

February 19, 2007

Medical Advocacy Committee:

Source: "Building a Better Health Care System," published by the National Coalition on Health Care in 2004

The February 6 meeting of the MAC assigned various tasks to members, including developing ways to evaluate health care reform proposals. We need a sense of the principles on which proposals are built and can be compared. Following are outlines of eight principles that appear in the literature.

- 1) **Universality:** Every discussion that recognizes that there is a problem proposes that the basic goal of reform is to ensure that all Americans have guaranteed access to high-quality basic health care. Everybody in, nobody out, removing barriers to care such as high deductibles, high co-payments, and exclusions for pre-existing conditions. Coverage would be automatic, not optional or mandated.
- 2) **Portability:** Coverage should belong to the individual. An individual must be assured that he/she can access care regardless of changes in employment, marital status, age or location.
- 3) **Free choice of doctors and hospitals:** Consumers should be able to seek services from any licensed health care provider for any medically necessary service.
- 4) **Consumer responsibility:** Many proposals emphasize the responsibility of consumers to engage in preventive care, personal safety practices, and thorough disease management for existing conditions.
- 5) **Quality:** What mechanisms would be fostered to maintain and ensure the quality of clinical care across the system?
- 6) **Freedom to purchase coverage for additional services:** Many proposals add that consumers should be free to purchase insurance to cover additional services that might not be recognized as "medically necessary" under the national plan. (This feature has a long history in some countries with national plans. It is not supported by Physicians for a National Health Program, but it has widespread support among other reform groups.)
- 7) **Efficiency:** Most proposals point out that the United States spends far more per capita than any other nation on health care, with sadly mediocre outcomes. We must look closely at proposals to determine whether per capita expenditures would be reduced. (Many proposals suggest various ways of gaining efficiency while retaining profit-driven plans, for example by reducing administrative overhead, legislating tort reform, improving electronic medical record keeping, restricting unnecessary tests and procedures, encouraging clinical innovation, etc.)
- 8) **Single payer structure:** This is another aspect of the efficiency discussion, but one that stands alone. A single payer plan would reduce administrative overhead to the minimum by eliminating profit-driven practices. Many groups fear this reform because it sounds like "socialism."