

# **What's it gonna take to get REAL health care reform??**

**Enact PUBLIC funding of campaigns!**  
(the **FAIR ELECTIONS NOW ACT** in Congress)

WHY? "Policy debates" in Congress are driven too much by campaign cash and corporate lobbying ...NOT by logic, or what's best for all Americans.

**Consider health industry "investment" in Congress\***

	Lobbying	Campaign Contributions
INSURANCE (2008)	\$153 million	\$46 million
PHARMACEUTICALS	\$152 million	\$15 million

\*OpenSecrets.org Data for 2008

**Change the *source* of campaign cash...  
it will change the country!**

**Get the insurance industry OUT of the debate.**

Insurers favor "reform" that preserves their profit.  
But that's incompatible with **REAL** health care reform!

**Make health care about people...NOT profit.**

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**Raise your voice—and tell our lawmakers:  
"Listen to the **VOTERS...**  
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The necessary features of health care reform are... (reverse side)

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## Health Care Reform – Necessary Features in any reform plan from Congress

Any and all health care reform proposals must be designed with the public interest in mind, and not designed by special interests who seek to profit at taxpayer expense.

1. **Available to everyone** – employers, employee groups, any individual.
2. **Unrestricted patient choice of health care providers**, including all hospitals, clinics, and services provided and accessible in the community.
3. **Comprehensive benefit package, one set of benefits available to everyone** – regardless of age, employment status, enrollment group, geography, health status, or any other factor.
4. **Guaranteed issue/acceptance:** Coverage cannot be denied to anyone for pre-existing conditions, health status, or for any reason.
5. **Automatic enrollment and immediate coverage** – at the point of first medical visit for anyone without existing insurance, with an opportunity to enroll in a plan of the patient's choosing.
6. **Affordable:** No barriers to access and use due to financial circumstances; no excessive co-pays or deductibles. Appropriate cost-sharing from employers, individuals, and from public sources and programs such as Medicaid and Medicare.
7. **Fair reimbursement to health care providers:** Negotiated fair and reasonable compensation to health care providers for services. Global budgeting for hospitals and major clinics/services.
8. **Health care providers must be paid directly** (as Medicare does), without overhead layers – using a single, efficient public “payer” to pay for services delivered by private health care providers and facilities chosen by the patient. *(This contrasts with a referral or “connector” plan – such as the Federal Employee Benefits Health Plan – that simply enrolls people in existing private insurance plans. A connector scheme is expensive, due to an extra layer of administration to “broker” the arrangement and the expensive overhead of private insurance.)*

Much more information:  
Washington Public Campaigns  
206-784-2522



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