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Single-payer health care better, less expensive

[Opinion](#) by David Piccioni

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“Improved Medicare for all” and “Universal health care” are three ways to identify a privately delivered health care system that is financed through a central public agency. The money necessary to finance such a system is already being paid through government funding (about 60 percent), through premiums paid by individuals and businesses, and by deductibles and co-pays paid by patients. Financing such a universal system would best be accomplished by replacing premiums, deductibles and co-pays with a broad-based progressive tax applied to all individuals and businesses while maintaining the substantial funding already provided by government.

Many advocates of universal coverage often praise systems like France, the United Kingdom and Canada. These countries cover all of their people for about half of what we do. This said, pharmaceutical costs in these countries are still astronomical. Drug prices in the last decade rose 5,000 percent or more because of monopolies and patents. Some governments — such as India, Saudi Arabia and Iran — negotiate on behalf of their people and obtain medicine for about 1 percent of what Americans, Canadians and Europeans pay.

How many people know that when pharmaceutical companies apply to the Food and Drug Administration for the introduction of a new drug into the market its efficacy only has to be shown in relation to placebos? The result is that tried and true drugs have functional groups in their molecules rearranged or changed without any improvement.

How many people know that a lot of the research and development claimed by manufacturers originates in universities, charitable foundations and smaller start-up companies? This research is later swallowed up by enormous monopolies who profit from the work of other scientists. Life-saving discoveries are often funded by taxpayers who don't receive direct benefit.

How many people know that the United States and New Zealand are the only countries that allow drug advertisements on television?

Naomi Klein, author of “No Logo,” “The Shock Doctrine” and “This Changes Everything” explains that advertisement psychologists don't try to sell products any more. What they

market are “lifestyles.” Brands are depicted as vehicles for happiness and great relationships while dangerous side effects and cost of the drugs are minimized. Pharmaceutical and insurance company apologists should know about a recent Harvard study. It concluded that 62 percent of bankruptcies in the U.S. result from medical expenses, even though 72 percent of these people had some kind of insurance. Wendell Potter, former vice president of the large health insurance company CIGNA, recently said that big pharma dedicates two well-paid and trained lobbyists and contributes an average of \$450,000 a year per Congress member.

State Sen. Michael Dembrow from Portland spoke at the recent biannual Health Care for All-Oregon conference in Salem about the RAND research corporation. The Oregon Health Authority contracted with RAND to compare single payer with Obamacare (the ACA), the public option and private insurance. The study showed that single payer provides better health care outcomes while providing a 10 percent savings on what we pay now for less people covered.

And, by lowering administrative costs, even more savings could be achieved. Medicare, Medicaid and the Veterans Administration pay 3 percent in administrative costs while the other systems pay about 30 percent.

More than that, the outrageous cost of medications would be tremendously reduced if simple bargaining between the government and the pharmaceutical manufacturers took place.

To help with these issues mark your calendar for our monthly meetings. Health Care for All Oregon meets the first Tuesday of every month at 7 p.m. at the United Methodist Church (1376 Olive St). Together we can work on this very important humanitarian effort. David Ivan Piccioni is a member of Health Care for All Oregon and of the Eugene Springfield Solidarity Network board.