

## Do We Need National Health Services Now?

(Written in 2007)

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Soon it will be open season for most federally employed and retired persons. Open season means they can select new coverages without suffering penalties normally associated with changing health plans. While the federal employee may hop from one to another most of us are tied economically to one costly program. It is a no holds bared contest to see who can survive the cost increases, you or the company. But, what if you are by yourself like so many Americans who are unfortunate enough to fall between the cracks. With medical spending increasingly alarmingly it is no wonder individual health premiums are raising at an alarming rate, calling for sweeping changes in the billing of such costs to patients and agencies. The \$500.3 Billion spent on health care per year equals to \$1,987 per each person in the US, a ravenous 11.1% of the gross national product, with an alarming 2% rate of increase in the last seven years. Between the years 1975 & 1987 medical spending increased at a compounded annual rate of 15%. Over the next 10 years those service payments are expected to triple. This while the economy in general has hovered in the 4.5% range compared to medical benefit plan costs rising from 30-80% according to which plan selected.

When we are sick, second best is not good enough, however, if you can not afford any payment for health services the cost is too high no matter what it is. There are no simple answers to the dilemma and it seems many physicians and health care facilities are compounding the problem. Some cardiologists in Baltimore City charged from \$73 to \$260 for the same stress test. Eye doctors in Baltimore County charged elderly patients from \$350 to \$2,900 for cataract operations. Gynecologists in Maryland were found to charge \$175 to \$575 for the same services while other surgeons charge \$250 to \$1,750 for gallbladder surgery. Orthopedic surgeons in the same geographical area charged from \$1,150 to \$2,875 to treat a hip fracture.

These problems are further compounded by physicians and health care facilities who resort to double billing, attempting to collect exorbitant prices from health care insurance policies which set values for such services at inordinately low schedules called "reasonable and customary fees". This double and sometimes triple billing theft of governmental and insurance funds is justified by many professionals in some respects but it is fraudulent in that they are written up, even falsifying dates on occasion, as though performed in two services. The opportunity for this frequently done practice is created equally by the patient who allows the doctor or agency to file claims and the insurance company by creating complex form filing practices. Who among us can easily understand insurance wording? It is especially troubling in that the patient almost never sees the actual paper work that travels back and forth as "claim documentation".

Who is feeding whom in the symbiotic relationship is not certain, however, we can be assured it is not the patient. The Chrysler Corporation was recently spending \$6,000 for each employee in medical benefit costs. The American car buyer paid over \$600 extra for each Chrysler automobile for each United Auto workers medical benefit. Lee Iacocca alleviated this grossly outrageous figure to a more acceptable level, one aligned with others in the industry, however it remains too high.

AT&T benefits cost a staggering \$2 to \$3 million a day even though they have been leaders in changes to the employees benefit programs. Their absentee rate is over half that of the national average, however, after scraping the second opinion and HMO or group doctor programs, there has been no way to slow the 10% growth rate in health care escalation.

One reason is the coverage, from kiddie braces to vision care, or cancer treatments of \$200 to \$600 per session, or therapy for hearing restoration of \$4,000, or a liver transplant for \$200,000 it cost money to be well. No matter if it is a .50 cent charge for the doctor which ends up being a \$50 charge to medical insurance for a simple cholesterol screening, the cost per patient per taxpayer amounts to a gross negligence. Those same charges equate to either a golf cart or law suits depending upon who is paying the bills!

The staggering \$500 billion of the health care issue is almost 65% higher than our enormous defense budget and a far greater contributory factor in a continued deficit spending. It is suicide for a politician to vote on reduced Medicare or public medical expenditures. Nevertheless the almost \$2,000 per man woman and child which is now spent will surely escalate exponentially due to increases in the public medical expenses with the horrendous outbreak of aids.

What can we do about it? Only your congressman knows, write him about the plight, if you do not, nothing will change.