

QUALITY, AFFORDABLE, HEALTH CARE FOR ALL

ReformsKool: *What's Hot in HCR* Issue 7 September 4, 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

Not feeling up to speed with theory, definitions, or AMSA's policies? As always at ReformsKool, we want to get everyone familiar with 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.



Time is running out and it is fish-or-cut-bait time. President Obama must be breathing a deep sigh of relief that August is over. He took a bruising in the polls, his ideas were distorted and attacked at many a town hall while Republicans as well as members of his own party publicly refuted his ability to pass comprehensive health care reform. We believe that the passive White House strategy of the past months was an effort to avoid the pitfalls that subsumed the Clinton's push for HCR in '93. Placing decisive power for the details of reform in the hands of Congress, however, has not proven effective. In order to reassert himself into the debate, the President will be delivering a health care reform address to a joint session of Congress next week. This is risky for a couple of reasons. First, the address is coming very late in debate and some are wondering why he didn't step forward sooner if health care reform is really so important. Second, making a big speech historically serves to amplify expectations, increasing the potential fall out for the President if reform is not passed in this cycle. However, he needs to change something. The Democrats have had a weak and confusing message, primarily predicated upon avoiding the flashpoints of the debate, many of which have been artificially perpetuated by Republicans. Last night, we attended a town hall meeting with Senator Kerry (D-MA) that demonstrated just the bumbling misdirection that has consumed the party. Over and over we heard the Senator clearly and loquaciously demonstrate the need for comprehensive reform now, and purport that the best plan on the table is a public option (if not single payer). Yet that sentiment was always followed by 'but it isn't feasible' or 'we don't have the votes.' Furthermore, when pressed about co-ops, the Senator expressed his perplexity – "if you figure them out, let me know," he said. And we're left wondering why moderate democrats, bowing to the powerful PhRMA, AHIP, and AHA lobbies, spending a purported \$1.4 million EACH DAY are being allowed to control the debate, instead of our representatives pushing for what is 'best' or as the Senator said, what is 'right and good.'

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

**Make your voice heard
on health care reform!
Attend Region 1/2/3
Lobby Day!
[Register HERE](#)**

Check out AMSA's NEW HCR Website!!

Health Care Reform 2009

www.amsa.org/uhc.hcr.cfm



**Weiner Sets
Bartirromo Straight on
Health Care Reform**

**more at msnbc.com
September 1, 2009**

In the News...

- ["Dems backtrack on single-payer bill" – The Hill, 8/31/09](#)
- ["Missing Richard Nixon" – NYT, 8/31/09](#)
- ["Majority rule on health care reform" – NYT, 8/30/09](#)
- ["Five Myths About Health Care in the Rest of the World" – WP, 8/23/09](#)
- ["Obama Aides to Simplify and Scale Back Health Bills" – NYT, 9/02/09](#)
- ["WellPoint, United Healthcare accused of illegal actions" – LA Times, 9/3/09](#)
- ["The Speech: High Risk, high reward" – Politico, 9/2/09](#)
- ["Roosevelt: The Great Divider" – NYT, 9/2/09](#)



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HCR Rally in the Boston Common

<http://my.barackobama.com/page/event/detail/epkgbf>

September 7



Health reform is finally within grasp. Opponents are spending millions every day to destroy it. We cannot let this happen. We voted for change in '08 and we must see it through. On Monday, September 7th, 2009, Bostonians will walk from all parts of the city to Copley Square to support the historic health reform legislation before Congress. Send Congress back to work with the message that they MUST pass meaningful reform.

Single Payer Amendments: A Primer

When Congress resumes working on health care reform in the coming weeks, three key single payer amendments will be considered.

Sanders: Sen. Sanders (I-VT) has pledged to offer a single payer amendment on the floor of the Senate

Weiner: Rep. Weiner (D-NY) will offer a substitution amendment, modeled after HR 676, on the House floor.

Kucinich: Rep. Kucinich's (D-OH) amendment to enable states to adopt single payer legislation under ERISA was passed by the Ed & Labor Committee during mark up and will be incorporated into HR 3200 as introduced on the floor.

Our "Uniquely American" System By the Numbers

Health coverage 2010



SOURCE: COMMONWEALTH FUND



Myth Busters

Myth: Publicly financed health care will result in a significant decline in physician salaries and reimbursement rates.

Reality: Physician compensation will not significantly decrease in a publicly funded system.

Many physicians' compensation is already determined by Medicare, a federal publicly funded program. More than 95 percent of physicians in the United States currently have a participation agreement with Medicare and accept Medicare rates.¹ The number of doctors choosing to participate in Medicare has been rising in recent years.² In addition, a recent analysis by Physicians for a National Health Program (PNHP) found that, on average, physician salaries in the Canadian single payer system were comparable to American salaries. In fact, in many primary care specialties, Canadian physicians earn more than their American counterparts.³

[Tell Your Congressperson Why We Can't Afford to Wait at MoveOn.org](#)



Have you attended a town hall? Email your story to studentlife.policy@amsa.org!

Town Halls

It's summertime on Capitol Hill and your Senators and Representatives are hitting the road to talk to you! So grab your white coats and head to a Health Care Town Hall near you!

http://healthcareforamericanow.org/page/event/search_simple



Contact Congress Directly!

National AMSA HCR Call!

Join us for "Making Sense of Health Care Reform" Sunday, 9/6 at 8pm EDT. Call in as we explain and answer questions on the policies and the politics of the current health care reform debate. Call in number: (218) 844-8230 (access code 555111#)

All contributions are the work of the authors, and do not necessarily reflect the views or opinions of the American Medical Student Association. Please contact the authors, [Sylvia Thompson, MD](mailto:Sylvia.Thompson@amsa.org) (policy.chair@amsa.org) or [Iyah Romm](mailto:Iyah.Romm@amsa.org) (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.

“President Obama’s apparent readiness to backtrack on the public insurance option in his health care package is not just a concession to his political opponents — this fixation on securing bipartisan support for health care reform suggests that the Democratic Party has forgotten how to govern and the White House has forgotten how to lead.”

~ Jean Edward Smith