Health Reform Possible Even in Slowing Economy

BY JOYCE FRIEDEN
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ARLINGTON, VA. — Health care reform can be achieved even in difficult economic times, several speakers said at the annual meeting of the Association of Health Care Journalists.

"I think past history shows us that major social initiatives do happen exactly at a time of major economic crisis," said Dr. David U. Himmelstein of the department of medicine at Harvard Medical School, Boston, and cofounder of Physicians for a National Health Program, a group that advocates for a single-payer health care system. "The New Deal is the outstanding example of that. We're facing a period where our country can't afford the health care system we have at present, and the pain is spreading beyond the poor into the middle classes... That's the condition for political change."

Dr. Himmelstein added, however, that the change probably will not come from Washington. "Political leadership has become the ultimate oxymoron. Demand from outside Washington can actually move this country as well. We had a charismatic president [John F. Kennedy] elected in 1960 who did not have very bold social programs that he proposed, yet he triggered a very broad outpouring of sentiment that succeeded in passing major social initiatives."

Karen Davis, Ph.D., president of the Commonwealth Fund, a health policy research organization in New York, noted that during hard economic times, "people really get worried about health concerns, so the demand for their political leaders to do something about it grows whenever the economy tanks." However, she said that federal lawmakers decided to give people tax rebates, but another way to stimulate the economy would have been to invest in the health sector.

She criticized the Bush administration's decision to limit funding for the State Children's Health Insurance Program and other programs funded by the states and the federal government during this period. "It was the wrong response to the recession," she said. "We need to add to the mix a counter-cyclical matching rate built into those programs, so that when the economy tanks, the federal government could pay more of the costs, reducing the burden on states.

The country can't afford the health care system, 'and the pain is broadening far beyond the poor into the middle classes. ... That's the condition for political change.'

The percentage of the population that is underinsured or uninsured has increased dramatically in recent years. According to the Commonwealth Fund, 68.6 million people, or 25% of the population, were underinsured in 2004, compared to 47.6 million, or 19%, in 2001. The underinsured are defined as those with health insurance that does not provide adequate coverage.

The underinsured have trouble paying for health care, and they are more likely to delay or go without needed care. According to a survey by the Commonwealth Fund, the underinsured are twice as likely as the insured to delay needed care due to cost and four times as likely to go without needed care due to cost.

The uninsured have even greater problems. They are more likely to delay or go without needed care, and they are more likely to be hospitalized for preventable conditions. According to a survey by the Commonwealth Fund, the uninsured are three times as likely as the insured to delay needed care due to cost and five times as likely to go without needed care due to cost.

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