

# Final Days for Health Care Reform!?

## Health Care Reform Update – March 2010

***“The wonder of it is, we continually discover that what we thought was an impassable swamp is actually the starting place for a new journey.”***

(Writing with Light: meditations for caregivers in word and image. Robert Merrill Eddy and Kathy Wonson Eddy. United Church Press, Cleveland, OH. 1997)

### Words of encouragement and gratitude from the Minister for Health Care Justice



The road to health care reform has been a journey. I know that many are tired and worn out from the endless debates on this issue. Robert Merrill Eddy and Kathy Wonson Eddy say in their book, *Writing with Light* “that great journeys always begin in foolishness: foolish dreams, foolish hopes, foolish goals, or so they seem in the eyes of the world.” It would seem to some that tackling our huge health care system was indeed a foolish idea. I, for one, am so grateful for our President and those members of Congress and many people all over the nation who foolishly dared to speak out on the injustices of our health care system. The Eddy’s go on to say, “There are plenty of mud holes along the way.” “Yet as caregivers we are fools of April, the month of rebirth and flowering.” “We know the mud season won’t stop us, it strengthens us by teaching us again how trustworthy is our God.” “God dries the muddy places in the landscape of our hearts and we are once again on firm ground and we begin a fresh journey.” There are still some mud holes that we will step into as we head into these final days and maybe even hours of health care debate; however, as people of faith, I believe that our hearts are full and our minds our made up that we **MUST** pass health care reform for the good of us all.

On Friday, March 14, White House Press Secretary Robert Gibbs announced that “health care reform bill will be passed by Congress and signed by the President by this time next week.” Read more:

<http://www.cbsnews.com/stories/2010/03/14/ftn/main6297642.shtml>

Many people have emailed or called me to ask “What about this reform?” “Are we going to get it?” “Well, This is IT!” We stand on the precipice of the most historic reforms since the 1960’s. It’s all up to Congress now. It has been a journey for the collective faith community as we all have struggled with many controversial issues - immigration, women’s issues, single payer, etc. It’s been hard to know where to draw the line when they are all so important. I know that the proposed legislation is far from perfect, but despite its flaws, “How can we say no to 30 million people?” By passing health care reform, we will see some immediate benefits: insurance companies will not be able to exclude individuals based on pre-existing conditions; they will not be able to rescind a policy when an individual gets sick; more money will be required to go to your actual care instead of company profits; preventive care will be required as a minimum benefit; and families will get to keep children on their policies until they are 26 or 27.

Past policies affirmed by the General Synod of the United Church of Christ continue to speak prophetically - Health Care Reform Now! We remain committed to the criteria that were included in the Pastoral Letter in July, 2009:

- Universal coverage
- Access regardless of ability to pay
- Comprehensive benefits
- choice of Physicians and other providers
- Elimination of Racial and ethnic disparities
- Waiver of pre-existing condition exclusions without age limits
- A Public Option

Unfortunately, we are not getting everything we want, but I remain hopeful that once health reform is passed, we will continue to work diligently to make sure that we further fine-tune the many, many issues that will not be resolved immediately.

A couple of times I’ve been asked to comment on the late Rev. Dr. Martin Luther King’s quote “Of all the forms of inequality, injustice in health is the most shocking and the most inhuman.” I’ve been asked what I think the late Dr. King would say about this whole debate around health care reform. Of course I cannot know what the late Dr. King would think or say, but I think he would want us to envision a different reality for our

health care system and to work for making change possible. I think that he would want us to embrace his vision of the "Beloved Community" - a community built on the principle of agape love that seeks to preserve and create community, a community that believes we are our "brother's and sister's keepers", and a community that believes in justice for everyone. I think Dr. King would want us to continue our advocacy to make sure our seniors stay protected through Medicare which was signed into law in 1965 and that women, children and families become our number priority. I think that Dr. King would want us to finish the work started by President Harry Truman in 1947 when he asked Congress to develop and enact a national health disability insurance program. Finally, I think Dr. King would want us to realize President Franklin D. Roosevelt's 'Second Bill of Rights' proclamation in 1943 declaring "Freedom from Want" to be one of four essential liberties necessary to achieve human security. President Roosevelt, who suffered from Polio, included in his definition of "Freedom" the right to adequate medical care and the opportunity to achieve and enjoy good health. The right to health was subsequently enshrined in the Universal Declaration of Human Rights, drafted with American guidance and has since been recognized in numerous international and regional human rights treaties. Today that "freedom" remains unrealized in the United States. I think that he would want us to have a health care system that works for everyone. I believe that he might say, "Let us make sure that the injustices of health do not remain the most shocking and inhuman."

As your Minister for Health Care Justice I am honored and so proud to represent our denomination on this issue and I wish to thank the United Church of Christ in all its settings for the ways in which you have supported health care reform with your prayers, advocacy and action. Thank you for your endurance and courage. The United Church of Christ continues to speak prophetically that health care is not only a basic human right but a human need that includes everyone! We believe we must continue to transform the health care system so that it is inclusive, accessible, affordable and accountable for everyone.

I ask you to please think on the following question: "What is the price of doing nothing?" We know that things will continue to get worse if we stay with the status quo. Insurance companies will continue their discriminatory practices, impose higher premiums, more people will be without health care coverage, and many who have health care already will either lose coverage or see reduced coverage. It has been stated by many that the bill is not perfect, but it is progress. I think we have to meditate and answer the hard questions for ourselves: "Will we as a people be better off with or without health care reform?" "Is Justice served in anyway for anybody if we pass or don't pass health reform?" "Are we indeed our brother's and sister's keepers?" "Are we serving the least of these by passing health reform?" **POLITICALLY, WE CANNOT NOT PAST HEALTH REFORM!!** In these last days, I ask you to please continue to lift your voices and do all you can to send messages to the President and your elected officials that we must NOT place a period on health care...God is still speaking! We need health care reform NOW!

Courage in the struggle for health care, I remain your humble servant,  
Barbara T. Baylor, MPH, Minister for Health Care Justice, JWM

## President's Health Care Summit

*"Congress owes America an up-or-down vote."*

*"The time for talk is over. It's time to vote."*

President Barack Obama



On February 25, 2010, President Obama held a health care summit with members of congress to flesh out areas of agreement and disagreement on health care reform. The summit did not significantly alter the positions of both Democrats and Senators. The Summit did produce hints of potential agreement on some issues:

\* need for more regulation of insurers

\* federal government should help individuals and small businesses pool their purchasing power to power to buy insurance.

Most disagreement was over expanding coverage to the uninsured. Democrats want to cover more than 30 million people over 10 years; Republicans say the nation could not even afford the entitlement programs, like Medicare, that already exist.

- View highlights from the Health Care Summit  
<http://www.nytimes.com/2010/02/26/health/policy/26health.html?emc=tnt&tntemail0=y>

## Where we are right now!

1. Congress is **NOT** VOTING to pass health care reform by reconciliation. The good news is that Congress has already passed health care reform – sort of. Both chambers of Congress have approved versions of health care legislation that extend coverage to millions of Americans, make health care more affordable for small businesses and the middle class, and hold insurance companies accountable. So, contrary to media reports and political rhetoric, Congress is not voting to pass health care reform by budget reconciliation.

2. The house will pass the Senate-passed bill, which was approved on Christmas Eve with 60 votes. Then, both the House and the Senate will pass a bill of “fixes” that would amend the Senate-passed bill. This bill of amendments and fixes would be brought up under budget reconciliation rules. Currently, House and Senate leaders are working together on the package of amendments and compromises that will be included in that second, budget reconciliation bill.

3. The Senate Bill cannot be changed because the Constitution requires that both chambers pass an identical bill before it can become law.

4. One hitch: The second bill, the budget reconciliation bill, can only contain provisions related to the budget or tax code. So, some issues simply cannot be resolved in the second bill. Since the Senate Bill is the legislative vehicle through which reconciliation will take place. In other words, the Senate Bill cannot be changed because it was previously voted on. Reconciliation only deals with the amendments that have come forward. Reconciliation cannot be used to create a policy that does not deal with the budget.

5. Another hitch: Many members of the House do not like the Senate bill, so they only want to pass it if they are sure that the Senate will pass the second bill to “fix” the first one. Unfortunately, many of those same members don’t trust that the Senate will actually pass the second bill, so they hesitate to vote for the first one.

6. **Key thing to note:** If the House passes the Senate-passed bill, the President could sign the bill into law without the package of “fixes” in the reconciliation bill. This is what the House is afraid of.

7. We might assume that the amendments will closely follow the recommendations in the President’s recent proposal following the health Care Summit.

Example of possible amendment to include in the second bill:

### Subsidies.

Both House and Senate have passed health care bills that extend coverage to millions of Americans, make health care more affordable for small businesses and middle class, and hold insurance companies accountable. They must now reach a compromise on the subsidies that would be given to help those individuals and small business owners without insurance.

8. Examples of an issue that would not be included in Reconciliation

### A. Abortion Issue.

This is considered a non-budgetary item. The Stupak Amendment has more restricted language and some Senate members want to include the more restricted language introduced in the House version. The language cannot be changed in the Bill because the Senate already voted its language previously. The Senate Bill includes the Nelson compromise. Rules of Reconciliation will not allow for changes.

**NOTE:** Last Monday Representative Bart Stupak says “I am more optimistic than I was a week ago.” He will resume talks with House leaders in a quest for wording that would impose no new limits on abortion rights but also would not allow use of federal money for the procedure. He thinks there is some language that he and the President can agree on that hits both points of not expanding or restricting abortion rights.

### B. Immigration Issue.

This is also considered a non-budgetary item. The language regarding legal immigrants not being able to access Medicaid services for five years and the fact that undocumented immigrants will not be allowed to

purchase insurance in the exchanges, even with their own funds, is still contained in the Senate Bill at this point.

## What is Reconciliation?

Reconciliation is a procedure under the Congressional budget Act of 1974 by which Congress, and in particular the Senate, can address budget and tax-related matters without the threat of a filibuster.

Budget Reconciliation is designed to force committees to make changes in mandatory/entitlement spending and revenues, such as Medicare. It was conceived by lawmakers as a way to bring down the deficit by easing the path for budget and tax deals.

The rules for budget reconciliation in the Senate restrict the bill in question to provisions dealing with the budget or taxes. They also set strict protocols for consideration of the bills in both the House and Senate. Under the procedures for reconciliation bills, debate is limited to 20 hours, and no Senate filibusters are allowed. However, members of Congress may offer amendments to the bill.

Congress has used reconciliation numerous times since 1980. For example, in 1996, the Republican majority used budget reconciliation to pass Temporary Assistance for Needy Families (TANF), frequently referred to as "welfare reform."

Reconciliation rules allow the Senate to move forward on a bill with a simple 51 vote majority.

**Budget Reconciliation:** [http://www.kaiserhealthnews.org/Stories/2010/January/21/budget-reconciliation-health-reform.aspx?utm\\_source=feedburner&utm\\_medium=feed&utm\\_campaign=Feed%3A+NewFromKaiserHealthNews+%28New+From+Kaiser+Health+News%29](http://www.kaiserhealthnews.org/Stories/2010/January/21/budget-reconciliation-health-reform.aspx?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+NewFromKaiserHealthNews+%28New+From+Kaiser+Health+News%29)

## What about the Public Option?

"On Friday, March 11, 2010, Senate Majority Whip Dick Durbin announced that the Senate will support and pass whatever the House includes in a reconciliation bill -- even if it includes the choice of a public health insurance option. However later on that same day, House Speaker Nancy Pelosi said that the public health insurance option will not be included in a package of fixes to healthcare reform legislation. Her comments throw a wrench into liberal efforts to reintroduce it to the bill.

## Perspectives from the Hill

Members of Faithful Reform have been on several phone calls all week with the White House Staff and Speaker Pelosi and Majority Leader Reid senior staffers who have answered questions and have shared their perspectives from the President and their Congress persons. The faith community was praised for continuing to walk this journey with them. It was recognized that change never begins from the top down but from the bottom-up. Below is a brief overview of some of the questions from the faith community and perspectives given by senior congressional staffers.

### 1. What will reform do?

#### Perspective:

This a momentous time. If we fail to pass health care reform now, the problems will only get worse. There is 90% overwhelming support, even on the Republican side for health care reform.

\* Passing health reform will mean holding the insurance companies accountable by ending the discriminatory practices of the insurance companies: denying health care coverage for those with pre-existing conditions, dropping coverage from those with insurance when they become ill, and putting caps on the amounts that can be spent which can leave the desperately ill to find their way in trying to pay for care.

\* Reform will end the practice of charging women more for care and end the denial of coverage in eight states including D.C. for women who have been abused.

\* Make coverage affordable for small business and individual markets who are priced out of insurance

\* President's plan gives more family control, chips away power from the insurance companies.

## 2. How will the plan safeguard against excessive premiums that will result because of no competition?

### Perspective:

The discussion about skyrocketing premiums is happening now on the Hill. We believe that the exchange will create competition among insurance providers. Competition will occur in the exchange. The problem is that individuals do not have group purchasing power to help bring down costs. The exchange will give them group purchasing power. .

## 3. What guarantees do we have for true affordability?

### Perspective:

The exchanges will provide some of the affordability credits. Also reform will expand Medicaid so that those who are poor but cannot get access to Medicaid will be able to have medical care. In addition, it addresses the middle class who are in small businesses or self-employed and will provide them income subsidies on a sliding scale to use in the exchange which will offset their premiums. With the expansion of Medicaid, states will receive increased funding to help off-set costs

## 4. When will the new regulations be in place and when will small businesses see the costs go down?

### Perspective:

Several provisions will be immediate – pre-existing conditions, expanding health care up to age 26, closing of the donut hole for seniors. However, some of the other reforms will take a while to implement because of the new process. Health and Human Service Secretary Kathy Sibelius met last week with the insurance companies and called them to task on what their balance sheets look like in terms of profit and loss. State insurance commissioners are behind the federal oversight and also state-by-state. One would expect to see premiums going down by 2014. Exactly what the impact will be is hard to predict at this time. We hope that with the passage of health care and the insurance companies are seeing what is coming down the pike, we believe that the insurance companies will change. In the absence of health reform, we do know what will happen – No change and insurance companies will take advantage of the situation by extracting higher premiums..

## 4. What is the true cost of reform?

### Perspective:

The Congressional budget Office has issued its report today that confirms that the Senate bill over the 10 years will reduced the deficit. Although we are putting money in to cover the uninsured and to expand Medicaid, it will still curb costs and reduce waste. We have to remember that the Federal Government is a large purchaser of health insurance. The cost containment is included, but there will be an upfront cost to put the plans in place. It is predicted that implementing these reforms will lower the deficit.

## Major Action and Advocacy

### 1. Sign this letter today!

When we sent this letter to the President and Congress a few weeks ago with signatures of 26 national faith leaders, hundreds of organizations, and over 4000 individuals, it received rave reviews on Capitol Hill and garnered considerable media attention. Our voices -- and our signatures -- ARE making a difference! [View the letter](#) and previous list of signers.

We need your help as we await a critical health care vote in the U.S. House of Representatives. In just a few days, our current sign-on letter, A Call for Political Courage, Vision, Leadership, and Faith, will be delivered to President Obama and all Members of Congress. The letter urges our elected leaders "to complete the task at hand on behalf of the millions who are left out and left behind in our current health care system." It concludes urging our leaders take heart and move forward with political courage, vision, leadership, and faith to pass *meaningful* health care reform.

Today, we now have nearly 5,000 signatures, but not yours! Because of your support for health care reform, it's probably just an oversight, so please take a moment to add your name today. **THIS LETTER WILL BE DELIVERED TO THE PRESIDENT AND CONGRESS AS EARLY AS TUESDAY OR AS LATE AS THURSDAY, WHENEVER IT IS STRATEGICALLY APPROPRIATE. SO, DON'T WAIT. SIGN THIS LETTER RIGHT NOW AND HAVE YOUR SIGNATURE BE INCLUDED.**



The letter has been re-opened for additional signatures by popular demand. Won't you please add your name now? [Individual sign-on](#) [Organizational sign-on](#) [Share via Facebook](#)

View letter from Heads of Communion and organizations as printed in the Hill Newspaper - [http://www.faithfulreform.org/storage/frhc/docs/ad\\_02-24-10.pdf](http://www.faithfulreform.org/storage/frhc/docs/ad_02-24-10.pdf)

## 2. Provider's March for Health Reform

**Monday, March 22, 2010.** This daylong series of events will focus on a simple core message: "Mr. President and members of Congress, when you consider health care, you need to listen to doctors, nurses, health care professionals, and patients who know the system best, not the insurance companies. Get the job done. Health reform can't wait!"

This march will begin at 11:00 a.m. at Freedom Plaza with White House speakers. The march will travel down Pennsylvania Ave. and conclude with rally in front of the Hart Building. Please spread the word to health professionals that you know who might be able to participate.

For more information visit – <http://www.healthmarch.org>



## Resources

### 1. **Health Reform by the Numbers**

An online and email campaign launched by the White House that using key figures to raise awareness about why we can't afford to wait for reform. A new number will be announced each day via an email listserve, and promoted on Whitehouse.gov as well social networks, like Facebook and Twitter.

[www.whitehouse.gov](http://www.whitehouse.gov)

2.



New report by Families USA that provides a factual look at what will happen if Congress fails to pass health reform. Looks at what has happened in health during the 15-year period since our nation last debated health reform (1995-2009), more than 294,000 American adults (25-64 years old) died prematurely due to a lack of health coverage. Every day in 2010, approximately 68 non-elderly adult Americans died prematurely due to lack of health coverage. If health reform fails, that number will reach 84 Americans every day by 2019.

<http://www.familiesusa.org/resources/publications/reports/lives-on-the-line.html>

### 3. **Updated Side-by-Side Comparison of Major Health Care Proposal. It includes new President's proposal**

[http://www.kff.org/healthreform/upload/housesenatebill\\_final.pdf](http://www.kff.org/healthreform/upload/housesenatebill_final.pdf)