

*“So let there be no doubt: health care reform cannot wait, it must not wait, and it will not wait another year.”*

—President Barack Obama, Feb. 24, 2009  
Joint Session of Congress

**Federal Healthcare Reform Primer**

AIDS Foundation of Chicago

[aidschicago.org](http://aidschicago.org)

March 2009

## In his own words:

- ***“We can no longer afford to put health care reform on hold”***
- “[my plan] makes the largest investment ever in preventive care, because that is one of the best ways to keep our people healthy and our costs under control.”
- **“I suffer no illusions that this will be an easy process. It will be hard:”**

President Obama’s remarks to a joint session of Congress, February 24, 2009

# White House FY10 Budget Proposal

- ***Create a Reserve Fund:*** Over 10-year, create a \$634 billion reserve fund to help finance universal health coverage
- Intended as a “down payment” for reform efforts and to spur congressional activity
- “Funds will come from cutting waste, realizing efficiencies in Medicare and Medicaid and changing some upper-income taxes.”

# White House Principles For Healthcare Reform

- 1. *Guarantee Choice:*** *The plan should provide choice of health plans and physicians.*
- 2. *Make Coverage Affordable:*** *The plan must reduce waste and fraud, high administrative costs, unnecessary tests and services, and other inefficiencies that drive up costs with no added benefits.*
- 3. *Protect Families' Financial Health:*** *The plan must reduce the growing premiums and other costs American citizens and businesses pay for health care. People must be protected from bankruptcy due to catastrophic illness.*
- 4. *Invest in Prevention and Wellness:*** *The plan must invest in public health measures proven to reduce cost drivers in our system—such as obesity, sedentary lifestyles, and smoking—as well as guarantee access to proven preventive treatments.*

# Obama's Healthcare Principles *continued*

5. ***Provide Portability of Coverage:*** *People should not be locked into their jobs just to secure health coverage, and no American should be denied coverage because of pre-existing conditions.*
6. ***Aim for Universality:*** *The plan must put the U.S. on a path to cover all.*
7. ***Improve Patient Safety and Quality Care:*** *The plan must promote proven patient safety measures; provide incentives for changes in the delivery system to reduce unnecessary variability in patient care; support the widespread use of health information technology with rigorous privacy protections; and the development of data on the effectiveness of medical interventions to improve the quality of care*
8. ***Maintain Long-Term Fiscal Sustainability:*** *The plan must pay for itself by reducing the level of cost growth, improving productivity, and dedicating additional sources of revenue.*

## ***Comparative Effectiveness Research (CER)***

- **What is CER:** “The generation and synthesis of evidence that compares the effectiveness of alternative methods to prevent, diagnose, treat, monitor, and improve delivery of care for a clinical condition. The purpose of CER is to assist patients, clinicians, purchasers, and policy makers in making informed health decisions.”

# ***Comparative Effectiveness Research (CER)***

- *To improve patient care, increase quality, and lower costs, the Administration is planning to invest in comparative effectiveness research.*
- *Funding is set aside in the economic recovery plan for CER*
- *The Administration hopes to create a CER pipeline to inform clinical, financing, and systems-development decisions*

# Committee on Comparative Effectiveness Research Priorities

- *Panel convened to set national CER priorities*
- *Panel includes Deborah Parham Hopson, HRSA HIV/AIDS Administrator*
- *Panel charged with selecting and ranking criteria (e.g. disease burden, disease severity, variation in care, cost, public interest, information gap) for CEP research*
- *The group will also determine new or enhanced capacities and infrastructure needed to sustain a national CER enterprise*

# CER Committee Invites Research Suggestions

[http://www.surveymonkey.com/s.aspx?sm=704JA7NisuyMhdLvocyIFw\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=704JA7NisuyMhdLvocyIFw_3d_3d)

- **Study Population:** Identify a study population by disease entity, condition, susceptible population, or population affected.
- **Alternative Interventions:** Comparators might include systems of care as well as specific interventions to address the prevention, diagnosis, treatment, monitoring, or delivery of care. One comparator could be the current standard of care or usual care.
- **Outcome of Interest:** Please identify the health related risk, side effect or harm of greatest concern, and/or the health related benefit of greatest interest (e.g., patient-reported outcomes, surrogate endpoints [such as change in tumor size or laboratory parameters], clinical event, death).
- **Study Methods:** CER can include analyses of existing data, observational studies (e.g., Framingham study), prospective trials, and systematic reviews of published studies.

# Key U.S. House Committees

## Ways & Means

- **Chairman Charles Rangel** (D-NY), Harlem
- Rep. Dave Champ (R-MI), Ranking Member of Traverse City
- Rep. Danny Davis (D-IL), Loop and Westside
- Rep. Peter Roskam (R-IL) of northern DuPage County

## Energy & Commerce

- **Chairman Henry Waxman** (D-CA), Los Angeles
- Rep. Joe Barton (R-TX), Ranking Member from Fort Worth
- Rep. Jan Schakowsky (D-IL), Northside and Evanston
- Rep. Bobby Rush (D-IL), Southside
- Rep. John Shimkus (R-IL), Springfield and southern IL

## Education & Labor

- **Chairman George Miller** (D-CA) Napa Valley
- Rep. Buck McKeon (R-CA), Ranking Member
- Rep. Phil Hare (D-IL), Rock Island
- Rep. Judy Biggert (R-IL), Naperville

# Key U.S. Senate Committees

## Finance

- **Chairman Max Baucus (D-MT)**
- Sen. Chuck Grassley (R-IA), Ranking Member
- Olympia Snowe (R-ME)—moderate Republican

## Health, Education, Labor, and Pensions

- **Chairman Ted Kennedy (D-MA)**
- Sen. Mike Enzi (R-WY) Ranking Member

# Other Congressional Players

- Leadership: House Speaker **Nancy Pelosi** and Minority Leader **John Boehner** (R-OH); Senate Majority Leader **Harry Reid** (D-NV) and Minority Leader **Mitch McConnell** (R-KY)
- Senate Budget Committee, Chairman Kent Conrad (D-ND) and Ranking Member Sen. Judd Gregg (R-NH)
- Senate Appropriations Committee, Chairman Daniel Inouye (D-HI) and Ranking Member Sen. Thad Cochran (R-MS)
- *Durbin is a member*
- House Budget Committee, Chairman John Spratt (D-SC), Ranking Member Paul Ryan (R-WI)
- House Appropriations Committee, Chairman Dave Obey (D-WI) and Ranking Member Rep. Jerry Lewis (R-CA)
- *Members include Reps Jackson and Kirk*

# Other Congressional Players

## Moderate Republicans

- Susan Collins (ME)
- Olympia Snowe (ME)
- Arlen Specter (PA)
- George Voinovich (OH)

## Conservative Democrats

- Ben Nelson (NE)
- Joe Lieberman (I-CT)
- Claire McCaskill (MO)

# Baucus Plan

- **Build on employer-provided coverage:** Large employers mandated to provide coverage or pay into federal insurance fund.
- **Improve individual market:** Tax credits for people purchasing individual coverage, which would be mandated.
- **Help small businesses:** Create a “national health insurance exchange” of federally approved private plans and new “Medicare-style” federal plans for small businesses and individuals.
- **Protect consumers:** Insurers would not be allowed to deny or charge different premiums to applicants with pre-existing health conditions.
- **Expand federal programs:** Medicare would lower the enrollment age to 55 and phase out the two-year wait period for disabled workers. Medicaid would cover all citizens at or below federal poverty and eliminate the 5-year Medicaid ban for legal immigrants. SCHIP would expand to cover all children in families under 250% FPL

# Key Questions-Financing

- Overall cost and parameters of a plan
- Taxing employer-based health benefits
- How to measure and capture savings generated from greater efficiency, CER, prevention, etc.
- How to control drug costs
- Mechanisms to pay for prevention and public health

# Key Questions-Delivery

- Whether and how to impose individual or employer mandates
- Implications of expanded Medicare/Medicaid:
  - States' cost-sharing
  - Beneficiaries' cost sharing
  - Quality
  - Coverage (i.e., quantity of providers in these systems)
- How Federal Poverty Level (FPL) is calculated in the future
- Whether to create federal health plans that compete for market share with private plans
- Implications (positive and negative) of CER

# Advocacy Needed

- *Help make the need for reform real and urgent with real-life stories*
- Urge support for the President's budget and call for healthcare reform legislation this year
- *Remind lawmakers of the urgent need to bolster HIV prevention through any plan*
- Call your lawmakers

# Principles for Health Care Reform for People with HIV/AIDS

- Provide access to high-quality and comprehensive health care
- Guarantee access to affordable health care
- Address ongoing health disparities
- Require accountability and encourage innovation

See the full principles developed by the **HIV Health Care Access Working Group**, of which AFC is a member, at [aidschicago.org/advocacy/federal\\_issues.php](http://aidschicago.org/advocacy/federal_issues.php)

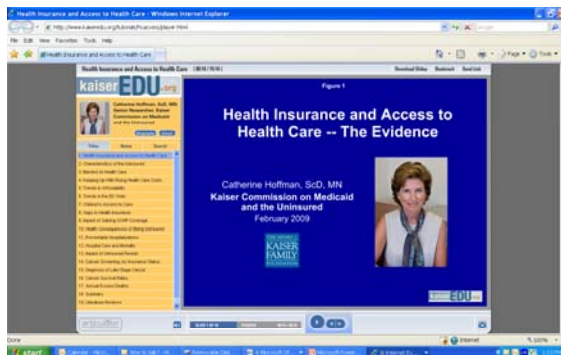
# Resources



[www.healthreform.gov](http://www.healthreform.gov)



[www.kff.org/healthreform/](http://www.kff.org/healthreform/)



[aiseredu.org/tutorials/hcaccess/player.html](http://aiseredu.org/tutorials/hcaccess/player.html)



[standupforhealthcare.org](http://standupforhealthcare.org)

# Thank you!

## Contact us:

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