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Voters seek cure for health care

Presidential hopefuls offer conflicting prescriptions

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As presidential candidates debate how to reform the nation's health-care system, U.S. Rep. Bob Inglis is traveling the 4th District looking for ideas on the subject.

"The idea is to find information about health care -- how it's being delivered and how it's being paid for," he told The Greenville News. "And then try to draw some conclusions about the best way to proceed."

Nationally, 47 million people -- 667,000 of them in South Carolina -- have no health coverage, forcing them to go without care or get it in high-cost emergency rooms. There, the cost of their treatment is shifted to paying patients, contributing to escalating health-care premiums and forcing more onto the roles of the uninsured.

As more and more voters tune in to the presidential campaigns, they are finding a maze of ideas for what should be done but no real consensus.

Advertisement	Inglis, who favors a consumer-driven approach to health care, is holding town meetings over a period of several weeks and is visiting hospitals and veterans facilities, as well as consulting with large and small businesses.
	"My hope is the presidential race will be about health care, that it will be a productive national debate about how to deliver and pay for health care," he said. "And if it is, it will be a very helpful campaign for the country."
	As the number of presidential candidates dwindles, health- care reform is still a main focus of their campaigns.
	The Democratic candidates say universal coverage is the answer. Republican candidates emphasize reducing

health-care costs.

But are any of their plans likely to become a reality? And what impact will they have if they do?

Sherry Glied, chairman of the department of health policy and management at Columbia University's Mailman School of Public Health, says the biggest problem facing the health care system is the growing number of uninsured Americans.

"The Democrats have called for universal health coverage. The Republicans by and large instead are focusing on some incremental reform, tax credits, and trying to contain health-care costs in the hope that fewer people

will lose coverage," she said.

"The problem is we don't have a very good idea of how to control costs. There are a bunch of little notions out there, but I don't think anybody who's in the game believes that will be transformative in terms of the cost problem. So it won't have much impact on the uninsured."

Tom Miller, a resident fellow with the American Enterprise Institute, says none of the plans will work, though some pieces hold promise, such as tax reform and competition combined with cost transparency.

"There's a glimmer of decent ideas that could improve the status quo on the margins," he said. "Clearly, we need to provide incentives to deliver better care. We need to pay hospitals and physicians for what they do that's effective instead of paying for what's reimbursed."

Universal coverage doesn't take into account future fiscal pressures, like Medicare, or the "trajectory of the price of health care," he says. And using money from reversing the Bush tax cuts to finance universal coverage, as the Democrats propose, won't work, he said, because that money "has been spent several times over."

Moreover, he says, the system is "gridlocked by interest groups" that make it hard to find consensus.

Calling tax credits "essentially symbolic," Glied says Democrats are trying to build coverage on as little new public money as possible. They would require employers to provide coverage or contribute to it -- a concept generally opposed by Republicans, according to Miller -- and for individuals to have insurance, with subsidies for those who can't afford it.

And, she says, the cost of that coverage -- about \$150 million annually -- is affordable for such a rich country, particularly when weighed against the many people who are forced into bankruptcy because of medical bills.

"Covering the uninsured would increase health-care spending by 4 percent, and that's almost nothing," Glied said. "We should be aiming for universal coverage, and any universal coverage (would) deal with the problems of bankruptcy or access to care."

New research from the Kaiser Family Foundation and Harvard School of Public Health shows the candidates' plans largely reflect their core constituencies.

The poll of likely voters in 35 states with early primaries found that 65 percent of Democrats want candidates to focus on universal coverage, even if it means more government spending, compared to about a quarter of Republicans.

About four in 10 Republicans want limited expansion that costs less. The poll also found Democrats are more likely to think the system needs overhauling, while Republicans are more satisfied with their care and less worried about losing coverage.

Bridging the differences will be key to winning independents in the general election, according to the authors.

The research appeared in this week's New England Journal of Medicine, which also featured an article by Columbia University professor Lawrence D. Brown. He concludes that change in the United States, where the per capita health-care spending is twice that of France, which has universal coverage, is unlikely without "activist and reform-minded political leaders."

"Despite deep differences in the interest of its members, the axis of opposition that has throttled reform in the past -- business, insurance and providers -- still concurs on three points: that reform should not make big government much bigger; that the costs of reform ought not to fall on them; and that other items on their agendas take precedence," he wrote.

"Lacking a plausible strategy for defeating these interests, reformers may have to work around them."