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Gorge Health Care for All group rallies support for single-payer system

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Ever been sick, and felt like you couldn't afford to see a physician — even if you had insurance?

Ever own a business, and wonder why you can't afford to provide insurance for your workers — or why you should be responsible in the first place?

Bonnie New is working to change health care financing in the U.S. To her, it's a personal issue and a business issue.

Ever tried to figure out the paperwork, when your insurance company gets the bill, discounts the total, subtracts your co-pays and deductibles and kicks the whole mess back to the provider's office, which then sends you a bill for your share?

Welcome to health care in America.

Bonnie New and Rick Davis and more than 60 percent of the physicians in America favor a revolution in health care financing and delivery.

To them, it's more than just a personal issue. It's a business issue.

New, a former emergency room physician in Houston, Texas, who later ran her own consulting business, has lived the issue on both sides of the fence.

Providing care on one hand. Providing payment coverage on the other.

In the E.R., she saw the stream of indigent patients — people without health care coverage — who show up at the hospital because they've got nowhere else to go.

As a small business owner, she saw the increasing burden on her to provide coverage for her employees.

"There's less and less advantage to being an employee," she says. "Every time the premium goes up, the employees see it as a take-away and get less coverage for more money. It's a can't-win deal for the insured and the company."

To change health care, she and Davis, a retired benefits manager for Portland General Electric, are running point for the [Gorge Chapter of Health Care for All](#). They're pushing for creation of a single-payer system, like those in most of the industrial world. High on their list of preferred paths is HR 676, the so-called Expanded and Improved Medicare for All Act sponsored by Rep. John Conyers of Michigan. It's summarized at the web site of the [Physicians for a National Health Program](#).

But they're also aware that change at the national level will be difficult. So they're focusing — with similar groups in more than half the states — on effecting change through state legislation.

New notes that not every nation has a government-run system — like Great Britains — but whether it's the government or private insurance companies that handle coverage, there is almost always government regulation of the cost structure. Think of it as analogous to the state Public Utility Commissions that oversee costs for gas and electric power rates.

New is motivated by the exorbitant and meteoric rise in U.S. health care costs, currently 18 percent of gross domestic product. One fifth — for health care.

Early support has come from labor and liberal-progressive political groups. New is quick to note that this is “everybody's baby,” and she wants to share the message with everyone — especially business groups, who find themselves in the crosshairs of cost increases and coverage burdens.

Interested in having her and Davis speak to your group? Check out the website and give them a call.

Meanwhile, if you want to learn more about how U.S. health care fits into the global picture, check out any of three widely referenced reports:

- Organisation for Economic Cooperation and Development [report comparing the systems in 29 countries](#).
- A report by the [Commonwealth Fund](#).
- And the [World Health Organization](#) did its own analysis.