

Fear not the two-tier health system

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There have been many attempts in recent months to demonize health care reform by attaching negative labels such as “rationing, socialism and death panels.” One epithet that hasn’t been tried recently is “two-tier” health care.

In previous years, this was considered a derisive term by those appalled at the notion that some people would get more or better care than others.

This term came to mind as I was reading about a debate in Congress over how to balance cost with health insurance coverage.

If the coverage is too generous, the cost will be excessive, and many legislators and taxpayers will object. If the coverage is too skimpy, others will complain that patients with high cost sharing cannot afford to access the care they need. At the same time, some legislators argue that the government should not be tinkering with benefits design at all, and only individual consumers should decide what they want.

Meanwhile, no one dares say aloud the implication of this argument — it’s reasonable for some people to have better insurance coverage than others, a tacit acceptance of a two-tier system. Yet after conducting hundreds of consumer discussion groups on trade-offs in health care coverage, I’d say that most consumers find a two-tier system perfectly acceptable. The key is how people define what minimally acceptable care is and who gets to determine where the lines are drawn.

Most people believe that no one should die of cancer if there is a cure available, or struggle with arthritis when a medication can relieve pain and improve functioning, or forego a colon exam when preventative tests are effective. But they also believe that what society owes its members (at taxpayers’ expense) does not extend to everything available in the medical armamentarium.

The Center for Healthcare Decisions has worked with thousands in the Sacramento region and statewide — employees, Medi-Cal recipients, the uninsured, health policy experts and clinicians — as they grapple with the question of what is the best use of health care dollars if we cannot afford to have everything covered by insurance. In our group sessions, participants have assumed the role of social decision-makers, articulating the values and priorities that are essential if a system is to be compassionate, fair and financially sustainable.

If those now uninsured get a less-rich benefits package than public employees, then this is an explicit two-tier system. If the uninsured have a voice in what the benefits package looks like, then this two-tier system will be a great improvement over no tier at all.

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