

Rep. Kucinich Advocates Single-Payer System

BY JOYCE FRIEDEN
Senior Editor

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. He was speaking 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 Cleve-

land 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. “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 prescrip-

tion 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.”

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REP. KUCINICH

During the forum, Rep. Kucinich contrasted his proposal with those offered by two other Democratic candidates, Sen. Hillary Rodham Clinton (D-N.Y.) and former Sen. 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. “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.” ■



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E-Prescribing Standards Proposed

The Health and Human Services department has proposed federal e-prescribing standards to be used for Medicare participating physicians, pharmacists, and software vendors.

The proposal was issued last month; comments are being accepted through mid-January, and the final e-prescribing standards should be issued by April 1.

E-prescribing is not required for participation in the Medicare Part D drug benefit. But under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, drug plans, physicians, and pharmacists who use electronic prescribing are required to meet the HHS standards.

Some organizations have pushed for required e-prescribing for Medicare participation. The Pharmaceutical Care Man-

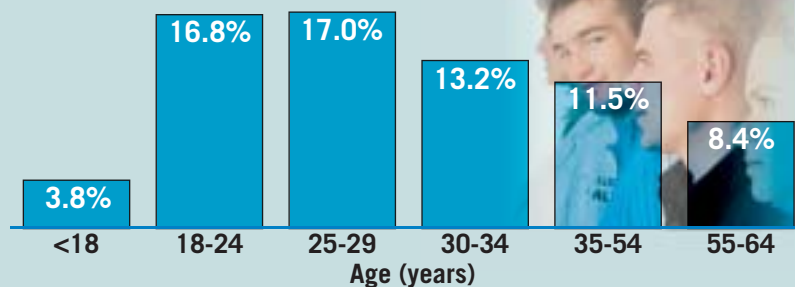
agement Association (PCMA), which represents pharmacy benefit managers, is spearheading the effort. The organization launched a print and broadcast ad campaign in November that called for adoption of e-prescribing by 2010—the same deadline set by the Institute of Medicine in a report on reducing adverse drug reactions that was issued in July 2006.

The American Medical Association and other groups oppose a mandate. “From a practical side, a mandate would be premature,” Stacey Swartz, Pharm.D., senior director of pharmacy affairs at the National Community Pharmacists Association, said in an interview. “We can see the benefits of it, but we can’t ignore that there are costs involved.”

—Alicia Ault

DATA WATCH

Young Adults Have Highest Uninsured Rate Over a 2-Year Period



Note: Based on data for people who were uninsured during 2004-2005.
Source: Agency for Healthcare Research and Quality