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## Health care reform takes center stage

By Lisa Vorderbrueggen  
Contra Costa Times

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Congress is bent on passing health care reform legislation this year, but Rep. George Miller, D-Martinez, predicts it will fall short of what he and other Democrats want — a single-payer system.

"We don't have the votes for single-payer, which I support," said Miller, chairman of the House Education and Labor Committee, one of the three committees with jurisdiction over health care legislation. "But if we can't do single-payer, then I believe President Obama has struck the best balance between maintaining the private system with enough government involvement to keep the insurance companies honest and provide access to affordable health care for everyone."

President Obama has said he wants a bill on his desk before the end of the year.

But reforming health care is a massive undertaking fraught with tremendous complexity and diverse viewpoints from dozens of stakeholders. Early in President Bill Clinton's administration, he suffered a crushing defeat when controversy swamped his reform plan.

Democrats must also sell to Main Street whatever they come up with. Americans generally want health care reforms, but that could change as specific details emerge.

In particular, neither the House nor the Senate proposals identify yet how to pay for the benefit.

The House Democrats' \$1.5 trillion health care proposal calls for the expansion of Medicaid eligibility for the poor, increased reimbursement rates for care providers and the formation of a government-sponsored health insurance exchange, where a public-run plan and private insurers would compete.

Premiums for the public option would be based on a sliding scale to ensure that everyone could afford coverage, and it would offer a range from basic to more expensive plans.

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Every American would be required to have health insurance, but employees happy with their companies' plans could keep them. Employers who do not provide insurance would have to pay into the public plan.

Insurers could not exclude people with pre-existing health conditions or base rates on gender, health status or occupation.

Proponents say the reforms will bring down costs through increased competition and provide every American access to health care regardless of employment status or income.

"I think it's going to happen," Miller said of the restructuring legislation. "People recognize the shortcomings of the system they now have. The economy has shown the vulnerability of families at all levels when people lose their jobs and their health care. It's very hard to see how you fix the American economy if you don't fix health care."

Despite the significant momentum for the Democrats' plan in Washington, D.C., party leaders face major opposition from moderates within the party as well as from Republicans.

One Democrat, Sen. Kent Conrad, of North Dakota, has offered what he called a competitive but nongovernment-controlled alternative — the creation of member-run health care cooperatives that would negotiate directly with health care providers.

On Friday, [Politico.com](http://Politico.com) reported that a coalition of more than 100 moderate House Democrats hoped to limit the size and scope of a government-sponsored health insurance option.

Opponents warn the Democrats' plan will drive private insurance companies out of business, saddle small businesses and individuals with more taxes, and leave the nation with more expensive and substandard government-run health care.

In a strongly worded e-mail blast, House Republican Leader John Boehner, R-Ohio, said the proposal could force more than "100 million Americans out of their current health care plan and onto government rolls."

Sally Pipes, CEO of San Francisco-based Pacific Research Institute, who is also author of "The Top Ten Myths of American Health Care," fears the

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proposal will eventually pave the way for a single-payer government health care system similar to that of her native Canada.

She predicted the government would underprice the public insurance option and eventually crowd out the private companies.

Onerous government rules and continued insufficient reimbursement rates will further erode market incentives that promote quality care and spur medical innovation, she added.

"Canada in the 1970s thought a single-payer system would reduce costs," Pipes said.

"But when people think something is inexpensive or free, even though they are paying taxes, demand goes up. Costs were so high that Canada had to cap its health care budget."

The result is lengthy wait times for tests or consultations with specialists along with a doctor shortage that has left millions of Canadians on waiting lists for primary doctors, she said.

"It's one thing to have access, but it's

another thing to have care," Pipes said.

Pipes agrees with Democrats about the need to expand access to health care and curb rising costs. But she recommends a series of reforms within the existing private system.

The government should tax employers on the value of health care benefits and return those dollars to the workers in the form of rebates they could use to buy insurance in the free market, Pipes said.

The law should permit insurers to sell policies across state lines and provide less-expensive policies free of the hundreds of mandated coverage areas, and customers should be able to carry their policies with them no matter where they work, she said.

"We have two competing visions for health care," Pipes said.

"One empowers doctors and patients and encourages innovation. The other is to increase the role of government ... but the American people don't want government to take over their health care."

Reach Lisa Vorderbrueggen at

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**Town Hall: Health care reform What: Contra Costa Interfaith Supporting Community Organization will host a conversation with Rep. George Miller, D-Martinez, about health care reform proposals under consideration in Congress When: Today, 10:30 a.m. Where: Queen of All Saints Church, 2390 Grant St., Concord**

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