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Health care debate: One patient's concerns over a public option

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(NECN: Greg Wayland) - The public option has become a core issue in the health care debate. Supporters define it as a government-run insurance plan that will compete with private insurers. Critics say it would make it easy for businesses to stop covering their employees, and lead to a government take over of health care.

In tonight's cover story, Greg Wayland looks at the public option from both sides, beginning with a young cardiac patient from New Hampshire.

He is only 39, but Patrick Carkin says he is as fit and as lean now as he was five years when he became the youngest patient in the cardiac ward at Concord Hospital in Concord, New Hampshire.

"People when they hear -- If I write this story down, people automatically assume that I'm overweight, that I was just doing just horrible things to my body."

But, at 34, he was having severe chest pains. Even collapsed once. But delayed going to the hospital, because he was self-employed as an on-line book dealer and didn't have health insurance.

"I didn't go for a whole month and then finally when it was diagnosed the doctors told me, well you were having episodes of ventricular tachycardia and you could have died in any of those episodes."

His case would be held up by proponents of the so-called public option, an option of enrolling in a public health-insurance plan paid for by the government. Carkin supports that option, remembering how obsessed he was about the cost of the care he needed.

"Three doctors met me in a hallway and said, we don't know how much this is going to cost -- cause I kept asking them, 'how much is this going to cost.' They said, 'you're not leaving the hospital. You could walk outside and you could die today. So they -- within hours -- did an emergency stent implant and angioplasty. The final bill came to 45-thousand dollars. I want to give credit to the hospital. They forgave the vast majority of it. But I had been missing work time, before and after, and everything accumulated, and it was bankruptcy for me from that point."

And supporters of the public option say bankruptcy is often the private option forced upon chronically or catastrophically sick patients in the current American health care system.

Carkin says catastrophic health coverage wouldn't spare his pocketbook.

"Everybody keeps saying to me, oh you could get catastrophic. Well, I have regular doctors appointments that I pay for out of pocket. I have regular blood tests, because they have to monitor the cholesterol and that type of thing and I have medications that I need and a catastrophic plan is not going to cover that."

The political clock is ticking on the public option component of the health care reform package being proposed by congressional democrats.

And the president is pushing to end the debate.

But congressional republicans and some democrats are digging in their heels.

South Carolina Republican Senator Jim DeMint proposed in May that the country "move toward a 'personal option', where we help individuals and families buy and own health-insurance plans that no government can take over or take away. Your health insurance should be administered by doctors and nurses who are focused on your health interests, not on the interests of politicians and bureaucrats in Washington."

Some reformers point to the Massachusetts health reforms. But critics say that's a flawed model.

Carol Pryor is policy director for the access project, a private non-profit organization pushing for health care reform that has studied the Massachusetts plan.

"The group that we found that was very well served was people who are eligible for the subsidized state plans. They found that for many of them, perhaps for most of them, it's provided them with affordable comprehensive coverage. There are no deductibles. The premiums are limited by incomes and the amount of the co-pays and other out-of-pocket costs have been limited as well. So really, thousands of people in this state have benefited from this."

And, though not a pure public option, Pryor says the best aspect of the Massachusetts plan takes into account the out-of-pocket costs of low and moderate-income patients.

"I would also say, though, that if we're going to continue to rely on employer-sponsored coverage to provide a lot of coverage for health care needs, we really need to work on the quality of that insurance as well."

It may prove the toughest challenge of all -- keeping the cost down, keeping the quality up.
