

# Rep. Kucinich Sole Candidate Favoring Single-Payer

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WASHINGTON — Anyone who asks Rep. Dennis Kucinich (D-Ohio) about health care policy should be prepared for the conversation to evolve into other areas—like the Iraq war.

“Health care spending does not occur in a vacuum,” Rep. Kucinich said at a forum on health care policy sponsored by Families USA and the Federation of American Hospitals. “You cannot separate this from war.”

Rep. Kucinich, who is seeking the Democratic nomination for president, noted that money spent on the war in Iraq—an estimated \$1.5 trillion, according to a report he cited from the Congressional Budget Office—is money not being spent on domestic concerns like education and health care. “As we speak, our government is planning to bomb Iran,” which will divert more money from health care concerns, he said at the forum, part of a series of forums with the presidential candidates underwritten by the California Endowment and the Ewing Marion Kauffman Foundation.

Although he sometimes connects health care policy with other topics, the fifth-term congressman and former mayor of Cleveland is very direct when it comes to universal health care coverage for Americans: He is the only candidate who supports a single-payer system financed by the government.

“Is health care a right or a privilege? If it’s a right, then it’s appropriate for the government to have a role” in providing it, he said. “If it’s a privilege, and it’s a market-based thing, then we’re left to the predations of the market, which is, if you can’t pay for it, you’re out of luck. And you know what—47 million [uninsured] Americans are now out of luck.”

He noted that studies show health care

debt is responsible for half of bankruptcies in the United States. “The median income is \$48,000 per year, and some families are paying \$12,000 a year for health insurance; that’s a quarter of their gross. I’m talking about breaking the shackles insurance companies have on American families.”

Under Rep. Kucinich’s proposal, which has been introduced in Congress as H.R. 676, all for-profit health care entities would be converted to nonprofit entities, with shareholders being compensated by the government. That compensation would be financed through Treasury bonds, he said. Physicians would continue to have private practices, but they, along with hospitals and other providers, would be paid by the federal government, which would disseminate federal funds through a series of regional budgets. There would also be separate budgets for capital expenditures and for medical education.

Coverage under Rep. Kucinich’s plan would include inpatient and outpatient services as well as dental care, vision care, mental health care, and long-term care. There would be no deductibles or cost sharing.

When a reporter pointed out that other countries with government-financed health care ended up seeing a private system develop alongside the public one for those who could afford it, Rep. Kucinich said that was no surprise. “Privatizers are at work in every country,” he said. “If health care is such a losing proposition, why are these companies trying to privatize it? Because there’s huge amounts of money to be made. But the minute you have a for-profit system, you’re going to have people cut out of it.”

Another government-run system that people are trying to privatize is Medicare, Rep. Kucinich said. “Right now, Medicare is discouraging doctors by cutting their fees. There’s a strategy to privatize

Medicare by getting doctors to walk away from [it].” The passage of the Medicare prescription drug benefit was another part of that plan, he added.

A for-profit system puts the wrong type of pressure on physicians, Rep. Kucinich said in an interview after the forum. “Doctors are under pressure from private insurance not to provide health care,” he said. And when that collides with efforts such as Medicare’s pay-for-performance initiative, “there’s built-in inertia. Of course we want to encourage doctors to improve their performance, but under a for-profit system, doctors have cost pressures. That’s sure not to encourage the results you want.”

During the forum, Rep. Kucinich contrasted his proposal with those offered by two other Democratic presidential candidates, Sen. Hillary Rodham Clinton (D-N.Y.) and former senator John Edwards (D-N.C.). Under their proposals, Americans would be required to purchase health insurance; they could choose from a variety of private health care plans as well as a public plan modeled after Medicare. “If you can’t afford it under the current

system, how are you going to afford it under [their] system?” he said. “And if you do buy it, you’re forced into plans that inevitably are going to have extraordinary copays and deductibles, and a limited level of coverage,” he continued. But with his proposal, “I’m talking about a plan where everyone’s covered, [and it] covers everything. And the fact is, we’re already paying for it—we’re just

not getting it.”

He also said he was not concerned that a universal coverage plan would strain the system by having people who were previously without health insurance suddenly come in for lots of services.

“Years ago, when I was a city councilman in Cleveland, I had a proposal I thought would do a lot to protect the environment and move people around our community efficiently. I proposed free [public] transit,” he said. “And the people who attacked the idea threw up their arms and said, ‘My God! If we have free transit, everyone’s going to be riding the bus!’ Exactly. That’s what we want. You want people to use the health care system, so that they’re healthy.”



**‘Is health care a right or a privilege? If it’s a right, then it’s appropriate for government to have a role.’**

REP. KUCINICH

**Election 2008**



## F Y I

### Medicare Preventive Services Info

The second edition of the Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals is available online from the Centers for Medicare and Medicaid Services at [www.cms.hhs.gov/MLNProducts/downloads/mps\\_guide\\_web-061305.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/mps_guide_web-061305.pdf). The Guide provides information on coding, billing, and reimbursement for prevention services and screenings covered by Medicare.

### Toolkits for Reducing Medical Errors

The Agency for Healthcare Research and Quality is offering an array of free online toolkits to help doctors, nurses, hospital managers, patients, and others reduce errors. The toolkits, which can be adapted to most health care settings, range from

checklists for reconciling medications when hospital patients are discharged to methods for preventing hospital-acquired blood clots to processes for enhancing communication among caregivers. For a listing of the 17 toolkits, visit the AHRQ Web site at [www.ahrq.gov/qual/pips](http://www.ahrq.gov/qual/pips).

### Community Diabetes Care, Prevention

The National Business Coalition on Health is offering a Web site to help employers, health plans, and coalitions develop successful diabetes policies. This Web site, the Community Health Value Collaborative, features models, tools, and links for improving diabetes prevention and care at the local level. The tools are evidence-based and include two cost calculators. For more information, go to [www.nbch.org/chvc/index.cfm](http://www.nbch.org/chvc/index.cfm).