My $4,500 Kidney Stone

(Or, a case against health insurance mandates and for a community-based single-payer health care system)

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I woke up at 4:00 one morning in late August feeling like I had been hit in the gut with a baseball bat. Within an hour the pain became much worse. The baseball bat became a knife. I got dressed and found my car keys, but I couldn't make myself drive. I was being stabbed to death. Today was my day to die. I called friends and by 6:30 I was in the emergency room of the hospital 15 minutes from my house.

Within a half hour of my arrival, a doctor heard my classic symptoms and diagnosed the kidney stone, prescribed a dilaudid IV, and ordered a CT scan to confirm the diagnosis. Soon I was not in pain. The CT scan took five minutes. Getting the radiology report took about 45 minutes. All in all, it seemed like a pretty efficient process.

The report confirmed the 2mm diameter tube from my kidney to my bladder was being sliced up by a 4mm glass rock on its way home. They took a urine sample and found evidence of infection. The doctor explained to me what Flomax does to increase urine flow for men with prostate problems, and suggested I take the drug to dilate my tubes to make way for the stone. By 10:30 a.m., thanks to the help of another friend, I was on my way home with prescriptions for the pain, the infection, and Flomax to make me feel like a man.

I expected to pay a few thousand dollars for the hospital visit. But I was shocked to receive a bill for $4,200 from the hospital, which didn't include the radiologist or analysis of the stone. I haven't had health insurance since 1998, when my health insurance company stopped doing business in Massachusetts. Since then, health insurance has been much more expensive than paying for my health care costs myself. I had no frame of reference for what a kidney stone could cost.

I made a couple phone calls to the hospital to better understand my bill. The person I spoke with assured me the rates I was charged are approved by the state and "usual and customary" for our region. She pointed out that I received a 5-percent discount off the original amount for being uninsured. And, she added, "You are paying for health care for the poor."

Of course, I am. But I was surprised by the way she said it – as though she was reminding me of an obligation. I am not poor. But I am not rich. I work for a living, and my income barely covers my expenses. I don't

have health insurance because I can't afford it. The least expensive health insurance policy I can get here in Massachusetts has about a $500-a-month premium with a $5,000 deductible. That's $6,000 a year – more than 10 percent of my income, more in one year than I have spent on health care in the past 10 years. If I had maintained one of these policies since 1999, I would have paid $72,000 to an insurance company over that period, and (thanks to the $5,000 deductible) I would still have to pay $4,500 out-of-pocket for this kidney stone. That doesn't seem fair or reasonable. This kind of health insurance is not good money management, it's not cost-effective, it's not affordable, and it feels abusive. But purchasing it is exactly what government health insurance mandates require me to do.

I am willing to contribute to the health care costs of the poor, but I think there is a better way to do it. That's why I am hoping the Supreme Court strikes down as unconstitutional the health insurance mandates in Obama Care and Massachusetts. It can't be legal for the government to force every citizen to purchase a commercial product for their entire adult life. The health insurance mandate sets a dangerous precedent by requiring citizens to make a life-long purchase from one business (insurance) to reduce the cost for some consumers (poor people) of another business (health care). It becomes just another convoluted Wall Street scam that amounts to corporate welfare masquerading as social welfare.

The United States of America should have a community-based single-payer health care system. That's the only real universal care. Community-based means we keep our health care dollars at the local-regional-state level, relying on the federal government to be our safety net, not the controller of the system. A community-based single-payer system can be a sliding scale, fee-based system where those who can afford to pay do so, and those who can't afford to pay get their health care for free. In a community-based health care system we insure ourselves. We would see our health care dollars in action, we would be more conscious of how health care operates, we would have more options for and a greater stake in controlling the costs, we would be creating jobs for ourselves, and we would very likely be a healthier community.

I am a free-market capitalist. But Adam Smith's free-market forces don't play in health care because health care often involves a life-threatening emergency. There was no free-market competition when I thought I was going to die that August morning. There was only one place to go – the hospital nearest me. The next nearest hospital is another 45 minutes farther away, and others more than an hour away. I couldn't shop around for the best place, the lowest price, or the most high-tech

treatment. Emergency health care does not allow for comparison shopping.

Without place-based competition, the commercial health care system has no economic incentive to reduce costs. Reducing our costs reduces their income. If we had a community-based single-payer health care system, it would be in the community's enlightened self-interest to control health care costs. Wellness programs – the kind that most people don't have access to now because they don't generate big corporate profits – would be an essential tool in serving the economic interests of communities. For example, regular check-ups, medication adjustments, nutrition and weight-loss guidance, stress management and fitness programs could reduce heart disease, cancer and diabetes – the plagues of our time.

The public debate between commercial health care and single-payer is going to come up again. Lobbyists will again crank up the fear of socialized medicine, rationing health care, and death panels. This time, let's do a better job of presenting a community-based single-payer system as potentially more efficient, lower cost, more accountable, and better quality. Let's talk about community-based single-payer health care as a local jobs program at the heart of economic development and homeland security. Single-payer has the potential to build the health and wealth of our communities. The most efficient health care system is the one that keeps us well by keeping our health care dollars close to home.

Commercial health care has become corrupt. A new report from the Kaiser Family Foundation shows the average premium for family coverage is $15,000 per year, a 113% increase in ten years. Yet today, the main function of health insurance companies is to reduce the amount of care we receive while they reduce payments to service providers for the care they give. That's not providing value for consumers, or doctors and hospitals. Health insurance companies are an unnecessary layer of bureaucracy, and an enormous, inefficient administrative burden. They prey on our families and our fears. It's time for them to go. It's time for Americans to embrace a community-based single-payer health care system.

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