

# Universal coverage closer than imagined

By Aaron J. Brown

**NOTE: This is the second of two columns analyzing health care issues on the Iron Range.**

Columnist



Aaron J.  
Brown

In talking to people about the health care challenges faced by Iron Range communities, I came to a surprising conclusion. We already nearly pay for universal health coverage; we just don't receive it.

When you're talking about health care coverage, there are many terms bandied about that mean slightly different things. A universal system means everyone has health insurance no matter where they work or how old they are. There are several ways to accomplish universal coverage. One of the most popular in Democratic Party circles is a single-payer system. That would be a system where people pay into a government fund that would pay for medical expenses for every single citizen. This is the same system that most other industrialized nations use. Then there are the systems most frequently suggested by Democratic candidates for office right now, usually government-supervised and privately-delivered. In most cases, people will select a private plan that is subsidized and monitored by the government. Republican candidates strongly favor private insurance, usually offering tax deductions for health care premiums or other plans that would somehow allow working people to afford private insurance. These plans are becoming increasingly more far-fetched however, as the costs of even the most basic insurance plans are becoming stratospheric.

Private insurance companies are quick to call any move toward a universal health care system a move toward "socialized medicine," (one of our oldest modern political slogans, dating back to the late 1940s when Harry Truman tried to solve the very same problem). But interestingly, almost two-thirds of the payments for patient care at the Fairview University Medical Center in Hibbing, the Iron Range's largest hospital, come from government programs like Medicare and Medicaid. Only a third of the money comes from private insurance or individuals, according to Lisa Vesel, the hospital's public affairs official.

When you factor in the money that the privately-insured, people like myself and other professionals, pay toward co-pays, deductibles and premiums, there is enough money floating around in the system to cover every man, woman and child who needs care.

But that isn't happening, is it? Hundreds, perhaps thousands, of Iron Rangers are currently uninsured, 45 million people nationally. Many more are underinsured; able to go to the doctor but aware that a major health problem might knock them off insurance or trap them in their current job.

State Rep. Paul Thissen (DFL-Minneapolis) brought his House Health and Human Services committee to the Range last month. He said some of the insurance problems stem from changes in employment trends. "There are more part time workers and workers in general are less dependent on one industry," said Thissen. "So more people aren't getting coverage from big companies, which leads to more under-coverage and non-coverage."

Thissen, like most of the Democratic majority in the state, is frustrated with how the current system punishes the working class and small business people.

"A lot of programs help people in poverty get health care," said Thissen. "The bigger challenge is the near-poor who don't qualify for programs but can't afford to buy health care. Even families who make \$60,000 a year would have to spend 20 percent of their budget to buy insurance."

Thissen wants Minnesota to see major health care policy reform by 2011, starting with cost controls and leading to some kind of universal coverage system. He said, depending on costs, that system could be anything from a public/private partnership to a larger single-payer system.

“Everybody involved is recognizing that (the current system) isn’t working, which is why we have a good chance to accomplish something,” said Thissen.

If you add your out-of-pocket insurance expenses to your taxes that support existing government health care programs, you’ll probably find that you’re already paying plenty for health care, more than enough to cover actual medical expenses. So converting to a universal system is really more a matter of getting the money we already pay devoted to the care, rather than the middlemen. That’s a challenge since the insurance industry and trial lawyers have vested interests in keeping their money. The next few legislative sessions should yield results. If not, the system won’t just be literally bankrupt; it will be morally bankrupt as well.

*Aaron J. Brown is a columnist for the Hibbing Daily Tribune.*

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