Rebuttal to Why the US Should Not Adopt a Universal Health Care Coverage Program

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I appreciate the opportunity to review and respond to Dr. Montauk's thought-provoking essay. The tone and structure of his writing is quite entertaining. Although I found the multiple, disparate cultural references ranging from Karl Marx to the Iraq war to Harvard somewhat distracting, I believe that his essay raises interesting and important issues.

The U.S. should not move toward a single-payer program at this time.

In a way, Dr. Montauk and I answered different questions. I tried to answer the question, "Should the United States adopt a universal health care coverage program?" In other words, should we work toward developing a way for currently uninsured individuals to obtain health insurance? It appears that Dr. Montauk has answered a related, but substantially narrower question. Namely, "Should the United States adopt a single-payer national health insurance program run by the federal government?" The focal point of Dr. Montauk's article is a proposal by The Physicians' Working Group for Single-Payer National Health Insurance published in JAMA in 2003.[1] Given the name of the organization, it is not surprising that their proposal supports a single, federal government payment program for health care. I do not think the elimination of private health insurance is politically viable at this point. In this regard, Dr. Montauk and I appear to agree.

Health care delivery is political.

The final sentence in Dr. Montauk's essay reads, "A decent democracy with even vestigial traces of market forces has far greater capacity to deal with these issues than does a bunch of academics and their buddy politicians." This is not correct. Every country has at least "vestigial traces" of market forces. The major differences among countries and the health care delivered within their borders have much more to do with politics than market forces. Globally, politicians and politics are the dominant forces behind health care delivery.[2]

Incremental change must be considered

Dr. Montauk failed to adequately address universal health insurance options other than a single-payer, national, universal health care program administered by the federal government. Incremental approaches such as expanding current public programs to cover those individuals currently without insurance should be considered.[3-5] In some form, this may become a politically viable option in the future. Historically, there have been five distinct instances in the last 100 years in which individuals and organizations have tried to garner political support for a national insurance program of some sort.[6] Although each attempt failed for different reasons (e.g., the start of World War I, a massive effort by the 1945 American Medical Association membership to block legislation, lack of support by the sitting President, and a loss of political momentum) we should expect future attempts at developing universal health care coverage. The most likely form to be politically feasible will most likely build on our current mix of government and private health insurance.

Emergency physicians and the future

As further research examines the impact of insuring the uninsured and political statements continue to be developed, emergency physicians need to keep abreast of these developments and learn the dialogue of the debate.[1,7] To fail to listen to the ongoing political dialogue and hope that "market forces" will solve the

problems caused by increasing numbers of uninsured Americans would leave us without a voice in the ever-changing health care political dialogue. As physicians with a federal mandate to see our patients, we are in a unique debating position and should participate in the ongoing discussions if we are to have any say in the shape of future health care delivery in the United States.

References

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4. Bindman AB, Haggstrom DA. Small steps or a giant leap for the uninsured? *JAMA* 2003;290:816-817.
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6. Harrison B. A historical survey of national health movements and public opinion in the United States. *JAMA* 2003;289:1163-1164.
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LEGISLATIVE UPDATE

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These major political high focus issues are the following:

- Proposition 67: watch for it. Help mobilize your friends and colleagues to **VOTE YES for Prop 67** in the next November elections.
  - This is the result of the 9-1-1 Emergency and Medical Services Initiative: Thanks to CAL/ACEP, in an effort supported by CAL/AAEM, the initiative is now on the ballot as Prop 67—an initiative to increase the "911 surcharge" on your phone bill by 3.7% over the current rate, for telephone calls made within California. It would be capped at $0.50 for residential phones, and would average about $1.30 for cell phones, and exempts senior citizens and Lifeline telephone customers. It could generate $550 million to help improve the Emergency Medical System throughout California. About 60% goes to the Emergency and Trauma Hospital account, to help pay for keeping ERs open, helping to improve nursing staffing, etc. 30.5% goes to the Emergency Physician Uninsured Account to pay Emergency Physicians and On-call Physicians for providing uncompensated emergency medical care to uninsured patients. The rest goes to improving the 911 emergency phone system, to the First Responders Account (for training and equipping of paramedics), and to the Community Clinics Urgent Care Account for the uninsured.
  - The goal is to be able to keep ERs open and staffed so the public will have a place to go when they dial 911 on their phone for emergency services.
  - The CPEC coalition consists of CMA, CalACEP, the Emergency Nurses Association of California, California Professional Firefighters, and California Primary Care Association.