Kucinich Is Lone Candidate For a Single-Payer System

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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—such as the Iraq war.

Election 2008

"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 Congressional Budget Office report he cited—is money not being spent on domestic concerns such as 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.

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REP. KUCINICH

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: 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 [market-based], 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 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 a 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 in other countries with government-financed health care, a private system developed alongside the public system for those who could afford it, Rep. Kucinich said that was no surprise. "Privatizers are at work in every country. If health care is such a losing proposition, then why are [they] trying to privatize it? Because there are huge amounts of money to be made. But [if] 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. "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, he said in an interview after the forum. "Doctors are under pressure from private insurance not to provide health care." When that collides with efforts such as Medicare's pay-for-performance initiative, "there's built-in inertia. We want to encourage doctors to improve their performance, but under a for-profit system, doctors have cost pressures. That [won't] 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 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? 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." 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."

And he's not concerned a universal coverage plan would strain the system by having people who previously had no health insurance start coming in for lots of services.

"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. And the people who attacked the idea … 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." ■

POLICY & PRACTICE

Work-Based Coverage Cuts Take Toll

The number of uninsured Americans rose by nearly 9 million, from 38 million in 2000 to 47 million in 2006, mostly as a result of a decline in employer-provided health coverage for workers and their families, according to an analysis by the Economic Policy Institute. Although the affected workers were more likely to be young, low paid, less educated, and other than white, no category was excluded; full-time, college-educated, highly paid workers also lost coverage. In addition, the effects trickled down to children, for whom work-based coverage dipped from 66% in 2000 to 57% in 2006. The report noted that programs such as Medicaid and the State Children's Health Insurance Program are "no longer effective at offsetting these losses." In comparing the 2000-2001 and 2005-2006 periods, the authors said 38 states had significant losses in coverage, and no state had an increase in the rate.

Patent Losses Choke Drug Sales

The growth of pharmaceutical sales in the United States is expected to increase by 4%-5% next year, a historic low, according to a report by IMS Health Inc. The Norwalk, Conn.–based research firm attributed the slowdown to a leveling of the growth triggered by the Medicare Part D program, closer monitoring of drug safety, payers' desire to contain costs, and the expiration of certain patents and the associated increase in generic use. It said drugs—including some lipid regulators and osteoporosis therapies—with global annual sales of about $20 billion face patent expiry next year, which could spur the growth of generic sales by 14%-15%, to more than $70 billion. The global pharmaceuticals market is expected to grow by about 5%-6% next year, slightly more slowly than this year's 6%-7%, the report said.

Bill Aims to Boost OTC Oversight

Another bill introduced by Rep. Waxman and Sen. Kennedy, along with Rep. Tom Allen (D-Maine), would give the FDA the authority to quickly amend or appeal over-the-counter drug monographs without being required to pursue notice and comment rulemaking, as required under the Administrative Procedures Act. The bill would allow the agency "to act quickly to protect consumers from unsafe or ineffective OTC drugs," they said in a joint statement. It also would give the FDA authority over OTC drug advertising, which is currently under the purview of the Federal Trade Commission, and would require the FDA to solicit public comment on proposed changes and to file a report to Congress on any findings.

Data on Elderly Glossed Over

Food and Drug Administration regulations for drug makers conducting clinical trials encourage the inclusion of elderly participants and the reporting of data by age, but the agency is not effective in getting its medical officers to include data on elderly patients in their new drug application (NDA) reviews, according to a report by the Government Accountability Office. The report, requested by Rep. Henry Waxman (D-Calif.) and Sen. Ted Kennedy (D-Mass.), was based on a review of 36 NDAs submitted by manufacturers from January 2001 to June 2004 for drugs to treat diseases that could affect those aged 65 years and older. All of the NDAs had at least one trial that included elderly subjects, but a third of the agency's NDA reviews had no documentation on safety or efficacy for that age group. The GAO noted that reviewers don't have to establish whether there was a sufficient number of elderly subjects in a trial, and if they do address sufficiency, they don't have to document their methods. Sufficiency was addressed in about a quarter of the reviews, none of which detailed the methods used, said the report.

Depression No. 2 in Disability Days

Major depression accounts for the second-largest number of days lost to disability in the United States—387 million days a year at the population level, second only to back and neck pain, at 1.2 billion days—according to a study by Harvard University and National Institute of Mental Health researchers. The study was published in the October 2007 issue of the Archives of General Psychiatry. The researchers analyzed data from the National Comorbidity Survey Replication, a nationwide survey of 9,282 adults. Half of the population reported one or more physical or mental conditions that kept them from fully functioning. Individuals averaged 32 days of disability a year. Disability was lowest in students (17.9 individual days), and highest in the unemployed and disabled (121.4 days). The authors said their results echo other study data suggesting that "individual-level effects of mental conditions are as large as those of most chronic physical conditions."

Pregnant Women Eschew Meds

A minority of women believe it is safe to take depression medication while they are pregnant, according to a survey by the Society for Women's Health Research. The survey of 1,000 women was conducted by telephone in October; 500 family physicians, general practitioners, and internists were also surveyed. Only 11% of women said they thought it was safe to take a depression therapy during pregnancy, compared with 68% of physicians. Less educated and lower income women and African American women were more likely to believe it was unsafe to take a medication. Half of the women said it was safe post partum, compared with 97% of physicians. Women believed depression was a normal part of the postpartum experience and also underestimated their risk for depression, according to the society. In a statement, Sherry Marts, the society's vice president of scientific affairs, said the survey shows a disconnect between physicians' beliefs about depression and women's perceptions. "The health care community needs to do a better job communicating with women about depression," she said.

—Renée Matthews