



# Champaign County Health Care Consumers

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*Grassroots organizing for health care justice since 1977.*

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## Principles for National Health Care Reform

*By the Health Care Access Task Force of the Champaign County Health Care Consumers*

It is our belief that health care is a basic human right, not a privilege, and that every single individual deserves access to quality and affordable health care in a timely manner. The current health care system in the United States of America is not affordable for individuals, families, or businesses, unfairly excludes people from coverage, and is not universal or comprehensive. Over 20,000 individuals die every year in the United States simply because they lack health insurance.

The current system of health insurance is not working for consumers, even for those who have coverage. 75% of the Illinois residents who had to file bankruptcy because of medical debt had health insurance at the time they incurred the debt.

Health insurance should:

- a) protect people from financial ruin, not cause it; and,
- b) guarantee access to timely health care when someone is sick or injured.

Private, for-profit health insurance companies have an inherent conflict of interest – they have to generate profits every month for their shareholders, and profits are diminished when they pay insurance claims for health care services provided. Private, for-profit health insurance companies are accountable to their shareholders, not to the consumer. Private, for-profit insurance companies generate profits by:

- a) Increasing the cost of monthly premiums at a far higher rate than the rate of inflation;
- b) Discriminating by age, gender, occupation, and health history and charging higher premiums on that basis;
- c) Using cost-shifting mechanisms to force the consumer to pay more of their health care costs out-of-pocket, while the insurance companies pay less and less; and,
- d) Finding ways to avoid paying medical claims, including using “pre-existing” condition exclusions, deeming health procedures as “experimental,” and more.

Therefore, we believe that our nation’s solution to the health care crisis and the crisis of the uninsured cannot be that we simply provide more people with the same failing for-profit health insurance plans that are currently leaving thousands of Illinois and Champaign County residents in financial ruin and health crises. We believe that national health reform should be undertaken for the purposes of the public good, and not for the purpose of further enriching the health insurance industry’s profit margins. Ultimately, we believe that the best solution for national health reform is a single-payer system. However, if Congress will not consider a single-payer system, then health reform must include a public insurance option available to all.

Furthermore, we believe it is our government’s responsibility to guarantee quality, affordable, patient-centered health care for everyone in the United States, and play a central role in regulating, providing, and ensuring that national health coverage meet the following criteria:

- 1) **Public insurance** – regardless of the method of health care reform, whether it takes the form of single-payer health insurance or a choice for consumers between private, employer-based health insurance and a public health insurance provided by the government, health care reform must include public health insurance available to all and should not be an insurance of last resort.
- 2) **Universal coverage** – every single person in the country should have guaranteed coverage and access to health care with no one left out.
- 3) **Comprehensive coverage** – insurance should be required to provide comprehensive coverage for the following: physical health, oral health, vision, hearing, mental health, prescription drugs, medical supplies,

durable medical equipment, preventive care (annual physicals, diagnostic tests, mammograms, pap smears, etc.), substance abuse treatment, rehabilitative services, reproductive health, consumer health education, nutritional services, hospital care (inpatient and outpatient), pre-natal and maternity care, child health care including children with special health care needs, chiropractic care, podiatric care, disease management, coverage for serious and chronic illnesses, hospice care, in-home care and any other medically necessary, physician prescribed procedure, medication, or equipment.

- 4) **Affordable coverage** – insurance should be affordable and based on a family’s income and ability to pay, and not on health conditions, age, gender, race, ethnicity, sexual orientation, religion, or citizenship; costs should be predictable. Health insurance should have a limit on out-of-pocket expenses, including premiums, deductibles, co-pays, co-insurance, and any out-of-network costs.
- 5) **Continuous coverage** – insurance coverage should be continuous regardless of employment, student, marital or citizenship status, and should have no gaps in coverage.
- 6) **Open enrollment** – insurance should have open enrollment at any time, and should have guaranteed renewability.
- 7) **Portability** – insurance should allow for consumer portability across employers, state boundaries, or family conditions.
- 8) **No lifetime benefit limits or caps on coverage** – insurance should have no annual, lifetime, or benefit limits on comprehensive coverage.
- 9) **Guaranteed coverage/no exclusions** – insurance should prohibit the use of pre-existing conditions, health risk factors or past medical debt to determine eligibility, coverage, or out-of-pocket expenses.
- 10) **Guaranteed acceptance** – by all doctors, hospitals, and other providers.
- 11) **Consumer choice** – of any doctor, hospital, or other providers.
- 12) **Equal, culturally and linguistically competent health coverage, access, treatment, research and resources to all people** – including people and communities of all races, ethnicities, genders, sexual orientations, ages, disabilities, socio-economic statuses, geographic locations, languages, citizenship statuses and religions as well as individuals with past medical debt in order to eliminate disparities in health care and ensure the health needs of all people are being addressed.
- 13) **Standardized and easy to understand** – insurance should have standard and simple applications, as well as easy to understand benefits and disclosure information.
- 14) **Government oversight and regulations** – a regulatory body should oversee and regulate insurance costs and increases, coverage and benefits, and marketing practices, as well as changes to contracts, denials and delays in coverage, and consumer protections.
- 15) **Establish consumer protection mechanisms** – a government department should identify and investigate complaints from consumers about insurance contracts and practices and have the authority to intercede to help resolve the problems; create a state or national hotline for consumer complaints; and oversee an appeals or dispute process for consumers.
- 16) **Effective cost controls** – Insurance must lower administrative costs, achieve long-term financial sustainability, and reduce profit-gaining practices. Options include: insurance with the largest possible pools in order to share costs and risk and limit or eliminate out-of-network penalties, standard claim forms, secure electronic medical records, promoting preventive care and consumer health education, promoting primary care physicians and community health centers, comparative effectiveness research, and the use of public purchasing and price negotiating for prescription drugs, medical supplies, and durable medical equipment to lower the costs for consumers.

The Health Care Access Task Force is a group of health care consumers and concerned individuals in Champaign County working to create a sustainable solution that guarantees timely access to quality, affordable health care for all people. Champaign County Health Care Consumers organized the Health Care Access Task Force in 2007.