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Dear Senator Coleman,

I am a citizen of Minnesota, and a sociologist employed at the University of St. Thomas. I am writing to you about our nation's health-care system.

Americans believe in the notion of the "common good." We are willing to make personal sacrifices to help others in need. We support policies that strengthen families, realizing that healthy, educated, well-fed children make all of our communities safer and more secure. These are the social values that we expect you, as our elected representatives, to bring to the fore as you formulate policies on health care.

You are well aware of the need to address issues concerning affordability of and access to the health-care system. In a recent *New York Times* poll (conducted February 2007), a majority of Americans stated that the President and Congress should concentrate on ensuring universal health care coverage. This easily trumped issues of immigration laws, "traditional values," and reducing taxes. Three out of four stated that making health care available to all was more important than retaining any recent tax cuts.

Unfortunately, I believe that you – like many of your colleagues – tend to equate the option to enroll in insurance plans with actually receiving care. In many cases, insurance companies act as gate-keepers to our nation's doctors, clinics, and hospitals. Providing greater access to a dysfunctional, costly system does not represent true reform.

In that same *New York Times* poll, respondents indicated that having one program administered by the government would be better for the country than retaining the current system where most people get insurance from their employers. The arguments against a single-payer system generally invoke the specter of limited choice, of disinterested bureaucrats arbitrarily telling patients what doctors they can see and what treatments they shall receive. This is, in fact, a perfect description of the current system of private health-insurance companies, except that patients have little recourse to change the policies of those corporations.

Issues of health care access and affordability are not problems that can be solved with another tax cut. In fact, Americans are willing to pay *more* taxes to address this issue, particularly when it means ensuring adequate health care for the nation's children. Your constituents will tell you that we don't want more illusions of "choice," we don't want to be subject to the profit-driven limitations of insurance companies, we don't want more

paperwork, we don't want you to just reshuffle the deck. We want a simple solution that lets us see a doctor of our own choosing when we're sick.

The current system is broken, and we can do better. Raising a family is hard enough; the least we can do as a nation is help parents receive the care they need for their children. I ask you to consider a specific proposal to create a limited program to provide such care.

To guarantee that any child who walks into a clinic or hospital will never be turned away, the federal government should create a National Health Program for Infants and Children (NHPIC). This would cover all pregnant women and children up to the age of six, and it would have no premiums or deductibles. The only costs to the participants would be a \$20 co-pay per visit and a \$10 flat fee for medications. Upon enrollment in the NHPIC a family could apply for a percentage reduction in the co-pays and prescription fees based on annual income.

Any health clinic or hospital that receives any form of federal funding would be required to accept and treat a patient enrolled in the NHPIC. The list of available treatment options would be transparent and determined in advance, perhaps informed by a National Institute of Health's set of guidelines for accepted practices. Health-care providers would have to negotiate reimbursement costs with the NHPIC, but this would never involve the patient or his/her parents – no bills would ever be sent to the family household. The NHPIC would also cover all pregnant women to ensure proper pre-natal care, and include their post-natal care up to 90 days following childbirth. All children would continue to receive free coverage until they reach the age of six.

It is as simple as that. It is without question a “family-friendly” policy that is easy to describe. This is about providing the basic health care all infants require, regardless of their parents' employment status or benefits. It would aid the nation's largest employers, who often bear the brunt of the cost of insuring young families. It would help smaller employers who are at a competitive disadvantage when they can't afford to provide insurance to their workers. It has strong emotional appeal, capitalizing on the willingness of Americans to help the 4.1 million American families that bring new children into the world each year, and their 20 million children under the age of six.

If this is a policy that we as a nation wish to pursue, we will find the funding to implement it. Opportunities for meaningful reform will have to wait until a majority of your colleagues are persuaded to care less about the short-term profits of insurance companies and to focus on the long-term health of the citizenry. Until then, however, we can at least debate the principles of what type of nation we want to be. I therefore humbly ask the U.S. Congress to consider and adopt the attached non-binding resolution.

Thank you for your continued public service to the American people,

Craig Barton Upright