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Obama must seize his chance to give health care debate clear direction -- editorial

by [The editors](#)

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President Barack Obama plans to wade back into the nation's health care debate this week, possibly during a Labor Day speech in Cincinnati and certainly during a televised address to Congress Wednesday evening. Most reports suggest that he hopes to bring some clarity to a discussion that has lost focus amid a flurry of competing congressional bills, wild talk of death panels and other distortions by his opponents and, quite frankly, Obama's failure to enunciate clearly what he wants in any reform.

By not setting out clear parameters, Obama has allowed both his allies and his opponents to confuse the American public. Many Americans simply are unsure what is proposed and how it would affect them. If the president lays down some clear markers, it will help them understand what's at stake and could establish the framework for a productive debate in Washington and throughout the land. That said, if there were a national consensus on what ails American health care and how to fix it, the job would have been done by now. The fact is most Americans have health insurance and are satisfied with the care they get -- and often unaware how much it costs. When the president says that if you like your current coverage, you'll be able to keep it, he is trying to assuage this majority. He's also not being honest about what has to happen.

Anyone willing to look even a little beyond their current situation or self-interest understands that change is both inevitable and necessary.

Health care costs continue to rise so dramatically that the post-war American norm of job-based coverage is becoming an unsustainable burden to too many employers. It is also out of step with contemporary work patterns -- and was so even before the recession. Finally, even Americans with reasonable access to health care understand that 45 million or more of their neighbors don't have it, and they also must realize that unhealthy lifestyles help fuel the unacceptable cost of care. So some things should change, for the good of us all. With that in mind, here are a few specifics we hope to hear from the president:

Personal responsibility matters. Americans add hundreds of billions of dollars to the nation's health care bill each year because they eat, drink and smoke too much, get too little exercise and do not eat wisely. Government can't order them to shape up, but it can invest in public information campaigns that highlight the importance of a healthy lifestyle. It can also require insurance plans to cover preventive care and push all providers to emphasize wellness. Which raises a critical point:

Everyone needs to be covered. Despite what some reform advocates say, everyone has access to health care in America now. But too many people -- most notably the uninsured -- can't get it until they are so sick that it's either terribly expensive or simply too late to do enough good. If everyone were covered up front -- and brought into an integrated care system that emphasized regular checkups, monitoring of chronic ailments and simple prevention -- a good portion of those costs and many sad outcomes could be avoided. Avoided, too, would be the cost-shifting that passes the heavy expense of caring for uninsured people to those who do have coverage, or to taxpayers.

That is why almost everyone across the political spectrum at least pays lip service to the concept of universal coverage. What's lacking is a clear path to get there, in part because voters understandably are reluctant to gamble on a major overhaul of a system that touches every life and accounts for a seventh of the entire economy. Although it will take time, the starting point for universal coverage is clear:

Get tough with insurance companies. Stop them from cherry-picking the healthiest people and rejecting those with chronic problems or histories of illness. That's neither humane nor cost-effective for the entire system because the people they are now rejecting are the very ones who most need regular attention. Utah is experimenting with a shared risk pool, in which all insurers absorb the cost of each new high-risk, potentially high-cost customer. That could be a model for insurers elsewhere to pursue. They also need to look at integrated delivery systems -- like those at the Cleveland Clinic and the Mayo Clinic -- that have demonstrated the potential to save money and improve care. Then, over a relatively short time:

Make sure everyone can acquire some basic health insurance. That will require vigorous competition from private insurance companies -- who should be allowed to compete across state lines -- and nonprofit co-ops. It will also require transparency that allows consumers to get accurate information about what services really cost and which medical providers are the most effective. Some doctors and hospitals won't like that. Too bad.

What's not needed, at least initially, is a federally run insurance option. The idea now should be to find a set of reforms that can pass with broad support, and the public option favored by many liberal Democrats is simply too divisive. Better to hold it in reserve in case market competition fails to produce sufficient cost savings or coverage gains.

How to pay for universal coverage is clearly another matter of hot dispute. Is the best route an employer mandate? Or a system in which individuals buy their own coverage with generous tax credits or other subsidies for those who need them? Or some hybrid?

What makes the most sense for workers who may change jobs more frequently than their parents? Here's one way to find out:

Encourage state experiments. We have 50 potential laboratories in this country; use them. Massachusetts has had insurance mandates with subsidies and an insurance exchange to foster competition since 2006. Even its problems -- limited success at containing costs or improving quality of care -- can help guide reform. Other states or regions are also experimenting; induce more to do so by using federal grants and waivers from some Medicaid rules or other restrictive federal regulations. Rep. Dennis Kucinich suggests letting some state pilot his favorite solution -- a single-payer plan. If a state is willing, why not? Try things. See what works before adopting a national approach. Until then:

Focus on improving care. Health reform is not simply a matter of getting everyone covered or stemming the cost explosion, as important as those goals are. It's an opportunity to think about better ways of delivering care, using technology and a wide range of professionals. It offers the chance to continue and expand research into which treatments work best, then share the data with consumers. Everyone should favor that. The United States has a high-cost health care system, but it also has the world's most innovative; retaining that edge in innovation has to be a goal, too.

Broad buy-in is vital. Ramming through a plan with narrow partisan support would be foolhardy, both practically and politically. Republicans need to cease their blanket opposition. Democrats have to make real concessions on issues like tort reform. Everyone needs to be honest about short-term costs and open to changes, including the taxation of high-value, employer-provided health benefit packages.

It's possible to find a solution most people will accept. President Obama needs to move the country toward it.