

WARNING TO THE GOP: DON'T MESS WITH MEDICARE

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Some Republican Senators were running scared for the July 9th Senate vote reversing cuts to Medicare. On June 26th the Democrats did not get the 60 votes necessary to stop a filibuster, so Senator Ted Kennedy left his sickbed for the second vote.

As it turned out, the heat applied to the Republicans made Kennedy's presence unnecessary. A total of nine GOP senators switched their votes to provide a 69-30 veto-proof majority. The House had already passed the bill by a vote of 355-59. On July 15 the House and Senate overrode President Bush's veto by votes of 383-41 and 70-26 respectively.

John McCain was the only senator missing for the July 9th vote. His campaign had no comment about why he was not there, but McCain has said that he opposes this bill. Barack Obama voted for the resolution on June 26th and July 9th.

Mad as a hornet about the proposed 10.6 percent decrease in payments, the American Medical Association bought ads and targeted 10 Republican senators in 6 states. John Sununu, one of the most vulnerable for reelection this November, resisted AMA pressure, but John Cornyn of Texas, now in a tighter race than he expected, changed his vote as did fellow Texan Kay Bailey Hutchison. Despite his switch, the Texas Medical Association has still withdrawn its endorsement for Cornyn.

The AMA's current support for Medicare is ironic because it lobbied strongly against the original bill when it passed in 1965 as part of President Lyndon Johnson's Great Society program. The AMA ran ads and hired the silver-tongued Ronald Reagan to warn about the dangers of socialized medicine.

Former President Harry Truman was the very first person to join Medicare. In 1945 he hoped that he could persuade Congress to adopt a single payer plan of

the sort being developed in Europe at the time. The hobgoblin of socialism sank the idea. The U.S. now ranks last among industrialized countries in terms of access, efficiency, equity, preventable deaths, and healthy lives.

Even with its various problems Medicare has served America's seniors very well. Medicare's administrative costs, estimated at 2-6 percent, are much lower than the 17-30 percent variously calculated for private insurers. These figures do not include the extra medical office workers hired to pour over complex forms, as well as the time doctors themselves spend with our cumbersome system, time better spent of course with their patients.

Medical Advantage plans, private policies designed to substitute for Medicare, are expected to cost taxpayers \$149 billion over the next 10 years. While ordinary claims are being underpaid, Medicare Advantage doctors are being overpaid 13 percent. Touted by Republicans as a less expensive free market alternative to Medicare, these plans have not managed care nor have they reduced costs.

Supporters of Medicare Advantage claim that 95 percent of the 9 million people who opted out of Medicare like their new coverage. Studies have shown, however, that insurance companies have cherry picked younger and healthier clients. With billions of dollars in subsidies, they have been able to offer Cadillac programs. It is no wonder that these policies are highly praised, but their success has come at the cost of ordinary Medicare recipients.

One of the healthier groups targeted has been retired teachers. One caller to NPR's Diane Rehm show (July 9, 2008) was a doctor whose mother, a retired teacher, discovered that her Medicare Advantage policy had the disadvantage of no coverage in her son's state. Hopping mad, the doctor made sure that her mother was re-enrolled in Medicare proper.

Republicans and Democrats agree that proposed 10.6 percent cut is not acceptable, but they disagree about how to fund the shortfall. Much to the distress

of GOP free marketeers, but to the joy of those who believe in a level playing field, funds have been taken from the failed Medicare Advantage programs to not only eliminate the cuts but add one percent to doctor payments.

This bill is still not enough to solve the problem of Medicare costs and access. The number of doctors who limit the number of Medicare patients has now risen to 25 percent. The AMA estimates, if the current bill had failed, that the percentage would have risen to 60 percent.

The medical association of Santa Cruz County has announced that its doctors will accept no more Medicare patients. Nine California counties have the lowest Medicare reimbursement rates in the country, while other California counties have the highest. Once again in America, the wealthiest nation in the world, the poor suffer both medically and educationally because of pockets of privilege and the highest level of economic inequity in the industrialized world.

When Ted Kennedy came back to the Senate on July 9th, he vowed that he would not allow Medicare to be destroyed. Along with Senator William Byrd of West Virginia, he voted for the original legislation in 1965. As he entered the Senate the rules of the chamber were spontaneously broken as all those rose up in a standing ovation.

In a speech to the National Press Club (Jan. 12, 2005) on the 40th Anniversary of Medicare, Senator Kennedy declared: "It's no secret that America is still dearly in love with Medicare. Administrative costs are low, patient satisfaction is high, and unlike with many private insurers, they can still choose their doctor and their hospital."

At that time Kennedy introduced the concept of Medicare for All, which would start by including those 55-65 and all young children, and gradually phase in all other uninsured Americans. Funding would come from increased payroll taxes, savings due to Medicare's efficiencies, as well as reforms "based on value and results, not just the number of procedures performed or days in a hospital bed."

The most recent version of Medicare for All has been proposed by the Alliance for Health Reform and the Commonwealth Fund. Those currently on private insurance could choose to stay, but all others could opt for Medicare coverage. Cathy Schoen of the Commonwealth Fund has estimated that efficiencies in this plan would reduce Medicare premiums and also save \$1.6 trillion over 10 years.

As Cybele Cybele Bjorklund, health researcher for the House Ways and Means Committee states: "Medicare may have its warts but it is far preferable to what we have seen on private insurance on many fronts in terms of its efficiency, its effectiveness, and its equity and for that reason. . . American families . . . tell us categorically when asked, that they prefer Medicare to the private insurers in terms of both reimbursement and management."

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