amount all at once on the unpredictable occasions when they really need it, and, being sick or injured, less able to pay for it. There is nothing wrong with that basic concept. It makes sense economically. The real question, though, is who is going to serve as the “middleman” – a private, for-profit business, or a public, non-profit agency of some kind?

Since 1965, when the Medicare program was launched, our elderly citizens have had coverage from the latter. The rest of us have had to rely on the former, and therein lies the problem. The private insurance-based system is driving up the cost of health-care and increasingly sticking us with the bill.

Why? First of all, we, the consumers, and employers, are necessarily picking up the tab for insurance company profits, as well executive salaries that run into the millions, or even tens of millions. Because we have nowhere else to turn, they have a fairly captive market, with inelastic demand.

Second, insurers make money by not paying bills. They have incentives to erect administrative hurdles by complicating and stalling payment they can hold premiums longer, boosting their interest income. Such hurdles also discourage some patients and providers from pursuing claims. In short, their profits rise when they can find ways to avoid paying bills, passing them on to either the government, other insurers, or to you, the patients.

Third, functions essential to private insurance but absent in public programs – such as underwriting, marketing, and corporate services account for about two-thirds of private insurers' overhead. But the waste that results from the system of private insurers is even larger than just the difference in administrative costs. The efforts of private insurers to avoid paying claims force hospitals, doctors' offices, and other health care providers to spend hundreds of billions of dollars dealing with paperwork from the insurance industry.

Fourth, and related to the last point, a fragmented payment structure is inherently expensive. For insurers, it means the duplication of claims processing facilities and reduced insured-group size, which increases overhead. Fragmentation also raises costs for providers, who deal with multitudes of different insurance plans -- one study pointed out that there are at least 755 insurance plans in the City of Seattle alone. This means providers must

determine each patient's insurance coverage and eligibility for a particular service, and keep track of varying co-payments, referral networks, approval requirements and formulas.

As a consequence of these factors, the administrative costs of the private health insurance system are almost ten times as great (per dollar amount of health-care payouts) as the administrative costs of the Medicare system.

That is why the Illinois Green Party stands squarely, unequivocally and explicitly in favor of a single-payer universal health-care system.

What is meant by “single-payer”? Simply stated, it means a government-financed health-care system – like our own Medicare system (leaving aside the recent “reform” regarding drug coverage), or the system in Canada, France, Germany, the Nordic countries and many other nations around the world. Under such a system, government pays the principal medical bills; consumers pay a modest co-pay at most, and private insurance, at most, plays a secondary role, to cover co-pays or exotic or cosmetic treatments that aren’t covered by the publicly financed system.

As of 2008, we support, at the federal level, a single-payer system like that called for in House Resolution 676. At the state level, we support a single-payer system like that contained in House Bill 311.

The wealthiest nation in the world clearly ought to be able to deliver quality health care to all its citizens, no less than other industrialized nations. Health care is a critical social good that demands that collective interests prevail over private gain. It should be viewed as a right, not a privilege.

In addition, the Illinois Green Party supports:

1. Strong representation and a decision-making role for health-care recipients and health-care workers, and their unions, in public planning and oversight bodies.

2. More emphasis on promoting public health through better education on nutrition, organic food, exercise, avoiding tobacco and excessive alcohol, practicing safe sex, and other healthy practices. Studies have shown that such education proves the old adage that an ounce of prevention is worth a pound of cure: Investing in public health education today will save public health-care costs tomorrow.

3. Drugs or medicines developed with public funds should be made available at affordable prices, by prohibiting monopoly licensing and control of new drugs and, if necessary, by imposing price controls.