



Questions and Answers from the Town Hall Meeting on Health Care Reform

Saturday, October 24, 2009

Q: Please explain the relationship between drug research, patents, and universities as they related to big pharmaceuticals. Are there any plans to address this in the reform bill? If not, why?

A: Pharmaceutical companies in the United States have often been on the cutting edge of research and development for many cures and medical procedures that saves lives. The Affordable Health Care for America act requires the Secretary of Health and Human Services to negotiate drug prices on behalf of Medicare beneficiaries. It also reduces the Medicare Part D “donut hole” and institutes a 50% discount on brand name drugs.

Q: Why not create legislation to get rid of medical insurance companies? They serve no practical purpose.

A: Private insurers currently insure about 170 million people. Medical insurance companies exist to protect our assets in the event of a medical emergency or necessity. The public option, which is supported by the majority of Americans, is the only truly effective lever at pushing innovation and efficiency in the insurance market. Medical insurance companies serve the practical purpose of providing health care coverage. Health care reform will make this coverage more affordable, accessible, and fair.

Q: How do we take the insurance companies out of the equation and stop cutting Medicare? H.R. 676?

A: I am an original co-sponsor of H.R. 676, legislation introduced by Chairman John Conyers, Jr., that would establish a “single payer” plan for health care. Many in the Congressional Progressive Caucus, like myself, support single payer health insurance. We made the same strategic decision as many other progressives in that a public health insurance option is a far more realistic method of achieving most of the same goals as single payer. By embracing the public option, we can ensure that a strongly progressive bill passes the House.

Q: How will the Big Three UAW workers be helped with the cost of their health care?

A: Health insurance premiums for all Americans are expected to increase more than 70 percent if we do nothing over the next 10 years. The public option is necessary to lower the cost of health care because it sets a benchmark on costs and quality of health care. Not only will the bill help workers of the Big Three and the UAW with lower health care costs, it will help all Americans with lower costs of health care.

Q: I am an insured worker with a chronic condition that surgery may improve my quality of life. However, in order for me to receive surgery and recovery time, I will lose insurance in 30 days (FMLA) or lose employment. How would public health care help?

A: Under health care reform, you will not lose your health care coverage due to the loss of a job or change in your health care status. Chronic conditions would also not keep you from having health care coverage.

Q: Abortion is devastating Detroit and the future workers of our country, with more than 3,000 babies killed each day. The proposed law will take our taxed or premiums to continue this carnage. Why not specifically exclude abortion (and save money, reduce post-abortion syndrome, reduce breast cancer)?

A: Abortion is not mandated in any version of any reform legislation in the House or Senate. Currently, private insurance companies make their own decision as to whether or not abortion is a covered procedure. Through the health care exchange, consumers will be able to choose a plan that is provided by a company that is in line with their own moral decision about abortion. The minimum benefit package in health care reform does not include any abortion services.

Q: How can you possibly provide more health care without spending more tax money? (Rationing)

A: American's health care is already being rationed by the private health insurance industry. Private companies ration care to Americans daily. They reject applications based on pre-existing conditions and family history. They rescind coverage after an illness has been discovered. Their premiums and deductibles are so high, millions of Americans are forced to delay care or declare bankruptcy due to high costs. \$500 billion of the cost of this bill will be done through eliminating fraud, waste, and abuse. Some tax money will be spent, but the majority of the spending will come through efficiencies realized through reform.

Q: How do we deal with the primary care doctor shortage? Will the newly covered citizens still not have access?

A: One of the provisions in the bill that would be effective immediately is to address the shortage of primary care physicians. The bill provides new investment in training programs to increase the number of primary care doctors, nurses, and public health professionals.

Q: Ms. Kilpatrick, like you, I am also a grandmother. I have a husband, son, and grandson (who currently is an Air Force CCT), who swore an oath to the same Constitution as you. So it is to this document I go for answers. Where in Article I, Section 8 of the Constitution have the people delegated to Congress the authority to interject themselves into the health care industry? Under what authority does Congress interfere with private contracts between people and their doctors?

A: Article I, Section 8 of the U.S. Constitution, also known as the “commerce clause,” say that “[The Congress shall have power] to regulate commerce with foreign nation, and among the several states, and with the Indian tribes.” The Commerce Clause is an enumerated power listed in the Constitution, and it gives the U.S. Congress the power to establish health care reform. The Supreme Court of the United States has upheld this authority of Congress for more than 150 years.

Q: Of the 18 enumerated powers granted to government by the Constitution, which gives it the authority to impose mandatory insurance upon the people?

A: Article I, Section 8 also known as “the Commerce Clause.”

Q: If a person has private insurance and the company refuses to pay for doctor prescribed treatment, can the person switch to a public option at that point? And, would he/she be taken care of?

A: Under the bill, it would be against the law for private insurance companies to deny coverage for prescribed treatment. If the person is denied treatment and that insurance company is breaking the law, the person could probably switch to the public option at that point. We will not know until the House and Senate work out the details of the bill.

Q: Expand on \$500,000 breakpoint for small businesses. What are the benefits?

A: The exemption has been lowered to \$250,000, which exempts over 86% of all businesses from the bill’s mandates to purchase insurance for their employees. The bill provides access to the new Health Insurance Exchange, which will give small employers access to rates normally enjoyed by larger corporations. Ratings rules will be reformed so that small employers will no longer pay higher premiums if they have employees with higher health costs due to age or sickness. It provides a rolling two year tax credit to help small employers to provide health care to their employees even if they are not required to do so. Finally, it creates a new grant program to encourage small employers to develop employee wellness programs.

Q: Other than individual payments, how will the program be funded?

A: By eliminating the fraud, waste, and abuse in Medicare, and a tax on individuals with income over \$1 million per year. This bill ultimately results in over \$124 billion in savings and will add not one dime to the deficit.

Q: People who are against reform keep saying it is a government takeover. How can we make it more clear that reform is not a “takeover”?

A: If you like your provider, you can keep your provider. What the bill offers is competition—not a takeover of health care. If we continue the status quo, health insurance companies—not you—will control your health care. The government already runs Medicare, Medicaid, VA, and SCHIP, so we already have government run health care. It is not a take over of health care.

Q: Will my contract change? Will I continue to pay the high group amount or will the amount decrease? I am a 73 year old senior.

A: The public option will cause your health care costs to decrease, according to the Congressional Budget Office.

Q: How do you feel about House bill H.R. 676? In comparison to H.R. 3200, which bill best addresses the needs of the American people?

A: I support H.R. 676, the single payer public option as our best effort with compromise. Single payer is a health care program in which the government controls health care. There are single forms, openness, and one system in which all Americans would be eligible for health care. There would be no private systems of health care in return for universal coverage.

Q: Why are we still linking health insurance to employment?

A: The practice of linking health insurance to employment continues because employers pay some of the price for insurance coverage, making premiums less for employees.

Q: Will the problems of the elderly be addressed as it relates to depression arising from physical illness such as cancer, heart disease, and end of life issues (without the hospice label)?

A: Mental illness treatments are part of the benefits offered in the bill.

Q: How much will individuals have to pay if a health care bill is passed?

A: Individuals without insurance will pay a surcharge if they don't purchase insurance.

Q: Will we need Medicare if everyone is fully insured? Will prescription drugs be covered?

A: Yes, Medicare has offered critical health and financial stability for senior citizens, people with disabilities, and those with end-stage renal disease for more than 40 years. Medicare as well as Medicaid, SCHIP and VA health care will still be available. Yes, prescription drugs will be covered.

Q: Will the plan under consideration help with the problem of “legacy costs” that businesses and governments have providing health insurance to retirees?

A: The bill prohibits employers from reducing retirees’ health benefits after those retirees have retired, unless the reduction is also made to benefits for active participants.

Q: Realistically, what bill, if any, will likely get passed by the House and the Senate and signed by the President?

A: Both the House and Senate are working diligently to pass a bill and send it to the President for his signature.

Q: The H1N1 vaccine, which contains Mercury, is being given to pregnant women all over this city today. Why? Pregnant women should only be given the Mercury free one!

A: Vaccine companies are making preservative-free seasonal flu vaccine and 2009 H1N1 flu vaccine in single dose syringes for pregnant women and small children. Pregnant women may get flu shots without thimerosal, a mercury preservative in the vaccine that comes in multi-dose vials but not the single dose shots.

Q: How does this bill affect the delivery of mental health services?

A: Mental health and substance abuse services, including behavioral health treatments, are part of the required core set of benefits provided for in the bill.

Q: What is in the bill to regulate insurance companies? Specifically, [are there] limitations on administrative costs for insurance companies and profits? Also, does the bill mandate standardized forms to decrease the administrative burden on practicing physicians?

A: The bill begins adopting and implementing administrative simplification requirements to reduce paperwork, standardize transactions, and greatly diminish the administrative burdens and associated costs in today’s health care system.

Q: If 45,000 people die each year for lack of health insurance, how many will die before this is fully implemented in 2013?

A: Parts of the bill will be implemented immediately. For example the bill 1) prohibits abusive practices whereby health insurance companies rescind existing health insurance policies when a person gets sick as a way of avoiding covering the costs of enrollees’ health care needs, 2) provides increased funding for community health centers that will allow them to double the number of patients served over the next five years, 3) provides immediate funding for preventive services at the community and local level to address public health problems such as obesity, tobacco use, and diabetes, and 4) increases access to primary care by sustaining the current efforts to increase the size of the National Health Service Corps. Primary care and nurse training programs are also immediately expanded to increase the size of the primary care and nursing workforce.

The bill also ensures that public health challenges are adequately addressed and establishes a grant program for employers to promote healthy behaviors among their employees. These and other provisions will help people get the care they need immediately.

Q: What is being done to prevent insurance companies from kicking people off their insurance or from charging their customers too much because they are sick with lifelong illnesses?

A: Insurance companies would be barred from denying coverage to people with pre-existing medical conditions or charging much higher rates to older people.

Q: I don't understand why Medicare management fees are 2-3% and medical insurance management fees are 20-30%. Can anyone explain this?

A: There are government rules to make Medicare more efficient, which lowers Medicare management fees.

Q: Why does it seem like it is absolutely necessary to allow insurance companies to continue to make massive profits off of the American people when they provide no health care at all?

A: Insurance companies exist to provide health insurance. They are making lots of money because there is no or little competition. The public option opens up competition. It is not the goal of the bill to eliminate private insurance companies but to make them more accountable by providing a public option so Americans will have a choice.