

Rx for the Future: A Look into the Viability of a “Hybrid” Health Care System in the United States

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Abstract

The purpose of this essay is to examine whether or not a hybrid healthcare system would work in the United States. In order to do this, I utilized multiple research methods. The first method I used was to look at case studies; the second method utilized was application of economic models and expert opinion. After I thoroughly examined these, I was able to tell if the U.S. is able to handle a hybrid healthcare system.

Keywords: Healthcare Reform; Public Option; Insurance Reform.

Introduction

Throughout 2008, during the U.S. Presidential Election, polls consistently indicated that health care reform was a top issue [18]. Moreover, all of the candidates had different opinions as to how the healthcare system could be reformed. On one hand, then Presidential Candidate Senator Barack Obama called for a government-run “public option” to compete with the big insurance companies. On the other hand, Presidential Candidate Representative Ron Paul called for the government to stay out of it and let the free market handle the health care debate [14].

Once the primaries ended, and the general election began, Senator Barack Obama and Senator John McCain both had their own competing ideas on reforming the health care system. Then-Senator Obama still supported the “public option” as a way of reforming the system. Senator John McCain, however, believed that the government needed to give everyone a tax credit of a few thousand dollars so that all families in the United States could buy their own insurance (On the Issues, 2008). Both of these ideas had support, but the polls indicated that the U.S. generally supports the “public option”. In the end, Senator Obama won the election and immediately began pushing for comprehensive health care reform, i.e. the “public option”.

Since he has officially taken over the role of Commander-in-Chief, President Obama has consistently pushed for passage of the “public option” in the House and Senate. However, the “public option” has been met with some resistance. This resistance comes in the form of propaganda, particularly media ads using damaging buzzwords such as “socialized medicine”. Alternatively, the resistance has come in the form of senators and so-called “health care policy experts” questioning whether a hybrid health care system works. On the other hand, quite frankly, this resistance has come from elected officials who have received contributions from the health care lobby.

However, the most important part of this debate takes place when those who question whether a hybrid health care system can work engage in constructive discourse. A hybrid system means that you have private health insurance companies and a public health insurance company competing in the same marketplace. There are those who claim that this undermines the free marketplace, but even that claim is up for discussion. It is with this knowledge in hand that we ask the following research question: “Can a hybrid (public option/private) healthcare system exist in the United States?” We can find the answer to this question by looking at the history of the U.S. healthcare debate, case studies, various economic models, and expert opinions. These four key areas are vital to answering the question that has been posed here today.

History

Debate over health care policy is not new in the United States; it has been around for over sixty years. The U.S. debate over health care policy began after World War II with President Harry Truman. In 1945, President Truman believed that the United States Government should provide health care insurance. What he essentially proposed was the first “public option.” This would be an affordable health care plan provided by the government to help with all health care costs that a family or an individual would incur [16]. The health care bill that he put before Congress not only addressed issues of affordability, it also addressed issues of medical shortages, location of doctors, and overall healthcare policy. However, in the end, this policy failed in the Congress and was never enacted.

The next important milestone in the health care policy debate is medical care for senior citizens. This debate would come to the forefront in the mid 1960’s. President Lyndon B. Johnson—the man who took over in the wake of the Kennedy assassination and just recently won a term in his own right—proposed a plethora of programs “packaged” under the title *The Great Society*. Included in The Great Society legislation was a government-run health care insurance program called Medicare. Medicare was a program in which seniors in the United States over the age of 65 would receive medical benefits from the program [12]. Of course, during the deliberation of this program in the U.S. Congress, it faced opposition mainly in the form of propaganda and rhetoric. Some of this rhetoric included politicians calling the program “socialist”, labeling it as “government health care”, or even future President Ronald Reagan releasing a vinyl record recording of him explaining the “evils” of “socialized medicine”. However, Medicare was passed in the U.S. Congress, and since its passage, this program has been considered a success.

Another program that came about during the Johnson Administration was Medicaid. Medicaid was a program created to help impoverished Americans receive healthcare in the event that they could not afford it. However, this program has not had as much success as Medicare, because the requirements to subscribe to this program are very stringent. More specifically, you must fall below the poverty level in order to qualify [11]. Allow me to clarify exactly what this means. This means that a family, or a single parent, must make less than \$12,000 a year for a family of four. When you factor in the rate of inflation, it is rare to have a family of four with a combined salary of under \$12,000 a year. What happens is that you have families who are stuck in the “donut hole”, those who are too indigent to afford health care yet they do not qualify for the low income health care programs. These are the common criticisms of the Medicaid program.

Throughout the next few decades, this issue would come and go. However, the health care debate would not come back full force until 1994. In 1994, President Bill Clinton attempted what many presidents attempted to do before him: a national healthcare service that provides for everyone [1]. President Clinton campaigned with this promise and his administration did all that they could to pass it. They appealed to certain senators; they ran ads; they had the First Lady of the United States, Hillary Rodham Clinton, testify in front of the Senate on this issue. The Clinton Administration even had Hillary Clinton spearhead the taskforce that was designed to help this legislation pass and succeed. After it was all said and done, the health insurance lobby, certain medical organizations, and conservative groups did all that they could to defeat the legislation, and in the end, they did.

The debate over a nationalized health care system would not continue until after the election of President Barack Obama. During the years of the Bush Administration, the average price of health insurance premiums rose to all-time highs. As the Bush Administration drew to a close and the Obama Administration took office, President Obama began to push really hard for a “public option”. A “public option” is defined as a government-run health insurance provider who competes with private insurance providers at a lower price. This is different from a single payer program. In a single payer program, there is only one payer of all health expenses, the government.

The proposal that President Obama made has been met with opposition all across the political spectrum. You have some democrats, i.e. Senator Max Baucus, who opposes a “public option”. Most, if not all of the Republicans, oppose the “public option”. In addition, you have various groups and organizations that oppose the “public option”, i.e. health insurance industry, Republican National Committee, and other conservative groups and interests.

President Obama is still working on the passage of the public option. President Obama and the DNC have started their own little “ad war” to drum up support for the “public option”. Not only is this occurring, but President Obama also spoke before a joint session of Congress to clearly articulate exactly what this “public option” is and means to the American people. Recently, two public option

bills were introduced in the Senate Finance Committee, one bill by Senator Jay Rockefeller and one by Senator Chuck Schumer. In the end, both bills failed to make it out of committee. To this day, the debate continues.

When this debate is carefully examined, you can see a common thread. No matter which year you examine, you can see that in each year the opposing side was able to create a smear campaign against any health care program. Moreover, it would always be done the same way. They would use false rumors, i.e. “death panels”, propaganda, “socialized medicine leads to communism”, or even have famous people make speeches against a national health care system, i.e. Ronald Reagan’s famous recording in which he talks about how nationalized health care will lead to government control of everything. These false arguments are some of the most insidious ones created.

However, we are going to cut through all of this partisan rhetoric and examine the true issue at hand: whether or not a hybrid health care system would work in the United States. From this point on, all partisan rhetoric will be avoided at all costs. All we will do is look at the facts and make a conclusion based upon those facts. To quote Bill O’Reilly, allow us to enter the “No Spin Zone”.

Case Studies

One of the most important ways in which we can determine if a hybrid healthcare system would work in the United States is by examining cases. This methodology will allow us to take a look at whether or not the system works at all. For this, we can examine the following three case studies: private and public industries, other countries with nationalized health care programs, and states within the Union that already have some sort of public option.

In the United States, certain industries compete in the marketplace against both public and private firms. An example that comes to one’s mind is the postal industry. Moreover, for that there are multiple firms involved. Some of the firms are DHL, UPS, FedEx and USPS. The latter, USPS, is a government-run corporation. Essentially, in this marketplace, consumers have the choice of a “public option.” The rest of the firms in this industry, however, are all publicly owned. The purpose in creating the U.S. Postal Service was to create a lower-cost public option to compete with the private shippers out there. If we take a look at this industry, the U.S. Postal Service has not put any of the private shipping companies out of business. As a matter of fact, it has emboldened them by creating more private shipping firms and attracting more business. In this model, we have seen that the low-cost “public option” has not put any of the private options out business. It is meant as a means of keeping them honest.

It is a well-known fact that the United States is the only industrialized nation not to have a nationalized health care system. We only have two programs that come close to nationalization. The first one, Medicare, you only get if you are sixty-five years of age or older, and Medicaid, you must be below the poverty level. Approximately 80-90% of Americans do not fit into those categories. However, in other industrialized nations, i.e. France and Canada, they have a hybrid health care system.

Let us begin by examining our first case study: France. France, which has been rated one of the best healthcare systems in the world, has what people call a “hybrid-healthcare” system [2]. On one hand, they have universal coverage, which is coverage guaranteed to all of its citizens. On the other hand, they have a private healthcare sector. The universal coverage afforded by the French Government has not caused the private health care sector to go out of business. Not only that, France is ranked as the number one health care system in the world [3]. In other words, not only does their hybrid system save money, but also it runs efficiently. Not to mention, their citizens are healthy. Essentially, it is the best of both worlds, affordable and efficient.

As far as how this system affects the French economy, it does not seem to be hurting it. France, which is a member of the European Union, is competitive in the global marketplace as a member of the European Union and in its own right. They have had nationalized health care since the beginning of the Fifth Republic. And their currency, the Euro—which is also the currency of roughly twenty-four European Union states—is one of the stronger currencies currently on the world market. Their economy, however, was damaged during the worldwide economic recession of 2008. However, this was not as a result of their healthcare system. The recession was the result of faulty banking practices utilized all throughout the world.

France is an interesting case study when it comes to a “hybrid” health care system. It is number one and is not costly. However, we must apply this model to the United States. As of right now, the United States has no nationalized healthcare. France, on the other hand, has the hybrid system. President Obama and Democratic leaders in Congress are pushing for a public-option that would essentially create a similar system to the one in France.

This system, contrary to the ideological demagoguery on the right and from some in the media, could be the perfect system. Look at France, their citizens are healthier and their healthcare is cheaper. They are almost as economically competitive as we are and they are an influential force in the world. Considering that their economy, much like our economy, is similar in structure, it is fairly safe to deduce that a “public option” will work in the United States. If an economy as complex as France’s can handle a similar “public option”, then one of the most competitive states in the international system, the United States, can also. Also, if France is able to hold down health care costs through their “public plan”, then so can the United States.

As we can see, the “public plan” works extremely well in France and would work just as well in the United States. The reason is that the French have economic similarities and programmatic similarities to the U.S.--not to mention, their system is effective. If the U.S. could utilize a system just like, or very similar to, the French system, a hybrid health care system would work.

Some states within the Union already have a “public option”. Generally, the “public option” is meant to cover underage children. However, these models are important to determining whether a hybrid health care system will work in this country.

The first state we will examine will be Vermont. Vermont has a program called “Dr. Dinosaur” [5]. “Dr. Dinosaur” was a program spearheaded by then-Governor Howard Dean to help cover all children and those who could not afford medical insurance. The primary purpose of this legislation was to ensure that children and the indigent would receive proper preventative health care. In the state of Vermont, other insurance companies compete against the “Dr. Dinosaur” program. Moreover, in the state of Vermont, you do not see any of the insurance companies being “put out of business”. As a matter of fact, one can even note that that the “Dr. Dinosaur” program helped keep the insurance companies in line; i.e., they curbed the ability to charge unreasonable premiums. In addition, Vermont, during the time in which this program has existed, has had a balanced budget. Moreover, as of recently, this is one of the few states in the Union to have a balanced budget.

However, Vermont is not the only state to have such a “public option”. Florida also has an in-state version of the “public option”. The two Florida “public option” programs are “Healthy Kids” and “Cover Florida”.

“Healthy Kids” is a health care plan in Florida that is meant to cover kids who live in low-income families [6]. Premiums for “Healthy Kids,” are determined on a sliding scale. This program covers basic healthcare maintenance such as routine checkups and other medical issues, i.e. required surgeries, shots and other procedures. The most prominent insurance provider in the state, United Health Care, has not been affected in any serious manner.

Another program, recently introduced in Florida, is the “Cover Florida” program [7]. This program was passed by the Florida State Legislature and signed into law by Governor Charlie Crist to create a public option in order for all Floridians to have health care coverage. This program is typically inexpensive. A “family of four” can receive healthcare coverage for about one-hundred dollars a month. Typically, health care coverage from another provider might cost a “family of two” around two-hundred and fifty dollars a month. This is a good model for a hybrid system because the doctors and advisors on the board of “Cover Florida” are also employed by major health care firms such as United Health Care. This is a good example of a hybrid system currently available in one of the few states that have one. UHC and other health insurance companies in the state of Florida have not been “hurt” since the creation of this program. Actually, it has made them more competitive by offering better care at a lower cost and higher efficiency. As we can see on a smaller scale, a hybrid system does seem to work.

Finally, another industry that can be analyzed is the University system. In the United States, and all around the world, there are a combination of state-sponsored Universities and Private Universities. State universities are generally inexpensive for in-state residents. Private universities, on the other hand, are significantly more expensive. As a matter of fact, a fair amount of private universities eclipse forty-thousand dollars a year while state universities are only a few thousand dollars a year. Since the inception of state universities, private universities have not gone out of business. In fact, private universities--e.g. Yale and Harvard--have remained some of the most desirable universities in the country. Despite having the cheaper “public option”, plenty of students still enroll in expensive private universities. What you see here is that “consumers” are given a choice between public and private options when it comes to choosing a university. In addition, in this system, it is easy to say the “public option” universities have not adversely affected the private universities.

It is clear from the case studies that a “hybrid” healthcare system would work. In the sectors of the economy where there is a “hybrid” system, it has not put the private firms out of business. In fact, a “hybrid” system is perfectly in sync with a true capitalist

economy. It creates competition, thus increases efficiency and lowers costs. An example of this is how both private and public universities compete for stronger research. This is an example of how firms would become more competitive if given the right. Because of this increased competition, prices would lower, efficiency would increase and this would truly become a competitive market. This evidence seems to point to the fact that a "hybrid" healthcare system can work.

Economic Models

Those on both sides of the issue of healthcare utilize economic models to justify their positions. Some have argued that a "public" option is unfair to the private sector and would put the private sector out of business. Some have even gone so far as to call it "socialism" or "communism". Others have used different economic models to justify a "public" option. Understanding these economic models is central to understanding the economics of the health care system. In order to do this, we must look at the following dominant economic models: The Keynesian Model, the Neo Classical Model, and the "Perfectly Competitive Model."

First, we will examine the history of the Keynesian model. The Keynesian model originated from Economist John Maynard Keynes who wrote a book entitled *The General Theory of Employment, Interest and Money*. This theory advocated interventionist economics. Many world leaders, especially President Franklin Roosevelt, utilized his system of economics after the Great Depression in order to fix the economy. He was a firm believer that the private sector made mistakes that the government would need to "clean up" [20]. This economic practice is what governed the "recovery" process for the Great Depression, i.e. New Deal Legislation.

When we apply this model to the health care debate, we can see that it would support the "hybrid" system. The Keynesian model assumes that the private sector does not always make good decisions. Because of the private sector not always making good decisions--e.g. dropping people, non-coverage due to a pre-existing condition, or making the price of their premiums out of reach--the "public option" would act as the answer to the "bad decisions" made by the private sector. It would insure that anybody who wanted insurance, such as those who could not afford it nor had a "pre-existing" medical condition, could have it. Essentially, this would "clean up" the private sector's "bad decisions" with a "government solution".

Neo Classical economics, however, is radically different from the Keynesian model. This system of economics is a little more traditional in nature. It believes that people are reasonable by nature, that supply and demand will dictate prices, and that all information is available to the public [9].

Neo Classical economics conforms to a "hybrid" healthcare system. If people are reasonable (rational) by nature, they would probably select the cheapest health care option available. Not only would it be the cheapest, the program that people would pick would also be the most efficient.

In the Neo Classical model, prices are dictated by supply and demand. In a "hybrid" health care system, the availability of "public" option would increase supply, and make the prices of health care plans lower. This would in turn make the health insurance market more competitive by forcing them to lower their prices and increase their efficiency. This is how supply and demand works.

The third tenant of Neo Classical economics is that all firms make information available to all consumers. In the current state of the Health Insurance industry, some information is available to the public. This information - especially if the company has an IPO - would be the number of subscribers, the salary of the CEO, and the number of employees and subsidiaries. However, the availability of the "public" option would create more market transparency. Because a "public" option is run by the government, it is more transparent to the American people. As a result of this transparency, people are more aware of how it operates. Also, this would force other health insurance providers to become more transparent. This transparency would make the "public option" compatible with Neo Classical economics.

As it has been clearly shown, a "hybrid" healthcare system is in perfect compliance with the Neo Classical model of economics. A "public" option would "feed" off the notion that people are rational and will pick the cheapest plan. The "public" option would increase supply, decrease prices, and create more transparency in the health insurance industry. This shows that the availability of a "public" option is in compliance with Neo Classical economics.

The final economic model that we will use to examine the viability of a “hybrid” health insurance system is the “perfectly competitive model”. The “perfectly competitive model” is defined as having multiple firms, highest possible profits, and easy entry [15]. Let us see how this complies with the “hybrid” health insurance industry.

In the “hybrid” health insurance industry, there would be multiple firms. Of course, you would have the usual private firms, including Humana, United Health Care, Kaiser Permanente, and it would have the government plan-i.e. the “public” option. Because of this, multiple firms are in the health industry thus the “public” option would be in compliance with the “perfectly competitive model”

Now, let us take a look at the goal of achieving the highest possible profits. In the “private” side of the health insurance industry, their goal is to achieve the highest profits possible. After all, “private” health insurance companies have IPO’s and the legal goal of an IPO is to maximize profit for shareholders. As a matter of fact, some health insurance companies have recently recorded some of the largest profit margins for a single quarter.

In the “public” health insurance industry, the goal would be to provide optimal health care, and only profit slightly just as a means of building a “trust fund” for the program. The “public” option would not look to make “excess profits”, it would store enough money to operate efficiently. As a result of this, the “public” option would not be in compliance with the “hybrid” system on this tenant.

The health insurance industry, even with a “public” option, would not be easy to enter. Private insurance companies have billions of dollars of net worth and the “public” option has billions of dollars supporting it. As result of the expenses involved, it is not easy to enter the health insurance market. For example, suppose an entrepreneur woke up one morning and decided that he would want to create his own health insurance firm. For him to achieve such a goal, they would probably need to have several billion dollars on hand. Most entrepreneurs, even some of the wealthiest ones, do not have this kind of money to spare. They may have the money, however it is their personal funds and they cannot afford to use this. As a result of the high cost, easy entrance into the industry is not possible. The cost is simply too high and unless you have the capital, it is virtually impossible.

As we can see, a “hybrid” health care system is not in compliance with the “perfectly competitive model”. It is not in compliance because the “public” option would not seek to maximize profits and the cost of entry is too high. The only area in which the “hybrid” health insurance industry is in compliance with the “perfectly competitive model” is that there are multiple firms. Otherwise, it is out of compliance.

When we look at the three dominant theories of economics, we can see that a “hybrid” health care system does not fit into all of them. These theories, for better or for worse, are a good indicator as to whether the economy can handle such as a system. As of now, a “hybrid” system “fits” two out of the three systems. Interestingly enough, it does not fit the “perfectly competitive model”.

Perhaps the reason it does not fit the “perfectly competitive model” is that it may just make it too expensive for other firms to enter and be competitive. It could potentially lower prices to the point that other insurance companies would not be able to easily compete with the “public” option. However, this is just theory as of now in need of further investigation.

Nevertheless, the issue that we must thoroughly examine is the “free market”. After all, how is a society able to define a “free market”? Some would define it as an economy free from government intervention in any form. Others would define it as any kind of competition in a market with only limited rules. However, detractors-or critics-frequently invoke the notion that a “hybrid” health insurance system violates the “free market” system. They would do this by calling it “socialism” or “communism”. Although these allegations have little merit, they should not be taken for granted.

In all of the economic models presented, there is the notion of the “free market”. In the case of a “hybrid” health insurance system, it meets two of the three criteria. The “hybrid” system even manages to “fit” with the criteria specified for a Neo Classical economic model. Considering these “fits”, we can see that a “hybrid” system is in compliance with the “free market”. As a result of this compliance, we can see that a “hybrid” system is economically viable. It is viable because when it comes to economic governance, these three theories are the dominant ones and as a result, it is compliant.

Expert Opinions

One of the most important aspects in determining whether a “hybrid” health care system works is to look at the opinions of the experts. Granted, the definition of “expert” is flexible in nature. However, for the purposes of this endeavor, we will define “expert” as someone who has knowledge, or extensive experience, studying the politics and economics of the healthcare debate. This could range from politicians to researchers. To ensure that we are able to procure the strongest information possible, we will try our hardest to avoid “partisan” information. In order for us avoid “partisan” information; we will examine expert sources such as economists, research institutes (“think tanks”) and the American Medical Association.

Considering that health care policy is closely related to economics, some of the best experts on such a topic would be economists. Granted, there are economists who have their own political views. However, these economists are justified in their reasoning due to their extensive expertise in the fields of economics.

The First economist that we will examine is Paul Krugman. Dr. Paul Krugman, a Nobel Laureate in the field of economics-Princeton Professor and New York Times columnist is a supporter of health care reform. He is a self-professed “liberal”, however his conclusion has merit. He believes that health care exists above the traditional market. It is not a traditional market in which goods are traded and sold, I.E. Tires or Cars, it is something that is totally different [10]. He also goes on to state that due to HMO’s “failure” to be cost effective, their need for profit and the inability of individuals to predict health issues this issue cannot be fixed by the market [10]. To quote him more specifically, “there are, however, no examples of successful health care based on the principles of the free market” [10]. Krugman is speaking in support of creating a health care system in which the profit motive is removed. An example of a program in which the profit motive is removed would be either a “public” option or a single-payer program. This would result in an indirect endorsement of health care reform.

Dr. Jonathan Gruber, an MIT Economist who specializes in the economics of health care, is a supporter of health care reform. Gruber recently wrote in an article for Washington Monthly that he believes the current health care system is destroying productivity [4]. It is forcing American workers to stay at “lower productive” jobs because these jobs provide very good health care instead of accepting promotions to positions of “higher productivity” because they do not provide health insurance [4]. Gruber’s argument is that health care reform would generate an “uptick” in the productivity of our economy. It is safe to argue, without any reference to “partisan” positions that our economy is in better shape when it is more productive. Not only that, when our economy is more productive it is more competitive on the world stage. With the shape that our economy is in, we need all that we can to be more competitive on the world stage.

Robert Reich, 22nd U.S. Secretary of Labor and current Professor of Public Policy at the University of California at Berkeley, is an economist who is a supporter of the “public” option. Reich, who is no stranger to the workings of middle-class America, states that despite the cost of a “public” option, the cost of the private sector insurance is significantly higher and cost the American people a lot more [17]. His argument continues to say that even though certain taxes may increase, he believes that it would still be cheaper than insurance premiums [17]. Considering that raising certain taxes would still be cheaper than insurance premiums, it would have the potential to give consumers extra “disposable” income to spend. When consumers have extra “disposable” income to spend, they go out and spend the money. Because of spending the money, the economy improves. As a result of the improving economy, jobs are created and industries are stabilized. Because of a “public” option, consumers would spend more of their own money and help improve the private sector.

Research institutes, A.K.A. “Think Tanks”, have done extensive research on the availability of a “public” option. However, the research we will use will not come from a “partisan” entity such as the Heritage Foundation. It will be strictly from non-partisan Research Institutes. The non-partisan Research Institutes that we will examine is the Galen Institute and the New America Foundation.

The Galen Institute, a “Think Tank” dedicated to health care and tax policy, believes that the health care private sector needs more competition [19]. Competition, of course, is a great way to use the market as a way of controlling prices through supply and demand. A “public” option has the ability to do control costs. If a public option were present under this condition, it would create real competition to the private sector in the health insurance industry. As a result of this competition, prices would lower through the “public” option.

Another "Think Tank that engages in health care research is the New America Foundation. According to the Article, "The Hidden Drain" - written by Niko Karvounis - "Health care is an ever-more-costly-burden that weighs down government, businesses, and workers alike [8]." Any kind of expense that takes "disposable" income away from the consumer means that less "disposable" income is being spent. If businesses and workers have to spend less on health care, they have more money to re invest in the economy. These re investments have the ability to create jobs and allow workers to have extra money to spend. These ideas help the economy.

Finally, the most important authority when it comes to health care reform would be prominent medical organizations. More specifically, we will look at the analysis of the American Medical Association. The American Medical Association, an interest group comprised of the medical community, has done research on the economic effectiveness of a "hybrid" health insurance system.

The American Medical Association says that it supports Obama's plan for health insurance reform [13]. This support is significant. In the past, the A.M.A. has not been supportive of health care reform, however they have changed their position and now support President Obama's plan. It is possible that they support Obama's plan because they believe that it will allow citizens to have more access to health care services, lower costs in general, and insure that doctors receive payment. This would insure that the economics of health care would be available at a lower cost and more accessible to lower income citizens. Perhaps, this is why the American Medical Association supports the President's plan.

In our examination of the opinions of economists, research institutes, and the American Medical Association, we can see that it is in our best economic interest to have a "hybrid" health care system. Reason being, those with the expertise believe it will take a strain off our economy and improve access for millions of Americans. This is what the economists, research institutes and the American Medical Association believe and there is no reason to doubt the expert reason.

Conclusion

As stated before, the health care debate is not new to the U.S. Congress. This debate has been around for over sixty years. Multiple Presidents have opined over this policy area, and multiple Presidents have failed in their attempt to overhaul health care. In challenging the idea of a "public" option, multiple interest groups usually use whatever clout they have to kill legislation.

Most recently, President Obama has been doing all that he can to ensure that the "public" option passes. He believes that this will keep down cost and increase access. President Obama went before a joint session of Congress and has argued his point directly to the legislators.

Of course, during the course of this investigation, we have examined the viability of a "hybrid" health insurance system. We have done this by examining case studies in which a "public" option was available, applying the "hybrid" system to multiple models of economics and taking into account the views of economists, research institutes and the American Medical Association.

After a thorough examination of the case studies, application to economic models and the view of economist, research institutes and the American Medical Association, the greater majority of these indicate that a "hybrid" health insurance system will work. With this discovery in mind, let us go back the research question.

The research question we are attempting to answer is the following: "Can a hybrid (public option/private) healthcare system exist in the United States?" A "hybrid" healthcare system can exist and work in the United States because it would be in compliance with traditional economics by creating competition and it would bring down prices thus increasing access to affordable health insurance.

When looking at the case studies in which a "hybrid" system is present, private insurance companies have not gone out of business. In other words, a "hybrid" health care system is just the "prescription" that the "doctor ordered".

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