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The Public Ought to Know: Residents deserve affordable, quality health care

By Corey Bearak

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Corey Bearak

About two decades ago I researched national health insurance for a law school seminar. I found that medical tax deductions and other federal health spending could fund universal health care.

That basic premise still holds, but politics, concerns about quality of care and ideology all work to delay progress toward a system that guarantees everyone adequate health care. This inaction or ill action in Washington serves no one but special interests; it serves everyone's interest to insure that all get affordable, quality care.

Health insurance costs leave many Queens residents who work for small businesses or part time or who otherwise lack benefits without access to regular care. Look at the costs of care on a health insurance statement, how much the insurer allows the care to cost and the reimbursement. You can quickly calculate how a working- or middle-class person - or worse, a family - without adequate insurance faces financial ruin from a long-term illness.

As I was a health care beneficiary through the City Management Benefits fund until we switched coverage to my wife's benefits in October 2001, the lack of health coverage never got personal.

Late last month, events elsewhere refocused my attention on this need. I made a "game-day" decision to drive the equivalent of an Albany road trip to hear my favorite band, POCO, play in Springfield, Mass. About a minute into the second song, "Call it Love,"

something seemed amiss.

I know band leader Rusty Young's perfectionist tendencies have sometimes caused them to stop a song and restart it from the beginning; according to my friends who attended the recording of a reunion DVD with band co-founder Richie Furay in Nashville, this happened when they played "Pickin' up the Pieces." It soon became clear something was wrong with drummer George Grantham.

Rusty asked for medical help. Doctors and nurses came forward to help until emergency medical help arrived. It turned out George had suffered a stroke and, as I am writing this, just came out of the intensive care unit at Bay State Medical Center.

Discussions the next day on the POCO e-mail group I belong to (GoodFeelintoKnow@yahoogroups.com), besides wishing George a speedy recovery, expressed concern about his health-care benefits. John Einarson, who co-authored with Furay the definitive biography of Buffalo Springfield, the Rock and Roll Hall of Fame band that jumped started the careers of Neil Young, Stephen Stills (Crosby, Stills and Nash) and Furay with POCO, posted his dismay at discovering how few musicians in the United States have medical insurance.

They are among the 43 million Americans under age 65 that the Institute of Health reported last January lack health insurance. Nearly three-fifths of those involve families with a full-time worker. High deductibles and co-payments make health care unaffordable for too many. We soon learned that POCO's management set up a fund to accept donations to support George's health care (Go to www.pocanut.com and click the "journal" link for details.).

A number of posts also discussed National Health Insurance. Einarson, a Canadian, posted on the benefits of his nation's health care system.

Canadians receive universal medical coverage without paying premiums. They face no worries about paying for coverage no matter how long the care takes; this includes following up home care.

Think how this alleviates the concerns of families when elderly parents face heart issues or the onset of Alzheimer's disease. Folks there need not worry about affording their medical care.

The Institute of Health's January 2004 report offered five guiding principles to evaluate various health care strategies: Health care coverage should be universal; continuous; affordable to individuals and families; affordable and sustainable for society and enhance health and well-being by promoting access to effective, efficient, safe, timely, patient-centered and equitable high-quality care. (See <http://search.nap.edu/nap-cgi/getrecid.cgi?isbn=0309091055>). While the institute finds all the principles necessary, "the first is the most basic and important."

Recognizing these concerns, it makes sense to develop a system that includes some sort of floor payment to keep a provider network in place bolstered by additional payments based on number of patients serviced. This presumes an intention to reward harder-working medical practitioners or practices that build reputations that enable them to attract more consumers.

Following a three-year study, the Institute of Medicine's Committee on the Consequences of Uninsurance recommended health insurance for everyone in the United States by 2010. It envisions everyone getting financial access to necessary, appropriate and effective health services. This requires substantial reform to health care financing but neither federal administration nor standardization across the states, according to the committee.

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