

Health Care — A Right or Responsibility?

If change were easy, many things in life would be different. But it's not — and health care reform is a complex and emotional issue.



**Mick
BATES**

We must begin to understand the related economic and other realities — so we can support solutions that really address the problem.

Take Medicare.

When it was started, there were 26 people working for every one receiving benefits. If you got sick or injured,

Medicare gave you one of the six available pills, you were hospitalized to rest, recover or die. You were not expected to live beyond your early 70s. Now there are only four people working for each individual receiving Medicare. By 2020, there will be two people working for every one on Medicare. And that's just the beginning.

The numbers are staggering:

- U.S. spending on health care is 17+ percent of GDP, or \$8,160 per resident — which has increased 2.4 percent ahead of inflation since the 1970s; it's projected to be \$13,100 per resident by 2018.

- We devote more of our economy to health care than any other nation. Half of the population spends only 3 percent of the total; 10 percent of people account for 63 percent of the spending, with 21 percent in the top 1 percent.

Let's bring this picture to the personal level. My wife and I have been blessed with four healthy children.

As a self-employed 40-year-old, I pay — in case of illness, injury, or chronic disease — for family health insurance coverage. We have a large deductible, which decreases the cost of excessive premiums and qualifies us for a Health Savings Account (HSA) that allows us to put money aside for out-of-pocket costs and preventive care.

I am a small business owner with limited options for coverage. My company contributes a portion of the single premium and to the HSA for all full-time employees. In addition to providing for my family and employees, like many working people and West Virginia businesses, I also contribute to coverage for ... the elderly through Medicare taxes ... the poor and disabled on Medicaid ... state of West Virginia employees who have PEIA... the federal employees' health insurance program... those that are incarcerated ... the VA or military health services for all personnel that serve or have served our country with honor ... and those who cannot pay with the "cost shift." I am paying more than I should pay — and so are you.

You would perhaps resent none of this IF health care monies were actually going toward improving the health of our families, communities or state. But it's not. We pay more and more each year and, as a whole, get sicker. Almost one-third of all health care costs are spent within the first and the final year of life. We spend more money in the last week of someone's life than we do in their entire lifetime on prevention.

Providers do more and more procedures because that's how they make more money — and that's how they protect themselves from litigation. The current system fuels the problem.

There's no limit to what we can do to enhance and extend life with medical technology. And there's no limit to what it can cost.

Long story short, things can't stay the way they are. But what are the alternatives? When we look at Australia, Europe and Canada, we can see their solutions collapsing under the weight of rising costs, "waiting lists" and worldwide demographic shift to an older population with chronic diseases and advances in medical treatment. They are significantly increasing the tax burden and taking pages from OUR playbook to explore market forces and consumer choice.

It's clear that no nation can afford to provide all of its citizens with all of the health care resources they WANT. It may be able to provide them with some of what they need.

This, of course, raises the question of what's needed — and how much should be "covered."

The majority of health care expenditures in the U.S. can be linked directly to diseases related to lifestyle choices. (I'm not talking about being dealt a bad hand — having a genetic disease or being an accident victim.) I'm talking about preventable conditions and expenses related to personal choices. For a moment, consider car insurance. I'm required to have it if I drive or own a car (that's

my public health responsibility). My employer doesn't buy it for me nor does the government provide it. Paying my premiums entitles me to coverage when I'm in a wreck, but it doesn't reimburse me for changing my oil, replacing worn tires or having a breakdown. I might get a discount for safe driving or low annual mileage, but this basic shared risk and responsibility arrangement only protects me when an accident occurs; it's my hedge against catastrophe.

Yet, with health care, I am not responsible to have insurance — or to do preventative maintenance. The financial consequences of these lifestyle choices penalize not only the individual but also a lot of us. How do we balance our value for individual choice and "rights" with personal responsibility?

Right now, when we give someone a "right," we make someone else responsible to provide for that right. In doing so, we are incurring an indebtedness that the next generation of workers, including my children, will be unable to pay.

Solutions currently under debate are, unfortunately, not the answer. So what is? For health care reform to work, it must be funded with today's dollars and that consumers *and* providers must both have "skin in the game."

Mick Bates is a physical therapist who owns and operates BODYWORKS Health Fitness Rehabilitation in Beckley. He was a candidate for the West Virginia House of Delegates in 2008. Unsuccessful as a first-time candidate, he has filed precandidacy papers for 2010 election cycle.