

## A SINGLE PAYER SYSTEM: THE FRENCH MODEL

The health care situation in this country has reached crisis proportions and is threatening the very stability of our economy. Approximately 47 million people in this country have no health insurance—either because they can't afford it or because they have been denied coverage due to their medical history. Millions of people who do have insurance are under-insured because the policies are so expensive, and the high deductibles on the policies discourage people from getting care when they need it. The result is that people don't have access to preventive care and the population is not healthy. The poor national health necessitates ever more expensive treatments, which in turn causes the prices of insurance premiums and medical care to rise even further. It has become a vicious cycle of upward-spiraling costs.

In our current system, those of us who are fortunate enough to have health insurance pay hundreds of dollars per month for a premium from a private insurance company. When multiplied by the millions of people with insurance, this represents huge sums of money. So why are we denied care?

To answer that question, let's look at how these insurance companies spend their money. First, they spend huge sums on lavish CEO salaries and bonuses—this is no secret. They also spend huge sums on corporate jets and exotic vacations for their executives. Next, they are required to pay dividends to shareholders. Finally, they spend millions on advertising and lobbying. Every day we see insurance ads on TV, in magazines and newspapers, and on billboards. These ads cost a lot of money. It is also no secret that the insurance lobby is one of the most powerful in Washington, Sacramento, and every state capital across the nation. Thousands of highly-paid lobbyists wine and dine politicians, and many millions are spent on campaign contributions to politicians across the country. How can they pay for all this? By denying people like us the care and treatments we need and deserve. This is a moral outrage, and this is what is wrong with the health care system in our country.

So how do we fix this situation? I am fortunate to have experienced another kind of system, which I would like to talk about. I lived in France for 15 years, where they have a single-payer system, and I think we could model our new system on theirs.

Unfortunately, however, single payer has gotten a bad rap in this country because people confuse it with socialized medicine. So let me explain the difference between the two.

A socialized system is one where the health care is nationalized and government-run; the health care providers are government employees. Such a system is funded through taxes. This is like the system in England.

A single payer system, on the other hand, is where the health care providers are private, and the insurer is the government. This is like the French system. The French system is funded by premiums that people buy from the government.

Everyone in France is covered. Since employers are required to provide health insurance, workers are covered. A person needs to work at least 200 hours per trimester (about 12 hours per week) to be eligible. This insurance is portable and you do not lose it if you change employers. If a person is not working but has other sources of income, they can buy an individual policy from the government. If they are unemployed and have no other sources of income, they can qualify for the French equivalent of Medicaid. Seniors are covered through a program similar to our Medicare. College students are covered with proof of enrollment in a university; part of their tuition fees pays for that insurance. So everyone is covered, and the large insurance pool that includes everyone in the country brings the cost of the premium down and also enables the government to negotiate cheaper prices for treatments and drugs.

Although single payer systems have been compared to Medicare, the French system is more generous. Unlike with Medicare, there are no deductibles, just modest co-payments that are dismissed for the chronically ill. Also, in France, the sicker you get, the less you pay. Chronic diseases, such as diabetes, and critical surgeries, such as a coronary bypass, are reimbursed at 100%. Cancer patients are treated free of charge.

In addition, people have completely free choice of any doctor or hospital. The advantages of this are: first, this creates a truly free market, as all health care providers are in competition with each other. As a result, they do their best to satisfy their patients, to avoid losing business. Second, one can go anywhere in France and be treated and the treatment is covered. If you injure yourself snowskiing in the Alps, or if you go to the beach and get sick, for example, you can see a local doctor and it is covered. You don't have to worry about the doctor being in the "insurance network".

A few facts about France: France has the highest doctor-patient ratio in the world. There is never a wait for an appointment or a treatment. 25% of French doctors work in public hospitals, and 56% work in private hospitals or private practices. Doctors never have to fight with insurance companies for authorizations for treatments, or for payments for treatments, and they don't have a complicated billing process.

The private insurance companies in the US are terrified that they will go out of business if we adopt a single payer system and are fighting this tooth and nail. But in France, 85% of people have a supplemental insurance policy, which they buy from private insurance companies. This supplemental insurance covers costs not included in the government insurance plan, such things as: co-pays, eye-ware, dental prostheses, a private hospital room, and other upgrades to the basic coverage.

Some people are afraid of the government intervening and dictating our care. But the truth is that the private insurance companies are doing just that right now in this country. In France, however, I never experienced any kind of government intervention and it did not dictate my care. I never felt like anything was interfering between my doctors and me. I never had to fight for or wait for authorizations for treatments that I thought I needed. In fact, I never needed any authorizations or approvals for any care or treatment.

People may also wonder how France can pay for a health care system without raising taxes. Well, the government health insurance agency does not have the expenses of corporate jets and expensive corporate vacations; lavish CEO salaries and bonuses; shareholder dividends; lobbying, and advertising. So all that money is spent on health care. My taxes were not higher than they are here. In addition, since everyone has access to care, people are healthier. Because they can get the preventive treatment they need, there are fewer catastrophic illnesses and expensive treatments. This lowers the cost of health care for everyone and reverses the upward spiral of costs.

France also uses electronic records, which saves a lot of money. Everyone has a "carte vitale", a medical card with a medical record number. One can go anywhere in France and by swiping the card or giving the medical record number, the person's records appear on the computer screen (similar to the system they have now at Kaiser).

What we need to do is figure out a public plan that gives everyone the basic health care coverage they need for good health. Then private insurance companies can cover the extras.