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United States House of Representatives

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Guest Editorial: Congressman Fred Upton

GUEST EDITORIAL

Michigan’s Families Deserve Access to Timely, Affordable and the Most Up-to-Date Health Care

Congressman Fred Upton
United States House of Representatives

Since coming to Congress, I have been committed to ensuring that every American has access to comprehensive, affordable health care services and coverage. We have made progress toward this goal with the expansion of the Medicaid program for the poor, expanding Medicare coverage for preventive health services and prescriptions for the elderly and the disabled, creating the successful State Children’s Health Insurance Program for children in working families that cannot afford insurance, and significantly expanding the community health centers program, such as the Kalamazoo family clinic or the InterCare clinics serving Berrien county, which provide a medical home and primary care services for the uninsured.

Michigan’s working families are struggling mightily to provide for their families, yet for many, relief seems light-years away. During these challenging times, we must work to ensure that adequate resources are available to provide health care for our most vulnerable children.

I was pleased that the Children’s Health Insurance Program Reauthorization Act of 2009 (H.R. 2) passed the House by a vote of 289 to 139 last month and was signed into law by President Obama. It has been an extremely successful program here in Michigan (MIChild) and across the nation. I was at the table in 1997 when we initially developed and enacted SCHIP in a bipartisan partnership between a Republican-controlled Congress and the Clinton Administration.

SCHIP ensures that all Michigan children have access to important care such as routine check-ups, immunizations and prescription drugs. As every parent knows, it is vital for our nation’s future that we remain committed to the health and welfare of our children.

The law allows Michigan to continue striving to ensure that every child has health insurance. Particularly at a time when many people have lost their jobs and their healthcare coverage, this legislation is critical to making sure that all children have access to quality health care.

In Michigan alone, SCHIP provides health insurance to 55,000 uninsured children every month. The vote to expanding the program will ensure 4 million more children will have access to affordable health care, including up to 80,000 more children here in Michigan.

Clearly, however, we have much more to do. It is entirely unacceptable that in one of the wealthiest nations in the world, over 45 million of our fellow Americans—most of them workers or the spouses and dependents of workers—lack health insurance coverage. We need to undertake comprehensive reforms that will extend coverage to these individuals and families and rein in the spiraling increases in health care costs that are fueling this problem.
One approach to achieving universal coverage would be to go to a single-payer system such as Canada’s or Great Britain’s. We would have everyone covered, and the administrative savings could be significant. But as many people in Canada and Great Britain have found out, having a government-issued insurance card does not guarantee getting the care you need when you need it. Canadians and Brits often find themselves on long-waiting lists for non-emergency care. Take the situation, for example, of a 50-year-old woman in the United States with a lump in her breast. She would almost certainly undergo a biopsy in less than three weeks. In Canada, she would lucky to be seen in less than three weeks, and more than one in five women in her situation would have to wait more than three weeks for the biopsy. Or take a 65-year-old man in the United States in need of a hip replacement. He would be in for the operation within a few months. In Canada, half of the men in his condition would be looking at waits of six months or more.

And when Canadians and Brits finally do get treated, they are less likely than U.S. patients to benefit from the latest advances in diagnostic and treatment technology. A recent study of the availability of 50 cutting-edge medical technologies at hospitals in Canada’s five largest cities found that only 10 of these 50 technologies were available in more than half of the surveyed hospitals.

America, by contrast, leads the world in the development and deployment of breakthrough drugs, medical devices, and medical procedures—in large part because, unlike government-run systems with their price controls and rationing, there are strong incentives in our market-based system for innovation.

Thankfully, the prospects appear dim for the single-payer approach as the March 16th edition of Congressional Quarterly Today reported, “Obama dismissed the idea of a single-payer system, saying that Americans would not welcome such a dramatic change.”

Another possible approach, one that has been proposed by some on the left, is the possibility of creating a “public-plan” option. I believe that this plan, if enacted, would force private plans out of business and would by default force our country into a single-payer system.

A promising alternative to the single-payer approach to achieving universal coverage is now gaining bipartisan support in the House and Senate. This plan, I believe, has a good chance of being enacted in some form relatively soon. I believe the plan would preserve the strengths of our health care system—its strong incentives for innovation and timely access to high-quality care for those who are insured—while at the same time ensuring that every American has comprehensive coverage and that health care cost increases are mitigated. The plan is modeled after the Federal Employees Health Benefits Program (FEHBP), which also provides coverage for Members of Congress and their families, and has a track record in restraining health care cost inflation and providing quality care. Under this program, insurers who are certified by the government as meeting coverage and fiduciary standards compete with one another to attract and retain plan participants by ensuring ready access to quality care, keeping premiums reasonable and offering attractive coverage options. This plan is not perfect, but it is a novel idea and a good starting point for debate.
To further reduce costs and improve quality, I would work to ensure that any plan has a strong component of preventive health and wellness coverage. All insurers participating in the program would be required to ensure that every patient has a medical home with a primary care doctor who would oversee the care the patient receives and who would be paid bonuses for patient care management. All participating insurers would be required to adopt standardized electronic medical records and prescribing systems, which have been proven to reduce medical errors, improve quality and hold down costs. A recent Rand Corporation study estimated that with widespread use of health information technology such as electronic medical records and electronic prescribing, the U.S. health care system could save $162 billion a year—that would go a long way to providing assistance to the uninsured to buy into a health care plan.

We are clearly at a crossroads, but one thing is for sure: the status quo is unacceptable. We must pursue policies that give working families the peace of mind that their health care is provided for. Michigan’s families are already struggling to get by, and working to ensure that they have access to timely, affordable and the most up-to-date health care is a step in the right direction.