

Ensuring Access to Health Care The Bush Plan

George W. Bush

The 2 major Presidential candidates were asked to answer the question, "How would you ensure access to health care for the citizens of the United States?" The following are their answers.

I BELIEVE THAT ALL AMERICANS SHOULD HAVE ACCESS TO affordable, high-quality health care. Rising health care costs impose a burden on families and small businesses and put coverage out of the reach of many Americans. My plan will help reduce the rising cost of health care, provide new and affordable health coverage options for all Americans, and provide not just a government program but a path to greater opportunity, giving millions of Americans more freedom and more control over their own health care and their own future.

My plan reduces the rising cost of health care while improving quality and safety; provides new and more affordable coverage options—targeted to those who need it most: low-income children and families, employees of small businesses, and the self-employed; keeps health decisions with patients and physicians—not bureaucrats in Washington, DC; and results in more than 11 million and as many as 17.5 million newly insured Americans.

The badly broken medical liability system is raising health care costs for everyone. The cost of medical liability insurance has forced good physicians, hospitals, and health care professionals to practice defensive medicine, curtail their services to a community, and in some cases close their doors altogether. If we are going to ensure that health care is affordable and accessible in the future, our system demands a plan for effective and pragmatic medical liability reform that will reduce the number of frivolous lawsuits, lower health care costs for businesses and employees, and help maintain strong physician-patient relationships. My proposal for reform would ensure that injured persons are fully compensated for their full economic losses, while reasonably limiting noneconomic damages to \$250 000. It would also reserve punitive damages for cases in which there is egregious conduct, ensure that old cases cannot be brought years after an event, and provide that defendants should pay judgments in proportion to their fault. Frivolous lawsuits and excessive jury awards are a national problem, and the crisis deserves a national solution.

See also pp 2000 and 2007.

I also believe we can reduce costs, reduce preventable medical mistakes, and dramatically improve the delivery of care by increasing the use of health information technologies (IT) in our health care system. America's physicians and health care professionals are managing 21st-century medicine with 19th-century tools. I set an ambitious 10-year goal for most Americans to have electronic health records, because I believe that health IT can transform health care in America. I have acted to accelerate the use of health IT and challenge the private sector to meet this goal in the next 10 years by doubling the funding for testing these systems in our nation and creating the new Office of the National Coordinator for Health IT to help facilitate the move to electronic health records. My administration is also working with many private organizations like the American Medical Association to develop and adopt the technical standards that will make it possible for sharing information privately and securely among health care providers when authorized by the patient.

The most sizable portion of health care spending is devoted to the relatively small number of Americans with chronic illness. We need to do a better job of coordinating the care provided to these individuals. That is why the Medicare legislation that I signed last year will for the first time provide coverage of disease management and chronic care coordination.

At the same time, consistent with efforts by my administration to encourage healthful lifestyles and disease prevention, the new Medicare law greatly expands coverage of preventive care, including a new "Welcome to Medicare" physical.

Controlling health care costs will help make coverage more affordable. But we must do more to extend coverage to the uninsured. My proposals to expand coverage rely on empowered consumers, rather than on "one-size-fits-all" expansions of government programs that my opponent advocates. He has advanced a proposal that independent analysts estimate will add more than 20 million people to the Medicaid rolls, where their choice of doctor is limited.

Vulnerable populations who live in medically underserved areas also have gained greater access to health care through my initiative to open or expand 1200 new health center sites to serve an additional 6.1 million Americans.

Author Affiliation: Mr Bush is President of the United States of America.

We have already succeeded in enhancing primary and preventive care for low-income and uninsured individuals by opening and expanding 600 new health center sites that are serving 3 million more Americans than they did in 2001. We are scheduled to complete my original initiative in 2006. And, I have established a new goal in this area. In my next term I will guarantee that every poor county in need in America has a health center or rural health clinic.

I will also launch an aggressive, billion-dollar effort to enroll children who are eligible, but not signed up for, government health insurance for children with low income, including the State Children's Health Insurance Program (SCHIP) and Medicaid. The goal of this effort is to sign up millions more uninsured children who are eligible for this coverage over the next 2 years.

I also have proposed to make consumer-directed health care more accessible to low-income Americans. Last year, I signed legislation creating health savings accounts (HSAs), which are a new, affordable option in health care coverage. Health savings accounts are tax-free savings accounts that people can set up when they purchase a low-premium, high-deductible policy to cover major medical expenses. Money from the HSA can be used to pay for routine medical expenses or saved for future health needs, while the major medical policy helps cover big expenses, like hospital stays.

To extend the benefits of HSAs to low-income families and individuals, I have proposed giving low-income families a \$1000 contribution made directly to their HSA, along with a \$2000 refundable tax credit to help purchase a policy to cover major medical expenses. Low-income families will not have to wait until tax time to get their tax credits. These credits will be advanceable and available immediately to qualifying families. Employers can contribute to these HSAs, and states can further supplement this coverage by using SCHIP money to further supplement the premiums of low-income families with children and by contributing to their HSAs.

More than half the uninsured are small business employees and their families. To make health coverage more accessible to these individuals, I have proposed giving small firms a tax credit for their contributions to their employees' HSAs. Self-employed people also can claim this new tax credit.

I also have proposed association health plans (AHPs) to help small businesses facing obstacles to providing health benefits, including high costs, complicated regulations, and a lack of bargaining power with insurance companies. As-

sociation health plans will allow small businesses to band together to negotiate lower-priced health insurance for their employees.

For people who can't get coverage through their employers, I have proposed to allow community, civic, and religious groups to band together through their regional or national organizations to negotiate more affordable coverage for their members. I've also proposed to allow people to shop for the best buy on health insurance by letting them buy coverage licensed in another state. This will help individuals escape the high-priced traps of state mandates and regulations while preserving consumer protections against fraud and abuse. I've also proposed to allow these individuals to deduct the premiums they pay for major medical coverage that they purchase in conjunction with their HSA.

I've also taken steps to help seniors and people with disabilities with the high cost of prescription drugs. After years of talk and gridlock, I was proud to sign legislation creating a Medicare prescription drug benefit. This new benefit will become available in 2006. In the meantime, more than 4.3 million beneficiaries already are saving up to 30% on their brand-name medicines and even more on generics through Medicare-approved prescription drug discount cards. More than 1.1 million low-income seniors are receiving \$1200 through the end of next year to help purchase their medicines at reduced prices.

Beginning in 2006, an estimated 12 million low-income seniors will be eligible to receive a drug benefit at a reduced premium—or new premium at all—that will provide their medicines for a copayment of as little as \$2. Seniors with higher incomes, in exchange for a monthly premium of around \$35, will get a benefit that will pay, on average, about half their prescription drug costs. Those with high prescription drug costs will get a benefit that pays 95% of their drug costs once they've reached the out-of-pocket spending limit.

I have also acted to bring needed relief from the high prices that American consumers frequently pay for prescription drugs. Even before the new Medicare law was signed, I closed loopholes and ended the delays that were preventing generic versions of drugs from coming to the market sooner. These actions are expected to save all Americans about \$35 billion over the next decade. This was an important step to make health care more affordable, and the new Medicare law I signed included an additional provision to improve access to generic drugs.