

QUALITY, AFFORDABLE, HEALTH CARE FOR ALL

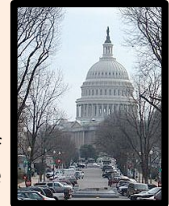
ReformsKool: What's Hot in HCR

Issue 1
July 24, 2009

The Weekly Digest of the Health Care for All Campaign of the American Medical Student Association

The Capitol Beat: Recapping This Week's Action

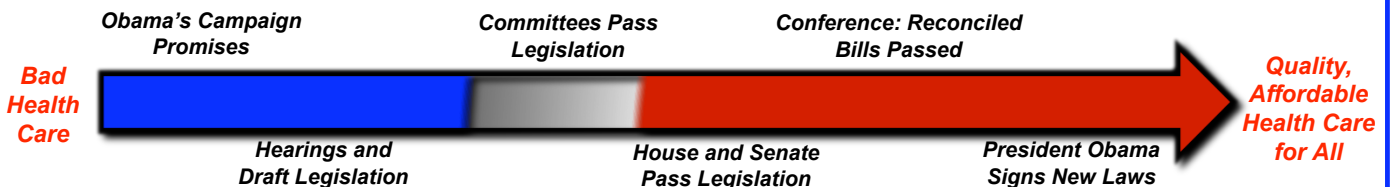
In our inaugural issue of ReformsKool, we want to get everyone up to speed on the language, concepts, and current status of the health care reform (HCR) process. AMSA is fighting hard to ensure that the legislation currently in Congress includes a strong and robust public insurance option at a minimum. For more details on AMSA's stance on health care reform and definitions, see page 3.



This has been quite a few weeks for HCR. We gotten significantly closer to having bills passed in both the House of Representatives and the Senate, with several committees having voted "Yea" (see graphic on page 2). We are waiting (im)patiently for the Senate Finance Committee (FinCom) as well as the House Energy and Commerce (E&C) committees to deliberate. E&C is being held-up by the **Blue Dogs** who believe that the bill (HR 3200) will raise the deficit, contrary the report from the Congressional Budget Office (CBO) who scored it as budget neutral. FinCom has yet to release a bill, but we were on a call last week with Sen. John Kerry (D – MA) in which he told us "there aren't enough votes to pass a public option in the Senate – it's looking like we'll end up with Co-ops." This is in stark contrast to the bill from the Senate Health, Education, Labor, and Pensions (HELP) committee, which offers a weak public option and is heavily dependent on expansion of Medicaid (not ideal!!) for coverage. HR 3200 is the best plan out there (even the AMA signed on!?!), providing a strong public option to an as of yet unknown number of people. At 1am last Friday, Rep. George Miller (D – CA) introduced an amendment that has not yet been scored by the CBO. Meanwhile, Sen. Ron Wyden (D – OR) unveiled his *Free Choice Proposal*, which would open a national insurance marketplace, or "exchange," to all Americans within five-years of implementation. This quiet proposal has not been widely discussed (see Ezra Klein's piece below). ~ **Stay tuned for much more soon!**

Sylvia Thompson, MD and Iyah Romm on behalf of the Health Care For All Campaign

Over the next weeks, we'll be updating the Arrow to Success (below), as well as the the Congressional graphic on page 2. On the Arrow, **blue** represents completed steps, **grey** represents the current happenings, and **red** represents future steps.



Over The Hill

- The Energy and Commerce Committee of the House of Representatives chaired by Rep. Henry Waxman (D – CA), currently in **mark-up**, are expected to come to a vote on HR 3200. The passage of this bill is being held of up **Blue Dog** democrats led by Mike Ross (D – AR).
- Rep. Anthony Weiner (D – NY) is expected to introduce TWO Single Payer amendments: HR 676 (originally introduced by Rep. John Conyers) and 110th HR 2034 (Medicare for All, originally introduced by Rep. John Dingell)
- The Senate Finance Committee chaired by Sen. Max Baucus (D – MT) is expected to release and mark-up the first public draft of their "bi-partisan" health care reform bill before August Recess (August 8th). This has been expected for over one month. Sen. Harry Reid (D – NV) will spend August recess merging the HELP and Finance Committee bills.

HEALTH CARE REFORM



In the News...

- ["Why we must vote on the public health care plan" – Politico, 7/22/09](#)
- ["How NOT to talk about health care" – New York Times, 7/20/09](#)
- ["The idea that could save health care reform" – Washington Post, 7/16/09](#)
- ["Costs and benefits" – New York Times, 7/19/09](#)
- ["Costs and compassion" – New York Times, 7/23/09](#)
- [Aaron Carroll \(PNHP\) on The Colbert Report, 7/21/09](#)

amsa

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Featured Upcoming Event

www.healthcare-now.org

July 30th

Celebrate Medicare's birthday and show our leaders in Washington D.C. that Single Payer health care reform is *still* on our agenda.

Physicians and the public support a **Single Payer** system and it is time that our voices are heard.

The D.C. rally starts at **1pm** in Upper Senate Park **OR** **organize an echo event in your city!!**

Nuts and Bolts: The Terminology Center

Mark-Up: Describes a meeting of a congressional committee to review the text of a bill. It is here that amendments are proposed and voted upon. Most mark-ups end with a vote to (or not to) send a bill to the "floor" for a decisive vote.

The Blue Dogs: a group of 52 moderate and conservative Democrats in the House of Representatives who promote fiscal conservatism and accountability; often are elected from historically conservative-leaning districts.

SOAP Note

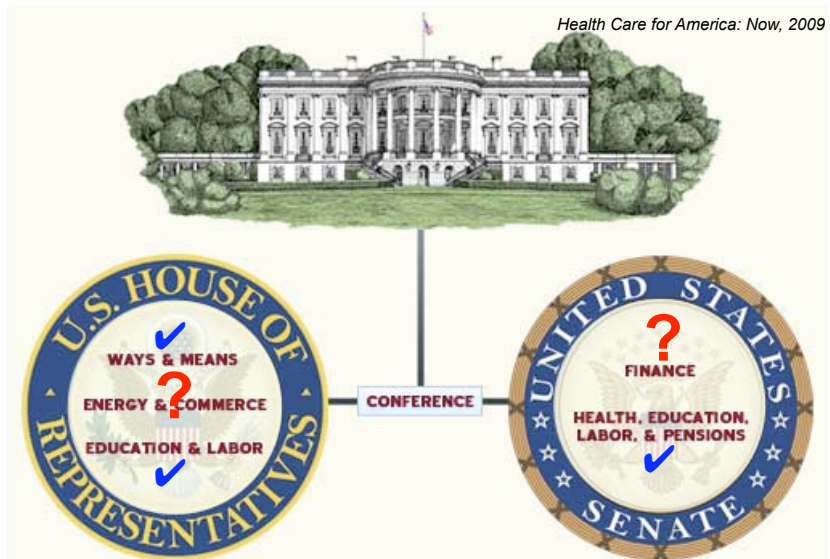
Subjective: Americans do not have faith in our health insurance system.

Objective: America's health care system is broken.

- ☐ "By 72 to 20 percent, Americans favor the creation of a public plan..." – NYT
- ☐ "People [think] that government would do a better job than private insurers of holding down health-care costs and providing coverage..." – NYT
- ☐ There are more than 47 million uninsured Americans, the majority of whom hold jobs. 14,000 more are losing coverage every day.

Assessment: We need health care reform STAT.

Plan: See the problem - Be the change.



Health Care for America: Now, 2009

✓=public option or single payer; ? = co-ops or other ineffective reform; X = bill blocked

Weekly Sign-Ons and Endorsements

[HR 3200](#)

[Declaration of Solidarity
for a Unified Movement for
the Right to Health](#)

[Kucinich and Sanders:
Single-Payer Amendments](#)

[Medicare Anniversary](#)

Turning Passion into Action: Respond STAT

STAT

The **STudent Action Team** is a rapid-response group organized by AMSA and Physicians for a National Health Plan (PNHP), that helps you seize this critical moment to call for a unified, publicly-funded American healthcare program.



Contact Congress Directly!

HPAN

The Health Policy Action Network's purpose is to carry out AMSA's legislative agenda by helping you to carry out district-level meetings with your Senators and Representatives. Act NOW with in-district lobbying.

All contributions are the work of the contributing authors, and do not necessarily reflect the views or opinions of the American Medical Student Association. Please contact the authors, **Sylvia Thompson, MD** (policy.chair@amsa.org) or **Iyah Romm** (brd.1@amsa.org) with any questions, comments, or concerns.

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A Brief Overview of HCR

In 1993 the Clinton Administration attempted to pass comprehensive health care reform legislation. These efforts were quickly derailed due to strong opposition from Congress, who bristled at the top-down mandates favored by the White House. President Obama is attempting to circumnavigate these hurdles by allowing Congress to draft HCR legislation. Two different bills will eventually be created, one in the House of Representatives, and one in the Senate. These bills will then be reconciled and sent to the White House for President Obama to sign or veto.

•**House:** There are three committees in the House responsible for working on HCR. They have jointly written one bill, HR 3200. The “Tri-Committees” are Energy and Commerce, Ways and Means, and Education and Labor.

•**Senate:** There are two committees in the Senate working on HCR. The Health, Education, Labor, and Pensions (HELP) committee, which released a bill on June 9. The Finance Committee (FinCom) has not yet made their bill available to the public.

Single Payer, Public Options, and Co-Ops

Single Payer: A publically funded, privately delivered program like Medicare. Physicians and hospitals are independent entities, reimbursed by the government. This is NOT socialized medicine, where both the funding and the delivery are public (i.e. doctors are government employees). The Congressional Budget Office (CBO) has stated that a Single Payer health care system would save the U.S. \$3.5 trillion over 10 years.

Public Option: This maintains the current health insurance system, but adds a publically funded, privately delivered option. There are many forms that a public option can take. In the most robust of systems, all Americans are able to buy-in at sliding-scale rates that they can afford. In weaker public option proposals, specific criteria restrict eligibility to only a small portion of the population.

Co-ops: A group insurance plan composed of many not-for-profit entities (individuals or organizations) who act as self-insurers – collecting premiums in order to create a large risk pool to drive down costs. Co-ops would dictate premium and coverage variation state-by-state (50 co-ops in total would exist). The federal government would provide seed money for initial costs and capitalization. There has also been peripheral discussion of a national co-op.

AMSA's Stance on Health Care Reform

The American Medical Student Association believes that the best solution to our health care crisis is a single-payer system of publicly funded, publicly accountable, privately provided, Quality, Affordable, Health Care For All. In the current legislative environment, however, we consider the following to be **essential** to health care reform that has the potential to effectively contain costs, improve quality, and ensure access for all:

- Establishing a single, federally administered public insurance option, providing uniform benefits across the US, enacted concurrently with other provisions of health care reform and available to individuals and employers widely. The public plan must be allowed to set premiums and payment structure in negotiations with stakeholders, independent of other insurance plans, but subject to all federal insurance requirements.
- Requiring all insurers, public and private, to (1) guarantee issue of insurance to all; (2) set premiums by community rating, without regard to health status; (3) offer comprehensive benefits packages that meet a common actuarial standard; and (4) not institute annual or lifetime caps on benefits.

Further, AMSA actively advocates for:

- Establishing a public insurance option that further (1) makes use of the existing administrative infrastructure of Medicare to maximize operational efficiency; (2) receives a level of subsidy that is no less than that received by private plans.
- Structuring of provider payment to improve quality and promote prevention, primary care, the medical home, chronic care management, and public health.
- Subsidies to make purchase of insurance truly affordable and reasonable limits on out-of-pocket expenses to protect individuals and families from the catastrophic financial effects of serious illness.
- A standardized and defined benefit to apply to all insurance plans, which covers comprehensive services related to prevention, mental health, maternal and child health (including reproductive health), long-term care, vision, and dental care, as well as prescription drug coverage.
- Standards for transparently outlining benefits that will enable individuals to choose between plans based on objective information.
- Requirements that insurers take positive steps to decrease health care disparities based on region, income, minority status, gender and disability.