2019BCDCC-400-190814-HEA-SUPPORT FOR MULTI-OPTION SYSTEM TO ENSURE HEALTHCARE FOR ALL

Support for improving our current multi-component healthcare system (government, employer, and private) to ensure that everyone residing in the United States has affordable access to the healthcare they need when they need it to stay healthy and get well when ill from prenatal to end of life. Healthcare is a human right and one of the best investments our society can make.

Whereas, a healthy population is an important investment to ensure that the human right to timely appropriate healthcare is achieved, the public health is maintained, and national security concerns regarding spreading of diseases for epidemics, climate change and bio-terrorism are addressed,

Whereas, our current multi-component system (federal and state government, private sector employers, and private insurance) has been less successful than expected in reducing costs and expanding coverage,

Whereas, the current multi-component system does not consistently cover dental (including orthodontics, dental implant, etc.) vision (treatment, exams, frames, lenses) or hearing (hearing aids, corrective surgeries, etc.), all of which are essential to education and good health,

Whereas, current single-payer proposals (Medicare for All or M4A) would eliminate all existing healthcare programs(R.1) including Medicare, Medicaid, Tricare, Federal Employee, state and municipal plans, union plans, employer plans, retiree health benefits, prepaid nursing home insurance, as all of these would be replaced, with great disruption to the healthcare industry and their clients,

Whereas, the M4A proposals would impose unsound top down control of health care budgets decided by the Secretary of Health & Human Services(HHS) from a total national budget to regions, individual states and individual institutional (hospitals, nursing homes, dialysis centers, cancers centers, etc.) providers within each state(R.1). Specific hard budget allocations by Sec. HHS at each level and without input from States,

Whereas, M4A cost containment by closely monitoring of authorized care, capping budgets (via global or block granted lump funding) with Regional Directors deciding on monthly or quarterly allocations (R.1) based on monitoring results are likely to result in denial of care since what gets measured is what gets done,

Whereas, cuts to all institutional providers is premised on the assumption that they are major cost centers and therefore must be wasteful (R.2,R.3)

Whereas, taxpayers are unable, in the current system, to benefit from the substantial investment over decades in health and treatment sciences owning to current patent process and law (R.4),

Whereas, the current system lacks the means for provision of a unified medical record system including imaging, test results, medications, etc. to enhance the ability of providers, including emergency rooms, to effectively manage patient care no matter where one needs it,

Therefore, be it resolved,

That our State and Federal Legislative Delegation work to realize the following proposals and concepts in the spirit of improving the current multi-component healthcare legislation at both the State and Federal level.

a) Increased legal support and funding for the Patient Protection/Affordable Care Act (PP/ACA) exchanges as well as Medicare and Medicaid, with access to a government run Public Option for anyone who wants it, that covers all services from prenatal up to Medicare for old people,

b) Insurers and providers must use 90% of premiums on direct patient care,

c) Insurers and large providers (institutions) be regulated as public utilities,

d) Employers allowed but not required to subsidize their employees' participation in the PP/ACA exchanges for any plan including the Public Option,

e) Expanded coverage to include Dental, Vision, Hearing, advanced prosthetics, mental illness, and other important care to all residents of this country,

f) Changes to Patent and Intellectual Property Law and implementation to protect taxpayer investment in drugs, devices, and treatment modalities to limit charges to reasonable cost recovery by a commercializing entity, and recognition of value of decades of taxpayer investment, states and as well as the Federal government have standing based on amounts of investment over time and may waive standing,

g) Investment in a nationally integrated electronic medical record system to provide an institutional or individual provider access to a patient's full medical history including digital images, test results, and medications and treatments to enhance their ability to effectively manage patient care not matter where the care is provided but especially in emergency rooms.

References

R.1 HR 1384 To Establish an Improved Medicare for All National Health Insurance Program. Pgs 58, 60 & 64,

R.2 This is the Part of "Medicare for All" that You Never Hear About. Bernie Sanders ad allies want to squeeze hospitals which is very necessary and very difficult. Author Jonathan Cohn,

R.3 "Medicare for All: What it is and What it Isn't" by Jon Greenberg

R.4 The Entrepreneurial State: Debunking Public vs. Private Sector Myth. Professor Marianan Mazzucato, 2014 pgs 59-70, Figures 3-8.