

Consensus Offers Real Chance for Reform



**BY MICHAEL
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In 1993, President Bill Clinton established a Task Force on National Health Care Reform and named First Lady Hillary Clinton as its chair. Her charge, no small one by any measure, was to develop a comprehensive plan to provide health care for all Americans. Once unveiled, the plan, which turned out to be complicated, quickly became the victim of partisan wrangling and special-interest sabotage.

In September 1994, Senate Majority Leader George Mitchell declared the Clinton reform plan dead for that session of Congress. There also died, along with the plan, any immediate hopes of covering the uninsured or gaining control of unmanageable health care costs.

Fast forward to 1997 and Congress's enactment of the Balanced Budget Act, which included funding for a new program—the State Children's Health Insurance Program, widely known as SCHIP—to cover uninsured kids. Today, SCHIP covers more than six million children and represents a successful attempt to reconcile public policy with the priority of protecting a vulnerable population, in this case children.

It has now been 10 years since SCHIP was established and more than 16 years since now-Sen. Hillary Clinton, D-NY—herself a leading candidate for president—first testified on Capitol Hill about her reform plan. During these years, the number of uninsured has only continued to climb. Unlike any other major industrialized nation, the United States has tens of millions of people who, although they work hard every day, still do not have health insurance coverage.

SIGNS OF HOPE

More children are now covered because of SCHIP, and that represents real progress. But some nine million children are still uninsured, and another 38 million adults lack coverage. Although significant reform remains no easy task, the nation

is perhaps better placed to address this set of issues today than at any time since Bill Clinton promised to take on the health care challenge back in 1992.

Here's why: The public increasingly supports health care that works for everyone. Opinion surveys of both Democrats and Republicans continually validate this finding as Americans come to better understand each day the impact on society of a health system that marginalizes a huge portion of the population.

This public sentiment has prompted a number of states to propose and begin implementing aggressive reform plans. Massachusetts and California are the most publicized examples, but Illinois also has a new program to cover all children, and a host of other states are experimenting with equally bold coverage plans.

Some health policy experts believe that inaction on the federal level will continue to be the rule, and that only in the states will real changes begin to materialize. This may be true, at least in part because Congress, which vividly recalls the stalemate that killed the Clinton reform effort in 1994, fears that a new and equally comprehensive reform package would meet a similar fate.

CHA, which is never satisfied with the view that nothing big can happen, two years ago joined a broad-based coalition established with a straightforward goal—developing a consensus on covering as many uninsured people as possible, as quickly as possible. The group is called the Health Coverage Coalition for the Uninsured (HCCU).

"STRANGE BEDFELLOWS"

The coalition brings to the same table a "strange bedfellows" group—organizations that are consistently at odds with each other over how to reform the nation's health system. The coalition includes hospitals, physicians, insurers, owners of small businesses, consumer advocates, pharmaceutical

suppliers, and other major stakeholders.

For its first two years, the group met outside the public eye, intending to hash out a plan everyone at the table could support. Two conflict-management organizations were employed to mediate the discussion and bring together divergent viewpoints of how best to solve a problem that everyone involved agreed needed to be solved.

As part of the consensus-building process, coalition members agreed to allow several principles to guide the discussion.

- Their efforts to expand coverage would involve a combination of approaches, both public and private.

- Their efforts to enhance coverage would be directed at the most vulnerable individuals—those least able to afford it.

- Their recommendations would focus on providing incentives and supporting voluntary approaches for expanding coverage.

- They would build, wherever possible, on the existing employer-based system of coverage, providing more effective education and outreach to the uninsured and recognizing the existing fiscal constraints of both federal and state budgets.

As the consensus process evolved, particular efforts were aimed at creating a balanced approach, one that would transcend the political divisiveness that has dominated Washington debate in recent years.

HCCU's PROPOSAL

On January 18, HCCU unveiled its consensus proposal in a Washington, DC, press conference. The proposal outlines a two-phased plan to expand coverage:

- A "Kids First Initiative" would work toward a combination of approaches, including tax credits and the strengthening of Medicaid and SCHIP, to boost the number of insured children.

- HCCU would work to expand the coverage of adults by giving states the flexibility to increase Medicaid eligibility and by providing a new tax credit to help individuals cover the cost of private insurance.

"Day after day, there is debate and discussion. And day after day, people die," said Reed Tuckson, MD, senior vice president of the United Health Foundation and a member of the HCCU coalition. "We need more action and less debate."

HCCU is the framework for such action. While some have criticized the proposal for going too far or not far enough, it represents a consensus view on how to move forward, something that did not materialize in the early 1990s and has not materialized since. The HCCU plan, regardless of one's

personal opinion of it, does go further than any previous plan, simply because it has won the endorsement of organizations across the political and ideological spectrums. If that's not a good place to start, it is difficult to imagine what will be.

The coalition's members recognized that expansion of coverage needs to be linked to broader reforms of the health system. However, those other issues—reducing overall costs, improving quality, enhancing health information technology, improving chronic care management, and others—although extremely important, were judged by the coalition to lie outside the consensus-building process.

Of course, there is reason to be skeptical about how expeditiously public policy can catch up to general public sentiment, which is now behind a health care system that serves everyone. Still, HCCU represents a genuinely reasonable shot at getting something done—and moving toward the system we all want and deserve.

At CHA, we hope the Catholic health ministry will join us in supporting and advancing the HCCU proposal, as well as the other efforts we are making to fortify programs like Medicaid and SCHIP while being inventive about ways to get even more people covered.

Let us not look back, 16 years from now, and wish things had gone differently today. ■

HCCU Signatory Organizations Include

AARP

American Academy of Family Physicians

American Hospital Association

American Medical Association

American Public Health Association

America's Health Insurance Plans

Blue Cross and Blue Shield Association

Catholic Health Association

Families USA

Federation of American Hospitals

Healthcare Leadership Council

Johnson & Johnson

Kaiser Permanente

Pfizer Inc.

United Health Foundation

U.S. Chamber of Commerce

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