Summary:

Health care reform is a major issue in the 111th Congress, driven by growing concern about millions of people without insurance coverage, continual increases in cost and spending, and quality shortcomings. Commonly cited figures indicate that more than 45 million people have no insurance, which can limit their access to care and ability to pay for the care they receive. Costs are rising for nearly everyone, and the country now likely spends over $2.5 trillion, more than 17% of gross domestic product (GDP), on health care services and products, far more than other industrialized countries. For all this spending, the country scores but average or somewhat worse on many indicators of health care quality, and many may not get appropriate standards of care. These concerns raise significant challenges. Each is more complex than might first appear, which increases the difficulty of finding solutions. For example, by one statistical measure, far more than 45 million people face the risk of being uninsured for short time periods, yet by another, substantially fewer have no insurance for long periods.

Insurance coverage and access to health care are not the same, and it is possible to have one without the other. Having coverage does not ensure that one can pay for care, nor does it always shield one from significant financial loss in the case of serious illness. Similarly, high levels of spending may be partly attributable to the country’s wealth, while rising costs, though difficult for many, may primarily mean that less money is available for other things. Solutions to these concerns may conflict with one another. For example, expanding coverage to most of the uninsured would likely drive up costs (as more people seek care) and expand public budgets (since additional public subsidies would be required). Cutting costs may threaten initiatives to improve quality. Other challenges include addressing the interests of stakeholders that have substantial investments in present arrangements and the unease some people have about moving from an imperfect but known system to something that is potentially better but untried. How much reform might cost and how to pay for it is also an issue. Health care reform proposals rekindle debate over perennial issues in American health care policy. These include whether insurance should be public or private; whether employment-based insurance should be strengthened, weakened, or left alone; what role states might play; and whether Medicaid should be folded into new insurance arrangements. Whether changes to Medicare should occur at the same time is also being considered. Concerns about coverage, cost and spending, and quality are likely to be addressed within the context of these issues. The committees of principal jurisdiction for health care have prepared comprehensive reform proposals. The Senate HELP Committee approved a measure on July 15 (no bill text or number yet), whereas H.R. 3200, a coordinated measure by three House committees (Education and Labor, Ways and
Means, and Energy and Commerce) has been approved so far by the first two with some variations. The Senate Finance Committee has no draft available to the public, though it has released policy option documents and many of its debates have been publicized. More than a dozen other comprehensive bills have also been introduced. This report does not discuss or even try to identify all of the concerns about health care in the United States that are prompting calls for reform. Other concerns may also be important, at least to some, and will likely contribute to the complexity of the reform debate. The report may be updated to include other health care reform issues as the debate in Congress unfolds.

Your assignment: Read the Congressional Research Service on "Health Care Reform: An Introduction". Next research Congress’ current debate on the issue. Then go to the Discussion Board and list what you think the salient issues are and what you believe Congress will adopt as its Health Care Reform legislation and why?