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Health care report urges dialogue on reform

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By Julie Appleby, USA TODAY

Affordable health care should be available to all Americans by 2012, with protection in the meantime from "very high out-of-pocket medical costs," say initial recommendations from a 15-member panel created by Congress.

The Citizens' Health Care Working Group's 12-page report, which some say may prompt debate before national elections in November and in 2008, does not specify exactly how to pay for such benefits or what they should include.

Before drawing up its recommendations, the panel conducted more than 35 meetings nationwide, along with several Internet polls, to gauge what Americans think of the health system and how they want to change it. The report is thought to be the first wide-ranging effort sponsored by the government to poll average citizens on health care policy. It comes as federal efforts at health reform are minimal, health spending is growing faster than inflation and action on helping the uninsured is heating up in some states.

Members of the working group included 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. It has a two-year, \$5.5 million budget — about half of which was spent on contractors who organized and ran the meetings — authorized by Congress as part of 2003's Medicare Modernization Act.

Divisions on who should pay

At most of the town hall meetings, including a March meeting in Los Angeles covered by USA TODAY, the majority of participants called for a health system in which everyone is covered, generally with a wide-ranging set of health services, including medical, dental and vision care. Significant, but smaller percentages, of participants wanted a so-called single payer system in which the government finances health care through taxes, as in Canada and much of Europe. Others wanted to keep the current employer-based system of health insurance.

Bigger splits were seen when participants were asked how such programs should be paid for and whether some people, such as the wealthy or those who smoke, should pay more.

Rather than outlining in detail the results of the community meetings, the report summarized them this way: "We heard a common message: Americans should have a health care system where everyone participates, regardless of their financial resources or health status, with benefits that are sufficiently comprehensive to provide access to appropriate, high-quality care without endangering individual or family financial security."

After 90 days of public comment, a final version of the recommendations will go to Congress and the president, probably in October. The report can be read online, and comments submitted, at www.citizenshealthcare.gov. Such timing "was clearly designed to force the issue to political discourse this fall," says Len Nichols, a health policy expert at the New America

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Foundation, a moderate think tank in Washington.

Whether health reform will be a focus of the November elections is questionable, Nichols and others say, because voters are concerned about other sharply divisive issues, such as the war in Iraq and immigration reform. But health care reform may be a hot topic in the next presidential election.

"The report may serve as an important reminder for candidates on both parties who want to seek the presidency in 2008 that they need to develop a serious health care agenda," says Ron Pollack of the liberal advocacy group Families USA.

There is little agreement on how to reform the health care system. Since the demise of the Clinton administration's sweeping reform proposal in the early 1990s, there has been little action in Washington. But this year, state lawmakers have acted to support coverage for the uninsured. Massachusetts approved a complex proposal that would require all individuals to buy coverage. Vermont, Illinois and West Virginia also have approved new programs.

The working group report says that deciding what should be included in a core set of benefits should be up to an appointed panel of experts and citizens. While it says no financing method is "optimal," the report says "multiple financing sources" will be needed. Those could include enrollee contributions or taxes on income, businesses or products.

The group promises greater detail and explanation of its findings before its final report.

Criticism of the report's initial recommendations came from both the right and the left.

Don McCanne of Physicians for a National Health Program, a liberal group that wants a single, government-financed health care system, says the report seemed worded to support Bush administration policies, including high-deductible insurance.

"They carefully crafted this interim report to satisfy policy issues for many of the special interests," says McCanne.

But Joseph Antos at the conservative American Enterprise Institute sees in the report a call for far too much government involvement in health care.

"It would make health care a 'right' and give everyone cradle-to-grave security through the government," Antos said in an e-mail. "That's unrealistic and irresponsible."

Some say proposals don't go far enough

Some of the participants at the Los Angeles town hall meeting, which drew more than 400 people, felt the report did not go far enough and said they were disappointed in its recommendations.

"This is pretty generic," says attorney Yolanda Jackson, who said participants in Los Angeles had much more forceful opinions about changes needed in the health system. "My reading of this is that it's not that different from what we currently have. "

Ara Najarian, who also participated in the Los Angeles meeting and who is a senior partner at social-marketing firm Latino Consultants, says he was also disappointed. "Saying we need a core benefit package is great, but what does core mean? That's still to be debated, as is the definition of affordable," he says. "It's hard to see where the debate ends and actual action takes place."

The working-group effort was added to the Medicare reform act by Sens. Ron Wyden, D-Ore., and Orrin Hatch, R-Utah. Both say they are happy that the initial recommendations are in.

"It's good to have these ideas down on paper to drive a national dialogue on health care, and I'm looking forward to the public comments," Hatch said in a written statement.

Hearings on the report's findings are required, but Congress need not take action. Those hearings are not expected until next year. Wyden says it would be helpful if the report gave more details.

"Now the challenge is to get as much specific meat behind these particular areas as possible," Wyden says. "The more specifics Congress gets, the more opportunity there is to write a bill in line with what the people are saying."

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