



The Politics of Caring

Is Anybody Listening?

When will we get to real health care reform?

President Bush's recent State of the Union address spent very little time on health care. Prior to the address, the buzz in Washington was that health care was an issue that he was going to focus on during this speech. Instead of a new policy directive, the president provided a brief statement on health savings accounts and tax credits for low-income families that he said would address the lack of access to and rising cost of health care.

ANA president Barbara Blakeney, MS, RN, responded by noting that while the the president should be commended for refocusing the issue, he emphasized too strongly the concerns of employers—particularly small businesses—and not enough on protecting consumers from undue risk and financial burden.

The ANA's major concern with health savings accounts is that these high-deductible plans discourage primary and preventive care, raise out-of-pocket costs, and ignore individuals and families who don't already have health insurance. The ANA instead proposes a more comprehensive health care reform such as that offered in the ANA's Health Care Agenda 2005. This report, released last June, further reaffirms the ANA's longstanding support for a restructured health care system that ensures universal access to a standard package of essential health care services and lays out a comprehensive strategy for government, industry, consumers, and health care providers to follow in achieving these goals. (See www.nursingworld.org/readroom/anhca05.pdf for details.)

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Several members of Congress have also introduced comprehensive health care reform proposals. On January 31, Senator Edward Kennedy (D-MA) introduced a bill to provide high-quality, affordable health care to all Americans. The Medicare for All Act (S 2229) would extend Medicare to all Americans, from birth to the end of

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life, in a phased-in process by age group starting with those 55 to 65 years old and children up to the age of 20. His proposal is voluntary, allowing individuals to stay in their current employer-sponsored plan.

Employers would also be allowed to tailor their health plans using Medicare to provide additional services to their employees. This bill would also support electronic medical records and other software. It would also reward all health care providers for improving the quality of patient care. This health care proposal would be financed by a combination of payroll taxes and general revenues. It was referred to the Senate Committee on

Finance. A companion bill, HR 4683, was introduced February 1 by Representative John Dingell (D-MI) and was referred to the Committee on Ways and Means, the Committees on Energy and Commerce and on Government Reform of the House of Representatives.

Another example of a piece of legislation that was introduced to address health care reform was HR 676. The United States National Health Insurance Act (or The Expanded and Improved Medicare for All Act) was introduced February 8, 2005, by Representative John Conyers (D-MI). This bill would establish a national health insurance program that would cover all individuals residing in the United States and its territories with free health care that includes all medically necessary care, such as primary care and prevention, prescription drugs, emergency care, and mental health services. This bill currently has 68 cosponsors.

Nurses should review these bills and other pieces of legislation and voice their concerns to create the necessary impetus for Congress to address our nation's health care crisis. In his floor statement upon introduction of the Medicare for All Act, Kennedy said: "To say they have taken no action as 3,000 more Americans have become uninsured during every single day of the Bush Administration would be inaccurate. They have taken action—by making the health care crisis worse." When will we get real health care reform? It could happen if 2.9 million nurses and their patients demand it—a voice that would be difficult to ignore. ▼

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