

Texas is No. 1 in lack of health insurance: lessons from other nations

By Christine Adams, Ph.D.

Once again, Texas has the distinction of having the highest rate of people lacking health insurance in the nation – 26.1 percent. According to the Census Bureau’s new report, more than 1 out of every 4 Texans is uninsured, compared to the national average of 1 out of every 6 people. These hard economic times show the woeful inadequacy of having an employer-based, for-profit health insurance system. Lose your job? Lose your health insurance. No health insurance? No access to health care. What’s the easiest way to fall into poverty? Get sick – even if you have health insurance at the time of your illness.

As T.R. Reid, author of “The Healing of America” says, “In the world’s richest nation, we tolerate a health care system that leads to large numbers of avoidable deaths and bankruptcies among our fellow citizens ... that doesn’t happen in any other developed country.” Ironically, the U.S. spends twice as much as any other nation on health care without getting value for our money. Nations with national health insurance spend about half as much as we do, have better overall medical outcomes and cover all their residents and citizens, according to the World Health Organization. The only real difference between us and them is that they do not allow for-profit health plans to play a central role in their health systems. And contrary to the popular myth of “socialized medicine,” nations with national health insurance mostly have less interference in medical practice and less government involvement in health care than we do.

There are just three models for universal health care in developed nations: Beveridge (the type of system used in the UK), Bismarck (used in Germany), and single-payer (in use in Canada and, since 1995, Taiwan, among others). The role of government varies with the model, but all three models exclude for-profit health plans from all but supplemental policies which cover extras such as private rooms. In other words, no insurance company bureaucrat determines whether a British, German, or Canadian patient will receive a needed test or treatment. The Beveridge model, like our VA, is the nearest to “socialized medicine” because it features hospitals that are owned by government and doctors on government salaries. But there’s no government interference where it counts – in clinical practice. Doctors in other

countries are shocked at the level of interference by insurance companies into medical practice in the U.S. In the other two models, doctors are in private practice. In the Bismarck model, private insurance companies function as quasi-governmental agencies – they are nothing like our Aetnas and Cignas - to assure access to all while government plays referee. Under the single-payer model, as in our Medicare program, government – the “single payer” – pays the bills for care, while the actual delivery of care is private.

Nations with single-payer systems reap tremendous savings on paperwork and bureaucracy by streamlining administration and keeping for-profit insurers out. Estimates are that the U.S. could save \$400 billion annually by replacing our fragmented system of private insurers with an improved Medicare-for-all program, enough to cover all the uninsured and to upgrade everyone else’s coverage. The for-profit, employer-based U.S. system only works for Wall Street and a handful of top executives who make millions by denying our nation what we are already paying for – high quality health care for all at an affordable price. Find out from nonpartisan sources what the other health care models are like. You will likely be surprised at how well these models work.

With single payer, Medicare for all, the United States will be able to truly have the best health care system in the world. That would be especially good news to us Texans.