

# Universal Coverage: Dream or Can We Get There?

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# The Long and Winding Road of Health Reform

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- Starting with Teddy Roosevelt
- Franklin Roosevelt and Social Security
- Harry Truman and fear of socialism
- Lyndon Johnson and Medicare/Medicaid
- Richard Nixon loses Wilbur Mills to scandal
- Jimmy Carter tries to start with children
- George H.W. Bush and tax credits as a starter
- Bill Clinton and the Health Security Act (first time committees reported out)
- ???



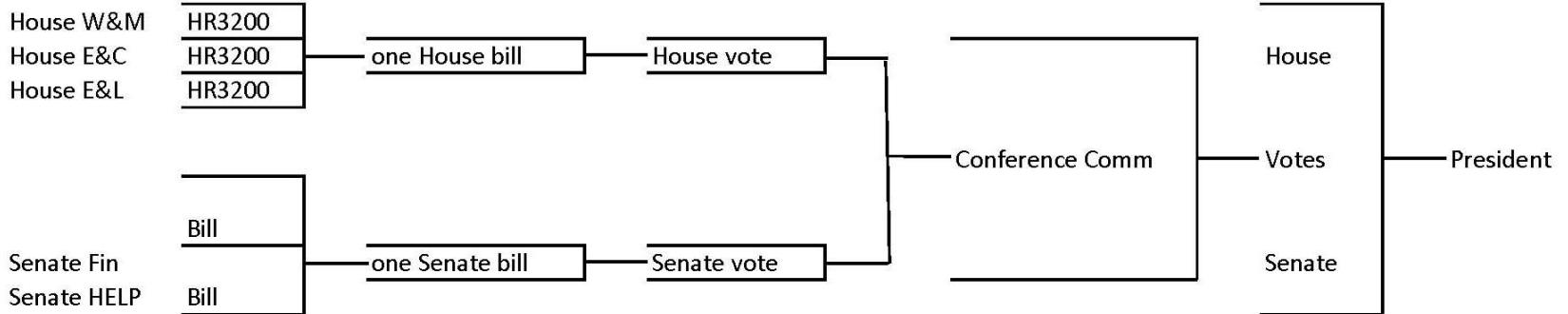
# Motivation to change

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- 47 million or more uninsured: “core” far exceeds the 7 million sometimes touted
- Ever increasing expenditures crowding out other uses of resources
- Ever increasing health insurance premiums contributing to cost of labor
- Changes in health insurance coverage increasing personal expenditures
- Aggregate data and real life stories

# In the legislative process now, something akin to bracketology

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# Where there appears to be consensus

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- Access to affordable insurance for the uninsured
- Improve cost-effectiveness in health care to cover costs
- Reach underserved areas
- Meet workforce needs

# Currently gaining attention

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- Federal expenditures over next 10 years: a measure of federal government cost, NOT total net costs
- Public plan option: assumptions made about what it will be (e.g., Medicare “like”)
- Misc: end-of-life counseling, government interference

# The major push is health insurance reform

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- Guaranteed issue
- Guaranteed renewal
- Prohibit pre-existing condition clauses (including “riders”)
- Subsidies to low income households to purchase insurance
- Targeting individual and small group market
- Individual mandate

# For those still outside the insurance market

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- Improvements in Medicare (e.g., donut hole and preventive benefits)
- Expansion of Medicaid



# The public plan option debate

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- Role in assuring access to affordable insurance for all places and all legal residents
- Role in demonstrating new approaches to cost-effectiveness
- Competition with other plans in an open marketplace
- Details: “level playing field,” possible “crowd out,” effect on providers – ALL TO BE DETERMINED

# Reform means changes in finance AND delivery

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- Workforce (Dr. Tape will discuss)
- Public health
- New ideas for delivery:
  - Accountable Care Organizations, Patient-Centered Medical Home
- Changes in Medicare and Medicaid
- Payment reform such as physician payment



# Summary

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- Data show need to change from status quo
  - Cost escalation
  - Disjointed system contributes to problems
  - Uninsured
- The long and winding road has to lead somewhere soon, but it will only be a way station



# Thank you!

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- [www.unmc.edu/publichealth/](http://www.unmc.edu/publichealth/)

