

# CPA ♦ Center for Policy Analysis

## *Equitable Quality Universal Affordable Health Care (EQUAL)*

### **CRITERIA TO EVALUATE HEALTH CARE REFORM and COMPARISON OF NATIONAL HEALTH CARE REFORM PROPOSALS August, 2008**

**Criteria to Evaluate Health Care Reform.** The criteria listed here can be used to evaluate proposals for health care reform. They summarize the range of basic principles for health care coverage and reform expressed by 4 organizations representing the public interest: **Rekindling Reform**, a New York coalition; the **Women’s Working Group for Universal Health Care** in California; the **American Public Health Association**; and **Raising Women’s Voices**, a coalition led by three national women’s health groups.

**The Center for Policy Analysis** has evaluated leading health care reform proposals by presidential candidates according to these **Criteria**. Future documents will evaluate leading proposals by members of Congress.

<b>CRITERION</b>	<b>Description</b>	<b>Problem</b>
<b>UNIVERSAL COVERAGE</b>  Requirement to obtain or provide coverage	Equitable access to affordable, high quality, comprehensive health care for all residents, independent of income, employment, gender, sexuality, ability, immigration, incarceration, familial or health status.	47 million Americans are uninsured. Most are in working families. 20 million are underinsured. Most Americans get insurance from work but employers are not required to provide it. Public plans are not available for many who need care.
<b>Expansion of Public Programs</b>	Does proposal expand coverage through effective public programs such as Medicare, SCHIP?	Medicare and SCHIP provide affordable comprehensive coverage and could cover more people.
<b>Expansion of/ Changes to Private Insurance</b>	Does proposal expand coverage through private insurance plans? Are regulations effective?	Private health insurance plans can exclude sick people, based on pre-existing conditions, age, gender.
<b>COMPREHENSIVE BENEFITS</b>	Preventive, diagnostic, therapeutic, acute, chronic, rehabilitative and supportive health care services, including comprehensive reproductive health care, health education, prescription drugs, and mental health and social services.	Private insurance plans increasingly exclude important benefits including maternity care.
<b>AFFORDABLE</b>	Health care coverage that is affordable for individuals and families in relation to income. Eliminate financial barriers to care by eliminating waste, not by restricting effective services	Premiums for private insurance plans are not affordable for many employers and individuals. High copayments and deductibles can discourage needed care.

<u>CRITERION</u>	<u>Description</u>	<u>Problem</u>
<b>FAIR AND STABLE FINANCING</b>	Establishes mechanisms for controlling costs without impeding access. Requires the participation of government, employers, providers, health plans, and individuals based upon their capacity.	Financing is fragmented among public and private payers, and is not reliable.
<b>CONTROLS COSTS</b>	Controls costs without creating financial barriers to access. Fair payment to providers using mechanisms which encourage appropriate treatment by providers and appropriate utilization by consumers.	Private plans control costs by shifting expenses to individuals. As the aging population needs more health care, care will not be affordable unless administrative waste is reduced and costs are controlled.
<b>QUALITY</b>	Incentives and safeguards to assure effective and efficient organization of services and high-quality care and outcomes.  Ongoing evaluation and planning to improve the delivery of health services with consumer and provider participation	Outcomes for health care are worse in the U.S. than for other countries that spend less, and vary widely by location. The organization of institutional health care leads to millions of preventable errors and injuries.
<b>Accessible</b>	A health care system that is user-friendly, easy to navigate and transparent.	Health care systems do not coordinate care among multiple specialists. Many communities are underserved.
<b>Appropriate</b>	Health care that is culturally competent, respectful of and acceptable to patients from diverse communities, including those confronting geographic, physical, cultural, language, and other non-financial barriers to service.	Disparity communities without access to appropriate care suffer from worse diagnosis and treatment.
<b>PUBLICLY ACCOUNTABLE</b>	Organization and administration of health care through publicly accountable mechanisms to assure maximum responsiveness to public needs, with a major role for federal, state, and local government health agencies.  Ongoing evaluation and planning to improve the delivery of health services with consumer and provider participation.	Administration of private health insurance wastes 25% of health care dollars. Health care facilities and services are established in response to financial opportunities rather than community needs. People at all income levels suffer.

<b>CRITERION</b>	<b>Description</b>	<b>Problem</b>
<b>STRONG PUBLIC HEALTH SYSTEM</b>	<p>Advances preventive and primary clinical care services.</p> <p>Supports public health programs and policies that improve population health and control costs.</p>	<p>Unmanaged chronic illnesses also cause preventable hospitalizations that drive up costs: obesity, high blood pressure, diabetes. Underfunded public health laboratories cannot keep up with food-borne and environmental pathogens.</p>
<b>EQUITABLE</b> <b>Eliminates health disparities</b>	<p>Health care systems actively work to achieve equity and eliminate disparities in health care provision.</p> <p>Comprehensive strategies that affect the social, cultural, environmental, and economic determinants of health. Related policies include, but are not limited to living wage, equal rights, employment opportunities, workplace representation, safe and healthy natural and built environments, absence of domestic and civic violence, affordable housing, access to safe and nutritious food, adequate public health infrastructure, and civic participation in democratic decision-making.</p>	<p>People of color, women, the elderly, and LGBT populations are more likely to receive substandard care.</p> <p>Poor health is often caused by, aggravated by, or related to social exclusion; unclean and unsafe food, air, water, and housing; poverty; and political disenfranchisement.</p>
<b>Eliminates disparities in the health care workforce</b>	<p>Support of education and training programs for all health workers.</p> <p>Affirmative action programs in the training, employment, and promotion of health workers.</p>	<p>There is a shortage of primary care and geriatric health professionals. Women, people of color, and immigrant health care professionals are more likely to work for lower pay in worse conditions.</p>
<b>FEASIBILITY</b> <b>Does this already work somewhere?</b>	Open for public debate	
<b>How much of a change from present U.S. system?</b>	Open for public debate	
<b>SUMMARY</b> <b>How well does the plan address criteria?</b>	Open for public debate	
<b>What does the plan need to improve?</b>	Open for public debate	