Medicare For: Jen Coleman
GW 289-0976

Providing New Health Insurance Options for Americans Ages 55 to 65. This proposal gives Americans ages 55 to 65 new options to buy into the Medicare program or their former employers health plans by paying a premium.

Attack: Why let more people into Medicare at a time when the program is going broke.

Response: This is a self-financed, targeted proposal to give hundreds of thousands of Americans who have no or little access to health care, a much needed option for health insurance. Because it is paid for through the premiums of those who choose this option, it will not place new burdens on the Medicare Trust Fund.

Attack: This proposal is just the opposite of what we need when people are living well into their 80s. We do not need more burdens on Medicare and Social Security we need less.

Response: Very few people will retire early just to access a $300 per month health premium when their employer is currently providing health insurance for much less. The people who will opt for this plan will be those who have no other health insurance options.

Attack: This proposal is too expensive anyway. Most older Americans this age who need health insurance would not be able to afford $300 per month premiums.

Response: While this will not be affordable for some, many Americans, who currently have no insurance options or pay as much as $1000 per month, will find this to be an attractive option.

Attack: This is an incentive for employers to drop retiree health coverage. Now the Government will pick up costs that used to be paid by the private sector.

Response: In fact, it is a disincentive for employers to drop coverage. Currently, employers can drop coverage with very little consequences. Under the President's proposal employers who drop coverage will have to offer retirees access to their health plans.

Substantial Increases in Biomedical Research

If the President and Congress can reach agreement on a national tobacco legislation, should additional revenue should be dedicated for new unprecedented increases in biomedical research or expanding access to cancer clinical trials.

Quality Commission-- Consumer Bill of Rights

Attack: Implementing a health care consumer bill of rights would impose regulations that would increase health care premiums, causing more people to lose their health care coverage.

Response: Health plans are already making more than enough profits to be able to provide high quality care for their participants. Those plans who already have such protections in place have not found this to be an undue burden. Also many states have enacted such protections and have not found them to cause increases in premiums.

Attack: This is an example of unnecessary Federal government regulation and 'takeover of the health care system.' Many businesses have already stated that will come into voluntary compliance with the health care bill of rights. We do not need the government to enforce this.

Response: There are countless examples where consumers just have not had the protections they need and deserve. While some businesses may come into compliance voluntarily, we believe these rights should be real for all Americans.

Five specific recommendations the Commission recommended are as follows: (to test most and least favorite)

- Elimination of "gag clauses" which restrict health care providers' ability to communicate with and advise patients about medically necessary options.

- Right to access emergency health services when and where the need arises. Health plans should pay for these emergencies in the cases where a "prudent layperson" would expect that denial of them would place their health in jeopardy.

- A fair and efficient appeals process for consumers to resolve their differences with their health plans and health care providers -- including an internal and external appeals process. .

- Access to specialists Consumers with complex or serious medical conditions should have direct access to a qualified specialist of their choice.

Information Desired: Whether the public supports Federal legislation for consumer protections or whether they can be scared into believing this represents government takeover of health care.

priority

residual

1-12-97

OPTIONS

HEALTH COVERAGE

1. *Phase In Medicaid for All Children Up to 133% of Poverty*

2. *Medicaid Buy-In for Certain Groups (e.g., Welfare to Work extension, Families Changing Jobs, Young Adults)*

3. *Assistance for Early Retirees / People Aged 55-67*

4. *Extend Medicaid's Long-Term Care Coverage (e.g., add respite benefit; expand home and community-based care programs)*

5. *Voluntary Purchasing Cooperatives*

GRANTS FOR ACTIVITIES RELATED TO COVERAGE

6. *Transition Funds for Safety Net Providers*

7. *National Children's Outreach Campaign*

RESEARCH

8. *Clinical Research*