

A new GMCB Public Comment has been received.

Name: Robert A. Oeser

Affiliation:

Town/City: Brattleboro

Topic: Act 167 Hospital Sustainability

Comment:

It's complicated . . . As I get older it seems I am less able to tolerate the complexity. Is that why Medicare is less complicated than health insurance generally? Or is that just a coincidence?

I am particularly privileged as I am now eligible for Medicare and my back up plan comes from my civil service retiree status in another state.

My wife requires treatment for a relatively complicated cancer, so we have utilized a completely paid for out of state cancer center. And, most recently, connected with a doctor in yet another state who was able to decode tests that others failed to read properly.

But even that hospital, in the interests of “transparency” provided the following billing advice:

The estimated amount of your out-of-pocket expense for the outpatient facility fee, based on our average charges and typical insurance coverage is approximately:

For Commercial Insurance (i.e. Blue Cross, Cigna and Aetna) Patients: \$50-\$350

For Medicare Patients: \$25-\$500

The average patient out-of-pocket expense for the physician portion is approximately \$10-\$50

What is telling here are not the amounts themselves, but the range of estimates.

Patients are advised “You should never ever pay any medical bill right away”; wait until all the insurance providers have weighed in. Good advice, one might suppose, but might that inadvertently place someone in default? It’s so complicated we need another federal agency to help with medical debt reporting and collections.

Although it happened years ago, I still remember visiting a doctor to have a boil lanced. He said, “Oh! You have insurance. I’ll send this out for a biopsy.” I never got the results.

Does it need to be this complicated?

An October 26, 2023 article in the Journal of the American Medical Association, “Complexity in the US Health Care System Is the Enemy of Access and Affordability,” noted:

Health care simplification does not necessarily resonate in the same way as rallying cries for universal coverage or lower health care prices, but simplifying the system would address a problem that is frustrating for patients and is a barrier to accessible and affordable care.

The system complexity, which presumably benefits insurers, also burdens providers and may contribute to the increasing scarcity of medical professionals and the delays in booking appointments.

a community-minded psychiatrist laid out the burdens of dealing with insurers that pay for mental health care: “Filling out the forms became like defusing a bomb — be exceedingly careful about which wires to cut and which wires to leave alone, and maybe, just maybe, I’d receive payment a couple of months later” Richard G. Frank, "Psychiatrists aren’t fulfilling the social contract that subsidized their training," STAT, July 1, 2024

The bottom line is that any push for health care simplification inevitably clashes with commercial interests. The health insurance system is structured to simultaneously maximize profits, control costs, and serve consumers, which are competing goals that add to the challenge of simplifying it.

Yet, for our own good . . . for our health, we need to figure out a way to simplify the health care system, continue to decouple care from profit and reduce administrative overhead. Even if we can’t take the obvious big steps, we at least need to move forward.

Logically, it would appear the simplest way out of this web of complexity would be to transition to a single payer health care system. However, a relatively small State in a union of 50 states could not accomplish that feat. And, as a nation, we may not yet have the political will to do it. But to do otherwise is, as someone with a history of working in health care has said, is merely “Tinkering Around the Edges.”

It is ironic that during Gov. Shumlin’s administration, we couldn’t make the numbers work to enact single-payer coverage. “How Vermont’s single-payer health care dream fell apart,” Vox, Dec 22, 2014 and now, after a decade of non action,, “Vermont’s health care system ... will be financially unsustainable by 2030.” “State healthcare system in crisis, report, report warns,” The Commons, Jul 24, 2024. Even more ironic is that private equity firms are the actors that are benefiting. Cf: Private Equity Shareholder Project

Perhaps the greatest prophetic wisdom comes from the retired Doctor Robert Backus:

“Were I they, I’d do that ‘Medicare for All’ and take credit for it. If they were smart politicians, they’d do that. It’s where we’re going to wind up eventually or we’ll crash. It’s stupid not to do it.” “For 40-plus years, he’s advocated for single-payer health care,” The Commons, Feb 17, 2017

While the author is an elected Justice of the Peace in Brattleboro and a member of the One Care VT Patient and Family Advisory Committee, the views expressed in this article are solely those of the author.

Thank you for reading.

Robert A. Oeser

Post Comment: NO