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With liberty and coverage for all?

By Julie Appleby, USA TODAY

LOS ANGELES — A recent sunny Saturday found this city's cavernous Convention Center turned into a high-tech town hall, with nearly 500 residents debating, cheering and voting on an unlikely topic: health policy.



Nearly 500 attended a Citizens' Health Care Working Group session in Los Angeles on March 4.

By Julie Appleby, USA TODAY

For the most part, participants who gave up seven hours of their weekend were not policy wonks, but union members, health care workers and ordinary people, drawn to an event that is part of a \$5.5 million effort to seek answers to tough questions about health care reform.

As part of 2003's Medicare Modernization Act, Congress said it wants to find out what Americans think about the health system, how they want to change it and what they're willing to trade off to ensure access to medical care.

Some results from meetings

In a series of meetings around the country, the Citizens' Health Care Working Group, a non-partisan committee authorized by Congress to develop recommendations for reforming the health system, is gathering information about what Americans want.

Preliminary results from some cities show the people who turn out for the meetings tend to include more women than men, a disproportionately high level of people with graduate degrees and a strong showing from health care workers. Some of the results:

- **Kansas City**
(175 people attended)
91% said it should be public policy that all Americans have affordable health coverage.
81% wanted a basic benefits package available to all.
60% thought everyone should have to buy insurance.
- **Jackson, Miss.**
(100 people attended)
74% said everyone who could afford to should be required to enroll in health coverage.

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60% felt some people should pay more for such a benefit, based on income.
 72% felt the current employer-based health insurance system should be kept.

• **Los Angeles**

(475 people attended)

78% said everyone should automatically have health coverage.

51% said people should pay more for it based on income, while 20% said everyone should pay the same.

Care Working Group will make recommendations to President Bush and Congress, which must hold hearings but is not required to act. In addition to the 36 meetings, the group is holding an Internet town hall meeting March 22.

Some ideas may not fly

Even though Congress asked for the recommendations, elected officials might not like some of the controversial ideas proposed.

At most of the meetings nationwide so far, participants have called for a system where all are covered. Some want a government-funded national health care system such as those offered in Canada and many European countries, although such proposals in the USA have a 50-year track record of political failure.

In such a system, participants also generally wanted a broad range of health services, although support ranges widely when asked if they are willing to pay more to ensure access to care for all.

For example, 80% of those at a Kansas City meeting said they would pay more to ensure access to all. In Los Angeles, only 43% said they would.

"The overwhelming response was, 'If we're the richest nation in the world, and we stop funding a war and start funding our own needs, it should not be a problem to get coverage to everyone,' " says Los Angeles participant Ara Najarian, who works at a social marketing firm in Pasadena, Calif., called Latino Consultants.

In the coming weeks, the group will hold meetings in more than two dozen cities, including Detroit, Phoenix, New York, San Antonio and Hattiesburg, Miss. Chosen by the Comptroller General from 530 applicants, the 15 group members include professors, a union leader, an advocate for the disabled, hospital administrators, nurses, doctors, a Motorola executive and Michael Leavitt, secretary of Health and Human Services.

The survey of Americans' attitudes on health reform by the group comes as consumers, employers and government programs face health care costs that are rising at twice the pace of general inflation. More than 46 million Americans lack health insurance.

Questions posed at the meetings are not easy. What should be included in a basic benefit insurance plan? Should everyone get such a plan, or just certain groups? Should everyone be required to have health insurance? What's the best way to control costs? How much more would you be willing to pay each year to guarantee that everyone had access to health care?

In Los Angeles, debate kicked off about what should be included in the basic benefit plan, with participants adding vision care, home health services and dental care to a basic package, but generally balking at removing anything.

Want to comment?

Citizens' Health Care Working Group

www.citizenshealthcare.gov

People interested in adding their comments to those being gathered by the Citizens' Health Care Working Group can do so on its Web site, which includes discussion forums, blogs and a public

comment center. A list of upcoming town hall meetings is also available.

University of Michigan town hall meeting

www.umich.edu/healthmeeting

A live Web "virtual town hall" meeting will be hosted by the University of Michigan on March 22 from 7 to 9 pm. ET.

Bley, a teacher. "If it's medically appropriate, it should be covered."

Led by a presenter from America Speaks, one of two consulting firms working on the project, the participants were asked whether the cost of such a benefit package should be the same for everyone.

"Our group is split on whether people should pay the same, or whether if you smoke or do other high-risk things, you should pay more," Yolanda Jackson explained to a reporter who joined the group at her table. Jackson, an attorney specializing in alternative dispute resolution, traveled to Los Angeles from her Northern California home to volunteer as a discussion leader.

On one side of the debate was David Stanbra, a Los Angeles resident who works as an actor: "If you segregate people by whether they smoke or not, where does it stop? It could be exclusionary."

On the other was Ari Moss, a lawyer: "You have to have a system that prompts people to be as healthy as possible," Moss said. "If you choose to smoke, it will cost you more for health care."

After people pressed buttons on individual keypads to vote, the results were tallied within a couple of minutes and broadcast on four large screens for all to see.

Fifty-one percent voted that some people should pay more for health care, based on income, while 20% said everyone should pay the same. The remaining votes were split among those who said payments should vary based on health behavior, such as smoking, on family size or other reasons.

Will it lead to anything?

Sen. Ron Wyden, D-Ore., who sponsored legislation creating the working group along with Sen. Orrin Hatch, R-Utah, says the series of meetings prompts a long-needed national dialogue that will help influence debate in Washington. "What Sen. Hatch and I said ... was, 'Let's see what happens if we start the debate outside of Washington and let citizens drive it,'" Wyden said Monday. "And have Congress pick up on the suggestions."

But some fear the effort's report, which will be given to Congress and the president this fall, won't amount to much more than a few required hearings.

"I don't believe the vast majority of leadership in Congress is ready to stand up and say there's a health care crisis and we need to solve it," said attorney Moss. Even so, he's glad he attended. "It did create debate and discussion," he says. "It's what democracy is about: bringing people from different walks of life and having them engage in the public discourse."

Jackson agreed the event was worthwhile: "It made people think." Still, she doesn't expect a solution anytime soon: "This will be a 10-year fix, easily. It's so massive. (Health care) has so many big corporate interests that it's going to take a long time to overhaul."

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