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What's in a Word?

By Gregory Schneider

Listen to politicians long enough and you hear some interesting things. The other day on the radio in Topeka, a state senator said he was happy to be on the show for an hour before going to the capitol to do the "people's business." He never elaborated on what the "people's business" was, but he did say he had proposed twenty-four bills and that his constituents were getting their money's worth from him this session.

When you hear politicians use the term "people" especially when it precedes business it makes you wonder which people they mean and whose business they are conducting.

Another word which has crept into political discourse in recent months is "universal" as in Governor Kathleen Sebelius in the State of the State address saying, "We need universal health care for all citizens of Kansas." What does that term mean?

The dictionary defines universal as "including or covering all or a whole collectively or distributively without limit or exception." Some legislators described the governor's use of the word "universal" when it comes to health care as socialistic. Would they be wrong when you consider the definition above?

Who can be opposed to universal coverage for health care? Not one person on any side in the debate over health care is saying more people should be without health care. Who can be against something for everyone?

What you can be against is the means to get there. If Sebelius meant universal health care to be available for all citizens of Kansas, then who is to provide it? Like most things, the devil is in the details, and I suspect she didn't exactly say that for her, the details are best left in the hands of government.

Let's look at this a little more closely. Recently Arnold Schwarzenegger proposed a health care program in California which would insure all citizens (and non-citizens too) in the state. It would require that individuals get health insurance and that private businesses provide it or face strict penalties. Massachusetts passed such a plan last year, designed to take effect by July 2007. Both programs will be universal.

John Goodman of the National Center for Policy Analysis wrote last week in *The Weekly Standard* that "the fashion of the moment is to declare that health insurance is like car

insurance, something everyone should be required to have.”

Which begs a question: if everyone is required to have car insurance, do you ever wonder why you still pay for uninsured motorist coverage on your car insurance premium? If the law requires everyone to have car insurance, then why are there uninsured motorists? Turns out that, according to Goodman, states which have mandated health insurance such as Hawaii and Massachusetts have as high a percentage of the uninsured population as states which do not. Put your faith in mandates and what will change? Not much, it appears.

Put your faith in markets, and the situation would be radically different and much improved. If people are allowed to purchase their own health insurance, to move it from job to job, to have responsibility for what they pay rather than to place money in the hands of third-party insurance payers or government-managed systems, imagine what might occur.

One may get more individual responsibility for how people use care; one may be able to afford insurance which fits individuals and families, rather than insurance which fits a health care system; one may be able to make that insurance portable; and one may be able to end the system of government transfers by incentives designed to free people from dependence on government.

What would the result be? Universal health care coverage not mandated by the state but pushed by incentives in the market consumer incentives which would make people and individuals free to choose which coverage works for them and how much of that coverage they would like to use. Increased use of health savings accounts might result, which allow for tax savings in an account managed by the consumer. Increased use of consumer-driven incentives to free people from Medicaid might be another result, saving that program for the truly needy the population for which it was designed in the first place.

If what is meant by universal includes the means outlined above, then let's move towards universal coverage. That is what everyone wants.

And while we're at it, if consumer-driven universality is what is meant by doing the "people's business," then it's time for state senators to get off the radio and get to work making our health care system radically different (and radically better) than the universal models proposed in California or Massachusetts.

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