



ACTION ALERT

Health Care Policy Debate Heats Up

Congress is currently debating potential solutions to the health care problem in America. The President and Congressional leaders agree that it is time for fundamental reform to our system. Representatives from both sides of the aisle are working to craft a system with affordable, accessible, quality care for all Americans. Health care reform has become a top priority in Washington because the US spends twice as much as any other industrialized country on health care and has twice as many people who are sick. We rank 37th in terms of quality care available.

At a Congressional hearing on June 19, 2009, Dr. Christina Romer, Chair of the Council of Economic Advisers, painted a picture of what our nation's economic future would look like with and without major changes to our health care system. Health care expenditures are currently 18% of GDP. Without reform, by 2040, health care costs will be over 33% of our nation's economy. If we do not reform our system, in 20 years 72 million Americans will be uninsured, which is up 26 million from today. On the other hand, if we do find a way to reduce health care costs through comprehensive reform, we can reduce unemployment, lower the national deficit and help improve the economy – all while expanding coverage to millions of uninsured Americans.

As chairman of the Health, Education, Labor, and Pensions committee, Senator Kennedy has been the champion of health care reform for many years. When he introduced the Affordable Health Care Choice Act on June 9, 2009 he said, “Our goal is to strengthen what works and fix what doesn't...we will continue working...on common sense solutions that rescue skyrocketing health care costs, assure quality care for all and provide affordable health insurance choices.”

Senator Barbara Mikulski, a champion of women, feels similar about the urgency of tackling this cause now, “A national health care quality strategy will provide solutions to the biggest problems – medical errors, preventable hospital readmissions and failure to manage chronic disease – that severely impact people, their lives, their checkbooks, and national health care costs. Emphasizing quality improves lives, saves lives, and helps pay

for reform by saving money.” There are 60 million Americans who don't have access to a primary care physician and 46 million Americans who are uninsured. The average American family spends \$7,900 per year on health care and it is so expensive that 62% of all personal bankruptcies are a result of medical problems. A press release issued by Senator Kennedy's office states that the cost reduction will stem from stronger prevention, better quality of care, and the use of information technology.

Currently key stakeholders are debating three legislative proposals. Only one of the proposals, the Affordable Health Care Choice Act, is being considered by Congress.

While it includes a public health care option that would provide care to millions of people that are currently uninsured, there is some opposition to the cost and ideological nature of a public option. The Daschle-Dole Plan was written by a bipartisan think tank and uses government reform to support a fully private solution. The Health Equity and Accountability Act has been sponsored by the Congressional TriCaucus (for Black, Hispanic, and Asian Pacific members of Congress). Its primary goal is to ensure that the health care solution closely monitors the effect of health care policy on minority populations. The attached charts and graphs provide more detailed analysis of these choices and the need for immediate reform.



ACTION



The United Methodist Book of Resolutions states that health care is a universal right for all people in a just society. It supports a single-payer system. “We reject as contrary to our understanding of the gospel the notion of differing standards of health care for various segments of the population” (Read BOR 2008 #3201, page 352).

The story of the Good Samaritan shows that an outcast society deserves care for one in need regardless of race, social status, or economic means. Please call your Representatives and tell them about the elements of health care reform that are most important to you.

This is a historic moment in history and you need to be heard. You can contact your Representatives at their District offices or by calling the Congressional switchboard at (202) 224-3121.



UNITED METHODIST WOMEN’S ACTION NETWORK

Women’s Division – General Board of Global Ministries

Susie Johnson, Executive Secretary for Public Policy

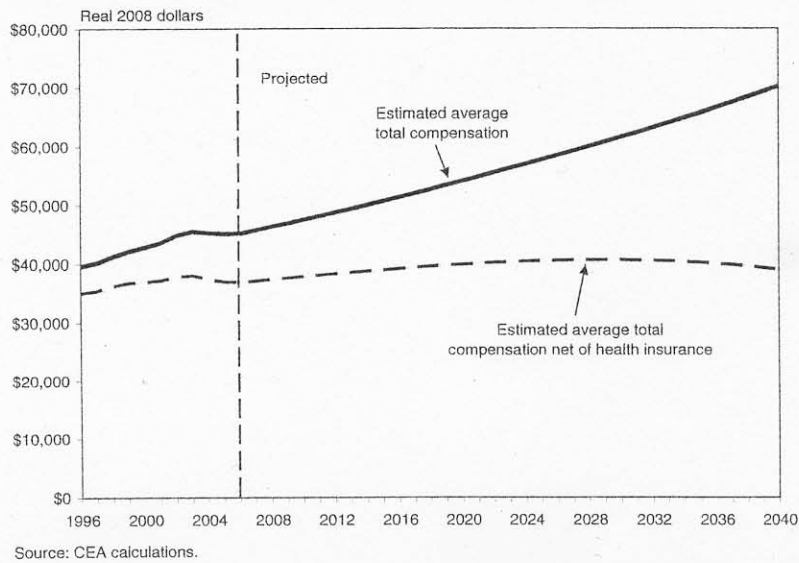
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	Description	Prevention	Public Vs. Private	Federal Vs. State	Cost	Funding
Affordable Health Care Choice Act	This is a bill being considered by Congress that would allow Americans choose to either keep their current health coverage or to opt-in to a public plan.	Preventative health considerations are a top priority to both sides of the debate	Families will not be forced to join a public or private health insurance plan. Because the government will run the public plan, it will be affordable to all working families	The public plan will be uniform across all states and will be headquartered in Washington, DC	This plan will cost at least \$1.3 trillion over 10 years, but Congress is still negotiating about substantial parts of the bill that will make it cost significantly more.	This plan will be paid for by the American taxpayers.
Daschle-Dole Plan	In this plan all Americans would subscribe to a private health insurance plan. Private health insurance companies will be subject to increased regulation aimed at driving down the cost of coverage	Preventative health measures will help to drive down costs of care	Because subscribing to coverage will be mandatory, there will be a sliding scale for the lower and middle classes. Health insurance companies will be mandated to charge less for families that cannot afford it.	States will have the option to develop competitive public plans. After a 5 year waiting period, if individual state plans are not working—Congress can move towards a national plan	The Daschle-Dole Plan will cost \$1.2 trillion over 10 years with no current pending additions.	This plan will be paid for by taxing employer offered health benefits at companies that gross over \$1 million. They will also tax any plan that is over \$5,000/individual. The other half of the plan will be paid for by reform in Medicare and Medicaid.
Health Equity and Accountability Act¹	There are unique disparities based on race that we must take into consideration when examining health care. Must include mental and dental care.	Preventative and wellness care are essential to eliminating root causes of minority disparities such as diabetes, AIDS/HIV, and obesity	A universal public option	n/a	n/a	n/a

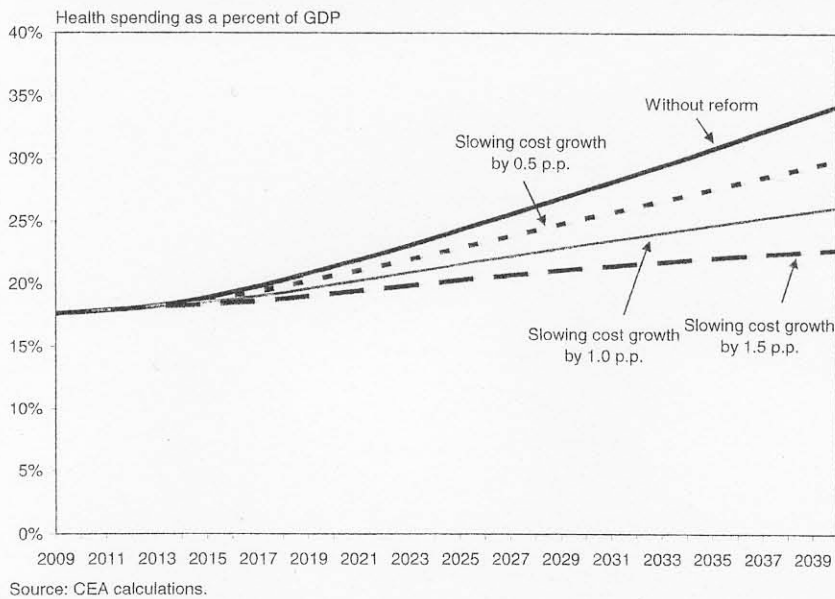
¹ Because of the unique nature of the Health Equity and Accountability Act, not all columns in the chart apply. It stresses that while ethnic minorities are 1/3 of the population, they account for 1/2 the uninsured. It also emphasizes the importance of having a health care workforce with a sufficient number of translators.

Projected Annual Total Compensation and Health Insurance Premiums



The top line of this chart² shows how the average American wage will increase over the next 30 years. The bottom line shows what total compensation will be minus health insurance. While total wages will increase steadily over time, wages minus health insurance will remain the same or slightly decrease.

Different Scenarios for Path of Health Care Expenditures



This chart shows how health care costs will grow as a percentage of the total American economy over time. Without reform, health care costs will be over 1/3 of our economy. You can see that the greater the changes which cut costs (such as Health IT, preventative health, etc.) then health care will compose a smaller percentage of the total economy.

² Both charts were presented by Christa Romer, Chair of the Council of Economic Advisers, at her Congressional presentation: The Economic Case for Health Care Reform.