

# An Agenda for Health Reform



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**T**he country's health care system is in crisis. The number of uninsured Americans is at an all-time high, health insurance premiums are rising, health disparities plague our nation's medically underserved populations, and Medicare and Medicaid are under major strain.

While I wholeheartedly support broad health reform, I know we'll never get there if policymakers can't even implement incremental reforms that have broad-based support. A centrist approach to health care reform is possible—if the American people insist that their representatives in Congress pursue bipartisan efforts. It's time for Democrats and Republicans to stop blaming each other for what Congress has not accomplished, and instead share credit for enacting measures that will improve access to and quality of health care in this country.

## BEYOND INSURANCE "BOXES"

Ultimately, it is vitally important that policymakers have a dialogue on how to comprehensively address the uninsured problem, the largest barrier to prevention and early intervention in the development of disease. In 2003, I proposed "The Breaux Plan: A Radically Centrist Approach to a New Health Care System," in response to the current system in which insured status is based on what "box" a person fits in. Today, more than 41 million older and disabled Americans are in the Medicare box, 55 million low-income citizens are in the Medicaid and State Children's Health Insurance Program (SCHIP) box, 6.5 million military veterans are in the Veterans Affairs health system box, and more than 160 million working adults and their families are in the employer-sponsored insurance box. Worse, each of these boxes has its own set of problems, threatening the health security of many Americans.

*In this country, you should not have health insurance because you "fit into a box," but*

*because you are an American.* The solution is neither a government-run system nor a fend-for-yourself-in-the-marketplace system, but, instead, a middle path that combines the best of what government can do with the best of what the private sector can do, along with greater individual responsibility for one's own health. Agreement on broad-based health reform may take years to accomplish, but that should not stall implementation of incremental changes that will improve the current system. The underlying principles of shared responsibility between the government and private sector, choice of health plans, and individual accountability—including protections for those with low-incomes—provide a good starting place for health reform efforts.

I applaud states such as Massachusetts, Vermont, and California for tackling the problems of the uninsured head-on and introducing reform measures to ensure access to health care. As we continue the dialogue on health reform at the national level, we should encourage states to take the lead (and support their efforts to do so), meanwhile evaluating their experiences for lessons learned on what worked and what did not.

## CHILDREN, TAX CREDITS, TECHNOLOGY

As we wait for national reform, Congress must reauthorize and strengthen the SCHIP program this year, in order to—at a minimum—take care of our children. Since its creation almost a decade ago, SCHIP has expanded health care coverage to children in need through an effective partnership between the states and the federal government. Yet despite its demonstrable success, millions of children remain uninsured, and these children are not getting the basic medical treatment and preventive care they need.

We should also insist that Congress act sooner rather than later on those policies that, even with

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bipartisan support, have been caught in the crossfire of more controversial issues. For example, tax credits could provide incentives for working adults and families to purchase health insurance in the private market, potentially resulting in fewer uninsured patients, less cost shifting, and lower premiums. According to a 2003 survey conducted by the Henry J. Kaiser Family Foundation, eight of 10 uninsured individuals came from working families. Tax incentives for people to purchase long-term care insurance also has bipartisan support.

Last but not least, both the Senate and House must reconcile their respective bills on health information technology, a key component of any strategy to raise health care quality.

### **PREVENTION AND WELLNESS**

The political response to rising health costs tends to focus on the components of care—cutting reimbursement, price controls, and limits on access for patients in public programs. Though chronic diseases are increasingly preventable, and largely treatable, they account for the vast majority of health care spending. Little attention is directed at curbing health care costs by addressing chronic disease itself. To make a significant impact in both health care costs and the quality of care provided, reform efforts must focus on how to best limit the growth and burden of chronic disease.

Today, chronic diseases—such as heart disease, stroke, cancer, and diabetes—are the leading causes of death and disability in the United States. More than 90 million Americans live with chronic diseases, many of whom experience extended pain and suffering and decreased quality of life. Seven out of 10 Americans who die each year (or 1.7 million people) die of a chronic disease. The treatment of people with chronic diseases accounts for more than 75 percent of the nation's \$1.4 trillion medical care costs. Prevention, intervention, and innovation are vital concepts to fighting chronic disease but costly for society.

Real reform must recognize the need for incentives to utilize prevention and wellness services—to prevent and intervene early in disease development. Prevention accounts for only 3 percent of health care spending. To effectively lower costs, incentives in the health care system must focus on keeping people well as well as treating people after they get sick. I believe there could be bipartisan support for programs that study the causes of these diseases and promote healthy behaviors.

For example, tax incentives, such as tax credits and premium rebates, could be utilized to encourage health plans to improve the quality of the prevention and wellness services offered by those plans and provide an incentive for both participating plans and their beneficiaries to increase utilization of such services. Sen. Ron Wyden, D-OR, is looking at this type of policy in his “Healthy Americans Act,” which recently became a bipartisan bill with the addition of Sen. Robert Bennett, R-UT, as a cosponsor.

**You who serve the Catholic health ministry must work with others to make reform happen, and make it happen in a way that ensures value-based health care that benefits all Americans.**

Congress will not act without significant pressure and support. Catholic health systems must act collectively. One of six patients receives care in a Catholic hospital every day of the year. Your voice alone carries significant weight, but when coupled with others, it can be even more powerful.

Coalitions of coalitions have become an effective tool for demonstrating consensus among a broad spectrum of interested parties, and can be very effective in convincing members of Congress to support the Catholic health ministry's policy proposals. CHA has become a leader through example by joining other organizations in endorsing the Health Care Coverage for the Uninsured (HCCU) proposal on potential policy approaches to expand health coverage to include as many people as possible, as quickly as possible.

I believe that real health reform will be led by a coalition of coalitions representing such a broad political spectrum that it makes any opposition pale in comparison. You who serve the Catholic health ministry must work with others to make reform happen, and make it happen in a way that ensures value-based health care that benefits all Americans. Compromise will be required from all participants—otherwise reform can and will be killed by disparate voices of concern.

I encourage you all to continue to look for common ground with other interested stakeholders in health care reform. In the meantime, let's work together to convince Congress to take action on ideas that currently have bipartisan support. ■

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