

Medicare at 50 works: enhance it, expand it to all

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Thanks to Medicare, about 3 million Texans receive guaranteed health care benefits regardless of their medical condition or income.

The Medicare program, which turns 50 this month, currently provides health coverage for 55 million Americans - seniors and younger people with disabilities or end-stage renal disease. Medicare also pays for required graduate training of most physicians.

Before Medicare's enactment in 1965, less than 50 percent of seniors had health insurance. More than a third of the elderly lived in poverty. Then, even a minor illness or injury could bankrupt older Americans and their families.

Medicare changed all that. Suddenly millions of the elderly had access to care, easing their pain and suffering and reducing the prospect of their premature death. It also greatly lessened their risk of impoverishment from high medical bills, reducing the financial strain on their families, too.

When President Lyndon Johnson signed the law authorizing Medicare in 1965, former President Harry Truman was by his side. Truman became the first Medicare beneficiary in honor of his steadfast commitment to universal national health care.

Promoting health care for all fit Truman's sense of "moral" priorities. It also fit his understanding of the economic benefits of covering everybody for necessary medical care in an efficient yet equitable way.

Truman, a man of humble Midwestern roots, was a visionary leader who often risked his political career by supporting policies that protected the majority of Americans from exploitation by powerful

vested interests. He desegregated the military and federal agencies and pushed for civil rights, voting rights, and fair employment.

Today the goal of universal, national health care is still in keeping with core American values of equal opportunity, fairness, compassion, and liberty.

It also fits with American priorities of getting the "best bang for the buck" by eliminating unnecessary costs while providing health care to the greatest number of people.

But while other industrialized nations in the postwar era moved toward some type of universal, national health program, the U.S. has moved increasingly away from it. We are paying a heavy price in lives and money for this uniquely American system of for-profit, private, employer-based health insurance.

Comparison research has long established that other industrialized nations cover their entire population and get as good or better medical outcomes as we do while spending only half as much money.¹ Why should we continue to pay more for medical care but get less?

Texans do care deeply about health care not only for themselves and their families but also for others. A recent Nielsen survey of Texans showed that 70 percent favor a national health system and 42 percent favor a Medicare-for-All system.²

Our biggest challenge now is the steadily rising cost of health care. While the ACA was a baby step in the right direction, it will fail to provide affordable, much less universal, health care.

Why? Because it leaves the private health insurance industry, Big Pharma, the for-profit hospital chains and the medical supply companies in a position to dictate prices to us and set the wages of our doctors.

Medicare has been a sustainable program because it has had the market clout of a high volume buyer. It has been free of

unnecessary and expensive private-insurance middlemen draining scarce health care dollars, free of the need to make profits, free to concentrate on the health of patients.

Truman said, "I trust the people, because when they know the facts, they do the right thing."

Fifty years after Medicare's passage, the right thing to do is to create a "gold standard" version of Medicare and extend it to everyone. More of us would live healthier lives. All would spend less on health care.

¹Sources for international health system comparisons

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² Sources for Nielsen survey of Texans

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Health care survey yields surprises for the medical community

By Jenny Deam

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