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July 13, 2009

Private insurance companies spend 20 percent to 40 percent of their revenues on administrative costs, says Rep. Robert C. "Bobby" Scott, D- Newport News. Medicare and Medicaid, on the other hand, spend about 3 percent on administration.

That, Scott says, is why Americans need a public option.

"We shouldn't be weighted down by a system that wastes 20 to 40 percent of the health-care dollar on administration," he said.

A public option is at the heart of President Barack Obama's plan for reforming the nation's health-care system. It would give people another choice when it comes to health insurance. Opponents attack it as unfair competition.

"People ought to ask why it is unfair," Scott said. "The reason is because the public health-care option will not have multimillion-dollar CEO salaries. It will not have dividends paid to stockholders. It will not have sales commissions in advertising that would come before anybody gets any health care.

"The more people find out why the insurance industry thinks it's unfair competition, I think the more people will like it."

Some say the public option could eventually become the only option. Those who say that must realize that the public option will be less expensive and more desirable to the public, Scott said.

"If the public option is much more cost effective and desirable than what people have, why shouldn't they be able to choose it?" he said.

The public option is a health financing system, and it can't be compared to the nationalized health-delivery systems of Great Britain and Canada. Canada, for example, doesn't have a sophisticated health system, so the fact that everybody can access it doesn't make the system any better or worse, he said.

The aim is universal coverage, giving people the chance to take insurance through their workplace or to be a part of a health insurance exchange, where people can choose from a variety of offerings, including the public option.

Legislators have proposed covering everybody up to 133 percent of the poverty level under

Medicaid, and providing sliding-scale subsidies to those with a family income of up to \$88,000. Scott is also interested in investing in training more physicians and health-care professionals and in researching the most cost-effective practices so they can be replicated.

"We want to make sure the most cost-effective practices are adopted so we get the most for our money," he said.

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