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# PRESIDENT's MESSAGE

**Paul Windham, MD, FAAEM**
CAL/AAEM President

*January 21, 2004*

Colleagues,

The crisis in health care has reached the national consciousness. President Bush spent a considerable portion of his State of the Union addressing discussing health care, and offered several proposals to ease this crisis. He suggests tax-free medical savings accounts for citizens not covered by employers' health insurance. These people would be allowed to deduct 100% of their self-funded catastrophic health insurance premiums from federal taxation under his plan. In order to make insurance more affordable for small businesses, the president suggests legislation allowing them to negotiate as groups for lower insurance rates within "association health plans." The president also has called for a tax credit for low income Americans who buy their own health insurance. A tax credit, rather than a tax exemption, would entirely compensate those who purchase health insurance under this program. Administration officials reject the idea that spending more federal money is the only—or the best—way to cover more uninsured Americans. They say that some of the president's proposals, like limiting jury awards in medical malpractice suits, will hold down health costs and make insurance more affordable. But the president made it clear that universal coverage will not happen under his watch: "A government-run health care system is the wrong prescription," he said.

The Democratic candidates for the presidency agree that a health care crisis is upon us. Senator John Kerry of Massachusetts says health care legislation would be the first bill he would send to Congress as president. Senator John Edwards recently declared that it was time to "make health care a birthright for every child born in America, for the first time in American history." The leading Democratic candidates' health plans are much more expensive than the main Bush proposal for the uninsured, an $89 billion, 10-year package of tax credits. In today's economic environment, and with our current federal budget deficits, it is hard to see how even Bush's more modest program could be funded. Health spending rose 9.3 percent in 2002, the government reported last week, the largest increase in 11 years. Premium costs and out-of-pocket spending by consumers are climbing as well. The burgeoning population of uninsured is one of the drivers behind this inflationary spiral. The Republican solutions amount to tinkering around the edges, and the Democratic proposals are unaffordable.

The California Chapter of the American Academy of Emergency Medicine (CalAAEM) Board voted to join the Coalition to Preserve Emergency Care (CPEC) last month. The CPEC initiative will save the system in California if we can get it passed, and so we must get behind this initiative with all the resources we can muster. If it fails, solutions will have to be found community by community, hospital by hospital. There are communities who, realizing the problems small businesses and low-wage workers have paying insurance premiums, agree to split the cost of health insurance—the employer, the employee, and the county all pay a third of the cost. The county pays its portion from State of California Extended Access Program (SCEAP) funds. This can be done as a cooperative instead of a form of insurance, which reduces the administrative and regulatory burden. This is the sort of local problem solving that must be done to keep our health care system from collapsing if current funding problems continue. We will have to be creative and "think out of the box" to save the safety net if the CPEC initiative fails.