

March 15, 2007

Letter to the Editor
Odessa American

A few weeks ago, I attended The Capitol Conference, Washington, DC, sponsored by the National Association of Health Underwriters (of which I am a member). Several items pertaining to healthcare and health insurance were discussed, but one of the most alarming was the idea of Single-Payer Healthcare Delivery System.

A national health-care program in this country would be intolerable. Most Americans are unhappy waiting an hour to see a doctor. How would Americans like to wait approximately 5 weeks to see an oncologist, 32 weeks for neurosurgery, 36 weeks for plastic surgery, 40 weeks for orthopedic surgery, and longer or never for elective surgeries? In some cases, you or family members are told the procedure will not be allowed because the person is too old. Single payer systems don't just rely on waiting lists to control cost, the system will flat out deny care.

In a single payer system, everyone has an equal access to insurance coverage, but it doesn't mean everyone is able to access all the care they want or even believe they need. It costs less because you get less. Most Americans think others get more, but in reality, I would doubt there is a country in the world that covers what we do under the name of "health insurance." Canadians aren't allowed to pay for services that are paid for under the government systems.

Residents in countries with single payer systems pay significantly higher taxes. After Canada implemented their nationalized healthcare system in 1967, their taxes rose drastically. Canadians and Europeans are currently paying approximately 40 to 60 percent more in taxes than Americans.

Single-payer systems work in other countries because the people have more willingness to follow what their governments and bureaucracies tell them. Americans value the freedom to choose rather than flourish under a system with no options.

Single-payer systems mean limited choices for consumers that discourage creativity, efficiency, quality and innovation among providers.

Our high cost of health care insurance has a variety of factors that affect the costs of medical coverage, as an example, State-mandated benefits, health conditions of individuals, demographics, lawsuits along with other requirements. These along with other factors will drive up insurance premiums. Improvements in medical technology such as research and technology are expensive. The number of transplants, bypass surgeries, CT's, MRI's has increased dramatically – these procedures do save lives, but they are costly. Other factors include prescription drug costs and low deductible health plans.

There are websites available for further education of the single payer system. To mention a few: The Organization for Economic Co-operations & Development, www.oecd.org; The Fraser Institute, www.fraserinstitute.ca/health; National Association of Health Underwriters, www.nahu.org/legislative/single/index.cfm.

None of these cost factors will disappear under a single-payer system unless healthcare services are rationed. I encourage you to educate yourself to the pitfalls of the single payer system and contact your National Legislators, Representative K. Michael Conaway, Senators Kay Bailey Hutchison and John Cornyn, State Legislators, Representative George E. (Buddy) West and Senator Kel Seliger to encourage them to continue to look for acceptable alternatives for affordable health insurance for all of us. *Taking two aspirin and calling your physician in six months is just not an acceptable alternative.*

Judy Hayes
HAYES INSURANCE