## Perspective

## Health Care Coverage Should Be Amendment XXVIII -Not a Business Commodity

by Robert G. Levitt, MD

Such wonderful advances have been made in medicine since the founding of our country that a twenty-first century America needs a twenty-eighth amendment.



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In the run-up to the presidential election, President Bush and Senator Kerry presented their plans for protecting the health of our country1. This past January, Senate Majority Leader Frist, a cardiothoracic surgeon, shared his vision of health care in 2015 with readers of The New England Journal of Medicine<sup>2</sup>. All three of these plans call for increased access to health care, electronic health records, increased personal responsibility, and long-term care security-all laudable goals. Yet all three plans treat health care as a business commodity to be bought by consumers and sold by providers. Health care today is so expensive that this business model of health care services has begun to fail to protect the health of our country, beginning with the uninsured. Lack of insurance leads the uninsured not to seek medical attention or to choose food over medical care. Four times as many uninsured Americans have unmet health care needs than insured Americans<sup>3</sup>. Uninsured people seeking emergency medical care are faced with hospital bills in the thousands of dollars if they are simply admitted overnight for evaluation and treatment. The uninsured are billed at rates up to 200% of what private insurance or Medicare reimburses hospitals.

Per capita spending for services covered by private health insurance increased by 39% between 1999 and 2003<sup>4</sup>. This increase in health care costs in the United States since 1999 has taken its toll on all of American society, not only on the uninsured. Workers with employer sponsored health insurance are faced with reduced coverage and higher co-payments. Nearly half of personal bankruptcies in 2001 were medical bankruptcies (1.9 million Americans plus dependents) and 75% had insurance at the onset of illness<sup>5</sup>. As health care costs escalate, employers can offer fewer new jobs and must curtail American business expansion in a global economy; hospitals receive lower reimbursement from private insurance and Medicare and provide less charity care. Uncompensated care from hospitals which held steady at 6% of total hospital expenses during the 1990's has dropped to 5.5% despite the increase in uninsured and underinsured Americans<sup>6</sup>.

It is easy to read that 45 million Americans are uninsured<sup>7</sup> and think to oneself: "If they want health insurance, they should get a job." But many of the uninsured already have jobs. Eighty percent of the uninsured are either employed or dependents of those who are employed<sup>8</sup>. The cost of employee health insurance for employers has increased so much that fewer employers offer health insurance to current or retired employees each year. Medicaid spending has increased 33% between 2000 and 2003; the main reason is loss of health

care coverage at work<sup>9</sup>. Too many employees and their families are uninsured or underinsured, and too many retired employees and their families on fixed incomes have been cut loose by former employers to fend for themselves.

Employer-sponsored insurance, where 55% of today's employees get their health insurance<sup>10</sup>, was a great idea in the post WWII years, but it is inadequate now. Health care delivery and financing is now so complex and technological advances so costly that employers and business coalitions have been unable to control health care costs. The result is a barbaric form of health care rationing based on income rather than medical need. People with lower incomes die earlier than people with higher incomes. At the extremes, people earning \$15,000 or less per year from 1972 to 1989 were three times as likely to die prematurely as were people earning more than \$70,000 per year<sup>11</sup>. Unless employer-based health insurance is replaced by a single payer system, the rationing of health care by income will become more severe in the next 10 years. Consider the escalation of costs in 2015 when intravenously injected nanorobots repair coronary artery stenoses2, and genomic (DNA) medicine is in the mainstream of clinical practice. For example, fecal DNA testing can detect 40-50% of invasive cancers and highgrade adenomas while standard Hemoccult II testing of stool for blood detects 12-14%. Yet the fecal DNA test costs \$400-800 as compared to \$3-40 for Hemoccult II testing. 12,13

The United States Constitution was ordained and established to form a more perfect union, to establish justice, insure domestic tranquility, provide for the common defense, promote the general welfare and secure the blessings of liberty for ourselves and our posterity. Since the Constitution was ratified, twenty-seven amendments have been passed by Congress to keep the Constitution in step with the advances of our civilization.

Such wonderful advances have been made in medicine since the founding of our country that a twenty-first century America needs a twenty-eighth amendment:

Amendment XXVIII: The right of residents of the United States to health care is a fundamental human right and shall not be denied or abridged by the United States or by any State. Congress shall have power to enforce this article by appropriate legislation to provide health care to all residents of the United States.

Health care is not a business commodity; it is a fundamental human right. All religions uphold the dignity and worth of every human life, and instruct followers to care for others as they wish to be cared for. President Bush pledged our nation to this goal in his first inaugural address: "When we see that wounded traveler on the road to Jericho, we will not pass to the other side... never tiring, never yielding, never finishing, we renew that purpose today, to make our country more just and generous, to affirm the dignity of our lives and every life..." He reaffirmed this pledge in his Christmas message last year, and asked us in his second inaugural address to ennoble ourselves by service and mercy and a heart for the weak. We are to look after our neighbor and surround the lost with love.

We live in a different world today than we did pre-September 11, 2001, when President Bush committed America to civility, compassion, courage, and character. Yet, as he said, these principles are eternal principles; they are found in the Old Testament, the New Testament, and the Holy Koran of Islam.

Health care is necessary for life, and life is an inalienable right recognized in our Declaration of Independence. America has always risen to the test to protect our inalienable rights when threatened. We will find a way to finance health care for all once mandated by a twenty-eighth amendment because it will be the law of the land.

## Disclaimer

The opinions expressed in this article are those of Dr. Levitt and do not reflect the opinion of the editor, nor do they necessarily represent those of MSMA nor should publication be considered an endorsement by the MSMA.

## References

- 1. Bush GW, Kerry JF. Health care coverage and drug costs-the candidates speak out. *N Engl J Med* 2004; 351: 1815-9.
- 2. Frist, WH. Shattuck Lecture: Health Care in the 21st Century. *N Engl J Med* 2005; 352: 267-271.
- 3. Sanmartin, C, Ng, E, Blackwell D, Gentleman, J, et. al. Joint Canada/United States Survey of Health, 2002-03. Statistics Canada/Centers for Disease Control and Prevention; Catalogue no. 82M0022X1E, page 17/33...
- 4. Ginsberg P. Controlling Health Care Costs. *N Engl J Med* 2004; 351: 1591-1593.
- 5. Himmelstein DU, Warren E, Thorne D, Woolhandler S. MarketWatch: Illness And Injury As Contributors to Bankruptcy. Health Affairs-Web Exclusive, February 2, 2005. (http://:healthaffairs.org)
- 6. Weissman, JS. The Trouble with Uncompensated Hospital Care. N. Engl J Med 2005; 352: 1171-73. 7. Thorpe KE. Protecting the Uninsured. *N Engl J Med* 2004; 351: 1479-1481.
- 8. Kaiser Commission on Medicaid and the Uninsured. Health insurance coverage in America: 2002 data update. Menlo Park, Calif.: Kaiser Family Foundation, December 2003. (Accessed March 9, 2005, at <a href="http://www.kff.org/uninsured/4154.cfm">http://www.kff.org/uninsured/4154.cfm</a>.)
- 9. Holahan J, Ghosh, A. Understanding the Recent Growth in Medicaid Spending, 2000-2003. Health Affairs-Web Exclusive, January 26, 2005. (http://healthaffairs.org). 10. Emanuel EJ, Fuch, VR. Health Care
- Vouchers-A Proposal for Universal Coverage. *N Engl J Med* 2005; 352:1255-60.
- 11. Issacs SL, Schroeder, SA. Class-The Ignored Determinant of the Nation's Health. *N Engl J Med* 2004; 351: 1137-1142.
- 12. Imperiale TF, Ransohoff DF, Itzkowitz SH, Turnbull BA, Ross ME, for the Colorectal Cancer Study Group. Fecal DNA versus Fecal Occult Blood for Colorectal-Cancer Screening in an Average-Risk Population. *N Engl J Med* 2004; 351:2704-2714.
- 13. Woolf SH. A Smarter Strategy?-Reflections on Fecal DNA Screening for Colorectal Cancer. *N Engl J Med* 2004; 351: 2755-2758.