

## Viewpoints, Outlook

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HOW DO TEXANS CHOOSE?

# Health care: Rating candidates

Here are five principles voters should consider

By DR. ARTHUR GARSON

One in every four Texans has no health insurance — about the same percent as uninsured motorists. Would you want an uninsured motorist to run into you? No. We wind up paying for them in the long run.

Why not worry about those without health insurance the same way? They end up in emergency rooms and hospitals getting care that we all pay for one way or the other.

I spent more than 25 years taking care of uninsured Texans. We have to do better.

The presidential candidates have each proposed ways to deal with this issue.

How well do they do? Here are five principles.

- Health care coverage for all. This does not mean "socialized medicine;" does not mean that we need to adopt the approach taken by any particular country, such as Canada or England. Coverage must be affordable, pay for a set of minimally acceptable services and be portable from job to job. All should pay their fair share, with the poorest offered either a government program or a subsidy to buy insurance.

Learning from state programs is important, and we should help states to innovate in the short run, while an overall national proposal is developed.

This is a good first step, as these efforts will reduce the uninsured and demonstrate methods for covering the uninsured that do and do not work; but a single system must be developed and carried out.

- Any system must have both a public and a private component: a simple to understand, seamless, publicly funded safety net (the emergency room just isn't good enough) and permit choice of private insurance for those who desire it.
- Assuring the highest possible level of quality while controlling cost is essential. Our health care system must include electronic health records for all that improve care, reduce errors and lower cost, achieved by carrots or sticks or both — and soon. Cost must also be addressed with elimination of waste, whether from administrative paperwork or overuse of services due to payment incentives to physicians and hospitals to do more. Effectiveness and cost of new and exciting drugs, devices and technologies must be assessed. Disparities in access to health care or outcomes on the basis of race, geography or economic factors must disappear.
- Every person must take responsibility for her health in partnership with her own health care practitioner by actively working to maintain her own health (starting with obesity and smoking) and manage her chronic illnesses.
- Mechanisms for funding the system must be explicit, attainable and accountable. Many plans suggest unrealistic savings: As we have seen in articles in the past month, prevention is essential but will not save money to pay for the uninsured.

Just like individuals, businesses should either provide health care coverage for their employees or pay their fair share, with the smallest businesses exempt. The cost of covering the uninsured is between \$80 billion and \$120 billion per year — this is new money that must be identified.

How do we evaluate the plans that have been released?

Coverage for all and how to achieve it has caught the public eye.

Sen. John McCain does not mention "coverage for all" in his current proposal, whereas the Democratic

frontrunners do.

Much has been said about the difference between Sens. Barack Obama and Hillary Clinton and how they would achieve coverage for all. But health insurance is expensive: a \$3,000 yearly individual premium is about as low as it gets. At a reasonable level of affordability, generally about 5 percent of income — a \$60,000 income is needed. As tough as that is to swallow, subsidies up to that level will be required — until we can bring down the cost of health insurance.

Clinton has proposed a mandate. But as we see in automobile insurance, mandates do not guarantee compliance. Interestingly, the rates of those who have no health or auto insurance are about the same in both Ohio (12 percent auto and 13 percent health) and Texas (20 percent and 25 percent ); it looks like, if people can't afford one kind of insurance, they can't afford the other. "Affordable" is expensive, and mandates don't always work.

Who does the best? You decide.

*Garson is executive vice president and provost of the University of Virginia, and former dean of the School of Medicine. He was previously senior vice president and dean for academic operations at Baylor College of Medicine and vice president of Texas Children's Hospital.*

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