MINORITY REPORT – CONQUERING FEAR

I firmly believe in the concept of universal health care and I support the recommendation to the legislature to continue research toward an implementable state single payer plan. However, I don't think our recommendation goes far enough.

We have portrayed the remaining work toward single payer as one of addressing administrative technicalities, while ignoring the major challenge of our change management: convincing a very large group to accept a very large change to a very big part of their lives.

Key elements in managing change are the rate and magnitude of change, and the surety that change can be accomplished without undue risk. For most people, decisions involving change will be made by measuring the hope of change against the fear of change. Hope, by itself, is free and bears no culpability for error. Given that a possibility of hope exists, controlling fear is the pinpoint at which action is taken or not. Fear of change can be overcome, but it takes careful planning, small experiments to prove big hypotheses, and it takes breaking unmanageably large tasks into manageable pieces.

Is it reasonable to expect that we can completely change one fifth of our economic flows, overnight on January 1st of 2027, taking something that 4.2 million people depend on, and changing it to something that has never been tried, without exposing ourselves to uncomfortable levels of risk? Many rational people will say no, and we need to acknowledge that those concerns are real.

Unfortunately, single payer systems do not lend themselves to gradual implementation since the economic and justice benefits are not realized until switch-over to the single payer system approaches 100%.

Still, there ARE possibilities to move more gradually and sensibly, with each step being proven before advancing to the next step. Possibilities should be given some consideration and other ideas sought.

1. A phased plan, integrating parts over a multi-year period. Unfortunately, this delays savings and justice benefits but it greatly improves confidence and lowers risk.
2. A pilot program, based on a smaller geographical area, possibly selecting a rural area which is principally served by one major medical provider organization and which is already facing economic pressure against its mission.
3. Converting just specific types of medical care which account for the most financial stress and bankruptcies. For example, by converting cancer detection and treatment to a publicly funded single payer system, it would be possible for patients to be free from all financial burden for care once diagnosed. The public tax would be just a fraction of the large tax which would be required to cover all medical care. Insurance companies would be unlikely to object since the state system would be taking on some of the most expensive patients. Once providers and patients see the advantages of this program, additional diagnoses could be added.
4. Invest strongly in local neighborhood public health infrastructure, including investing in medical education for staffing new facilities. This is a good bet no matter what.

Warren George