

EDITORIALS

Social inequality's deepening roots

WASHINGTON • The rate of dog ownership is rising ominously. How can a profusion of puppies be worrisome? A report from the Raymond James financial services firm concerning trends in the housing market explains: Increasing numbers of women "are adopting dogs for security and/or companionship," partly because of "the great education divide."

Since 1979, the report says, the number of women going to college has accelerated relative to male enrollments. By 2012, there were 2.8 million more women than men in college, and by 2020 this "enrollment gap" is projected to grow to 4.4 million as women account for 74 percent of enrollment growth.

In 2000, the adult populations of college-educated men and women were approximately equal. By 2013, there were 4.9 million more women 25 or older with college degrees than men in that age group. This means a shortage of suitable male partners for a growing cohort of young women, who are postponing family formation. The report says millions of female-led households are being established by women who, being focused on their careers, are delaying motherhood, partly because of a shortage of suitable partners. More about suitability anon.

"Increased 'competition' for college-educated males" might mean that college-educated bachelors will feel less incentive to become domesticated, further depressing family formation. And for the growing class of undereducated young men, there are increasingly bleak "employment, income and dating prospects." What is good news for dog breeders is bad news for the culture.

Two years ago, Susan Patton, a Princeton graduate and mother of two sons who attended Princeton, detonated multiple explosions in the culture wars when, in a letter to the Daily Princetonian, she told "the young women of Princeton" what "you really need to know that nobody is telling you." Which is that their future happiness will be "inextricably linked" to the men they marry, so they should "find a husband on campus" because "you will never again have this concentration of men who are worthy of you." She explains:

"Men regularly marry women who are younger, less intelligent, less educated. It's amazing how forgiving men can be about a woman's lack of erudition, if she is exceptionally pretty. Smart women can't (shouldn't) marry men who aren't at least their intellectual equal. As Princeton women, we have almost priced ourselves out of the market. Simply put, there is a very limited population of men who are as smart or smarter than we are."

Patton's brassy indifference to delicacy served the serious purpose of riveting attention on what social scientists call "assortative mating." Plainly put, America has always aspired to be a meritocracy in which careers are open to talents, and status is earned rather than inherited. But the more merit matters to upward mobility, the more inequality becomes entrenched in a stratified society.

Those favored by genetics, and by family acculturation the acquired social capital (the habits and dispositions necessary for taking advantage of opportunities), tend to go to school and then to work together. And they marry one another, concentrating advantages in their children.

Hence today's interest in what is called "privilege theory," which takes a dark view of the old couplet, "All men are by nature equal, but differ greatly in the sequel." The theory leaps from the obvious to the dubious. Obviously some people are born with, and into, advantages, congenital and social. What is dubious is the conclusion that government has the capacity and duty to calibrate, redistribute and equalize advantages.

Joy Pullmann, writing at The Federalist, a conservative website of which she is managing editor, notes something else obvious: This agenda is incompatible with freedom. Furthermore, although some individuals have advantages they did not earn, "very often someone else did earn them" – by, for example, nurturing children in a stable family. It is hardly an injustice – an invidious privilege – for nurturing parents to be able to confer on their children the advantages of conscientiousness. The ability to do so, says Pullmann, is a powerful motivation for noble behavior that, by enlarging society's stock of parental "hard work, self-control and sacrifice," produces "positive spillover effects for everyone else."

Enhancing equality of opportunity is increasingly urgent and increasingly difficult in an increasingly complex, information-intensive society. The delicate task is to do so without damaging freedom and the incentives for using freedom for individual striving, which is the privilege – actually, the natural right – that matters most.

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GEORGE WILL
SYNDICATED COLUMNIST

Obamacare an awkward 5-year-old

Out-of-pocket costs higher than with plan through employer.

During a 2014 Valentine's Day meet-up with House Democrats, President Obama thanked them for their unstinting support of the Patient Protection and Affordable Care Act.

"I think," he said, "10 years, five years from now, we're going to look back and say this was a monumental achievement."

Well, the president's health care law marks its fifth anniversary this week. And most Americans are not, in fact, looking back and saying the law enacted in 2010 – with not one Republican vote in either the House or Senate – was a monumental achievement.

Indeed, in an NBC News/Wall Street Journal poll this month, a 44-34 plurality of respondents thought Obamacare a "bad idea." And a 62-22 percent majority said that what they had seen, read or heard in recent weeks about the Affordable Care Act had made them "less confident" about the law.

Some suggest the public's misgivings about Obamacare are almost entirely attributable to GOP opposition to the law.

In a statement Monday, Democratic National Committee Chairwoman Debbie Wasserman Schultz noted that "Republicans have voted more than 50 times to repeal or undermine this critical law."

The law is a godsend, she argued. "More than 16 million Americans have gained health insurance." Also, "health care spending is growing at its slowest rate in 50 years." And eight in 10 consumers "can now find a coverage plan for \$100 or less per month after tax credits."

But here are a few inconvenient truths about Obamacare that Rep. Schultz neglected to mention:

Deductibles, co-payments and drug payments under the average Obamacare "silver" plan – the most popular – are \$3,453, according to a CNNMoney analysis, compared with \$1,217 under employer-provided health insurance.

Taxpayer subsidies may defray the cost for some of the 16 million Americans who have gained health insurance under the Affordable Care Act.

However, Jackson Hewitt, the nation's second-largest tax preparation service, said that more than half its clients who received such subsidies will have to pay back all or some of the money.

That's why most Americans are in no mood this week to celebrate the fifth anniversary of the president's namesake law.

And we can't say we blame them.

Solving the water crisis

Answer lies with free markets, not regulations.

California's drought strategy – public awareness campaigns, rationing and fines for noncompliance – is having little effect, but there is one simple measure that would help deal with the water scarcity.

Last week, the State Water Resources Control Board announced adoption of emergency water regulations that would extend and expand previous regulations. Under the measure, lawns can be watered no more than two days per week, watering is prohibited within two days after a rain, restaurants are allowed to serve water to customers only upon request and hotel and motel operators are required to display a notice to guests informing them of the option not to have towels and linens laundered every day. In addition, local agencies are permitted to levy fines of up to \$500 a day for violating these rules.

Gov. Jerry Brown and state legislators are getting involved as well, proposing a nearly \$1.1 billion drought relief bill. But don't expect any immediate relief. Some \$660 million would be devoted to flood control, which has little to do with the drought. Another \$272 million of Proposition 1 funds, authorized in

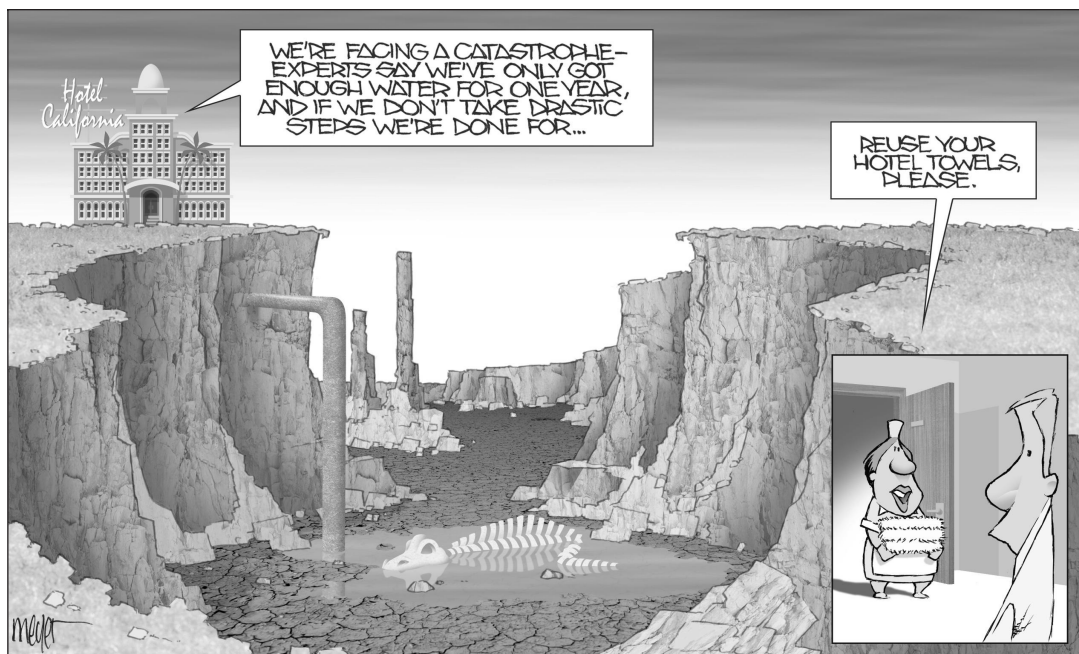
November, would be dedicated for water recycling and desalination, which could certainly be helpful once the infrastructure is built, which could take years.

So what is the best way to allocate a scarce resource in short supply? Any private enterprise could tell you the answer that government officials seem oblivious to: Raise prices. And any Econ 101 student can tell you that, when demand increases or when supply drops while demand remains the same, prices increase. While there have been water rate increases, local monopolies and various other government interventions have prevented market pricing of water.

Rising prices would encourage conservation much more effectively than public awareness campaigns, and would do so without government agencies spying on people and without the fear of the cantankerous or busybody neighbor tattling on someone to enforce \$500 fines.

A freer market for water would much more efficiently allocate this precious resource, and perhaps prompt people to decide that water-intensive rice farming, for example, is not best-suited to California's climate.

TOM MEYER / SYNDICATED CARTOONIST



LOCAL VOICES

Hospitals can learn from auto manufacturing

What do hospitals and automobile manufacturing plants have in common? At first glance, not much. However, for many forward-thinking hospitals, the lessons learned from automobile manufacturing – particularly from the Toyota Production System – have enabled them to eliminate waste, reduce variability in processes, increase efficiency and reduce opportunities for error.

This model of eliminating waste, and creating value, is commonly referred to as "Lean." It was born in the 1980s via an MIT study of the Toyota Production System. For Lean to be effective in transforming an organization's culture and way of doing business, it requires total commitment from all levels of the organization:

Board of Directors, Medical Staff (in the case of hospitals), Management and especially frontline employees.

In most organizations, frontline employees are the last to be involved in process engineering and decision making. In a Lean Transformation environment, frontline employees are invaluable, as they know best what obstacles and barriers must be overcome in order to provide efficient, high-value services.

Lean has a language of its own that might sound foreign to some. In the case of hospitals, those goals are typically to optimize patient care, patient safety, patient satisfaction, employee satisfaction and engagement, medical staff satisfaction and engagement, and financial performance.

One hospital reported that applying the Lean methodology to its materials management and logistics function resulted in nurses reducing

their average number of steps per day from 6.2 miles to 0.6 miles. This enabled nurses to increase the time that they were personally at patients' bedside from less than 15 percent of their time to more than 35 percent. There is believed to be a direct correlation between nurse time at bedside and patient care, patient safety and patient satisfaction. And, a byproduct of this process engineering project was enhanced nurse satisfaction, engagement and empowerment.

Parkview Community Hospital Medical Center has just initiated its Lean Transformation journey. Over the months and years to come, we look forward to highlighting how this transformation is helping us add value to our patients, employees, physicians and our community.

Steve Popkin
Riverside
CEO, Parkview Community Hospital Medical Center

Exchanges need new quality controls

By **VIRGINIA LADD**
CONTRIBUTING WRITER

Millions of Americans battle chronic diseases every day. Their fight just got harder. New evidence shows that even as more people gain insurance coverage through the Affordable Care Act's health insurance exchanges, the quality of that coverage is getting worse.

The problem is that many of the exchange plans require patients to pay an increasingly high percentage of their medications' costs. Excessive cost-sharing means many enrollees – especially the 50 million Americans who suffer from autoimmune diseases – can't afford their treatments.

According to a new study by the consulting firm Avalere Health, nearly 60 percent of the "Silver" exchange plans – the most popular option – impose coinsurance instead of copays for certain drugs.

Unlike copays, which charge patients a fixed fee per prescription, coinsurance requires people to pay a percentage of a medicine's total cost, no matter how expensive.

This high cost-sharing harms patients with autoimmune diseases, such as Multiple Sclerosis, Crohn's Disease and rheumatoid arthritis. In 2015, 32 percent of Silver plans require coinsurance of 30 percent or more for key autoimmune drugs. That's up from 2014, when just 20 percent of plans required that level of coinsurance.

Autoimmune illnesses cause a person's immune system to attack the body's other cells. To control the condition, patients require constant treatment.

But as coinsurance rates skyrocket, such treatment is increasingly unaffordable. In 2015, 51 percent of Silver plans place all classes of Multiple Sclerosis drugs, including generics, in the highest, most expensive cost-sharing tier. That's a sharp uptick from last year, when 42 percent of plans grouped all MS medications in the highest tier.

Further complicating the problem, patients often don't know what their cost-sharing rates will be until after they enroll. Most exchanges fail to provide enough information to help patients compare plans and find the one that best covers their medications.

High cost sharing was a problem even before the ACA took effect – in 2012, roughly one in 9 autoimmune patients said drug costs played a "significant" role in determining their level of adherence. But with the spike in cost sharing permitted under the ACA plans, cost concerns are becoming more problematic.

Nationally, many chronically ill Americans simply can't afford to follow their doctor's prescribed regimen. Every year, over half of chronic disease patients fail to fill prescriptions, follow treatment plans or a visit doctor because of cost concerns.

These patients often develop worse complications that could have been prevented with proper medications. Failure to comply with a doctor's prescription is one of the primary reasons Americans who suffer from autoimmune diseases wrack up \$100 billion in direct medical costs every single year.

Unless regulators prohibit excessive cost-sharing, high levels of coinsurance will continue to jeopardize patients' health.

Virginia Ladd is the president and executive director of the American Autoimmune Related Diseases Association.

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