Conyers Underlines Hospital Fight With Bill to Expand Health Insurance

by Debra Hanania-Freeman

On March 21, Congressman John Conyers (D-Mich.), Ranking Member of the House Judiciary Committee and dean of the Congressional Black Caucus, introduced HR 1142, the Working American Families Access to Health Care Act. The legislation, also named the Medi-Access bill, is co-sponsored by Rep. David Bonior (D-Mich.), Rep. Donna Christian-Christensen (D-V.I.), and Rep. Stephanie Tubbs Jones (D-Ohio).

Referring to the growing health-care crisis in America, Mr. Conyers stated, "This legislation will expand Medicaid insurance to all uninsured Americans, including legal immigrants, as an entitlement for the truly needy, or through a 'buy in' of the successful Medicaid program. The Federal government would cover 100% of any new eligible populations or services. This is a landmark health-care bill that is simple to implement, given we already have an efficient and effective state-administered Medicaid program."

The next day, Conyers, a long-time advocate of universal public health care, hosted a forum on Capitol Hill, despite reported objections from Rep. Eleanor Holmes Norton (D-D.C.) and District Mayor Anthony Williams. The briefing was entitled, "National Public Hospital Safety-Net in Crisis: D.C. General Hospital in Focus." Conyers said that the pending closure of the city's lone public hospital points to a larger national problem—eliminating health-care options for the nation's working poor—that had to be addressed.

"The forum on Capitol Hill," Conyers explained, "was meant to educate and discuss solutions on how to provide national health insurance for all Americans, and begin the process of mending and ending the fragmented state of the American health-care system, that is not working for millions of Americans. We heard testimony from health-care experts across the country, including state representatives and health-care providers from other states, who have also experienced serious funding problems and closings of public hospitals that have had a serious negative impact on the delivery of health care to the poor and uninsured. We as a nation must come together to ensure that all Americans have access to a strengthened public safety net hospital system, and also have quality and affordable health care; regardless of one's employment status, income, or race. But that is not the case in America."

Conyers continued, "Public safety net hospitals have been closing or on the verge of closing all across America. Many hospitals in the inner cities must resort to creative solutions and financial restructuring to avoid closings. Public safety net hospitals have uncompensated costs due to offering health-care services to the uninsured. It is time for the Congress to take a more serious look at this problem, and implement effective solutions to address it, so that our health-care safety net can continue to effectively provide vital health-care services for the millions of uninsured and the working poor. I intend to continue to work through the Congressional Black Caucus Braintrust to ensure that access to health care for all Americans is adequately addressed in the 107th Congress."

'Single-Payer' Health Insurance Bill

In each of the last three Congresses, Conyers has introduced the single-payer universal coverage bill, and says he will do so again during this session. During the 106th Congressional session, he sponsored legislation that would allow patients and their health-care providers—*not* a health maintenance organization (HMO) administrator—to make the best medical decisions regarding patient care, by allowing health-care professionals to bargain collectively, through a limited exemption under the antitrust laws.

This historic bill would have allowed physicians to jointly negotiate the terms of their contracts with health insurance plans. H.R. 1304 was passed in the House by a huge margin, but failed in the Senate. Conyers says he will reintroduce the legislation in the 107th Congress.

H.R. 1142, Conyers' latest and most comprehensive attempt to date, to address the nation's growing public health emergency, seeks to amend Title XIX of the Social Security Act, to permit uninsured individuals with family income up to 300% of the poverty level to obtain full coverage under the Medicaid Program. This is to assure coverage of prescription drugs, alcohol and drug abuse treatment services, mental health services, long-term care services, and other services,

A growing three-month mobilization, with increasing international awareness and support, led to the March 22 hearings. Organizations of doctors in Houston have also demanded Congressional action on hospital closings and understaffing; medical demonstrations broke out in Berlin, Germany in March, over the closing of Moabit Hospital there.

and for other purposes. Individuals with family income up to 400% of the poverty level would similarly be made eligible, albeit with a small premium payment required (see *Documentation*).

If the legislation passes, it will bring an estimated 36.8 million Americans into the health-care system. And, because so many health-care facilities have been placed in critical, and more and more frequently existential, financial difficulties due to the 1997 Balanced Budget Act, there is a provision in H.R. 1142 which mandates that any insurer must reimburse providers (e.g., physicians, hospitals) at the Medicaid fee-for-service range.

More Hospitals, Payments Needed

Even so, for the much-needed landmark legislation to operate efficiently, Congress would be forced to also address several crucial points.

First, since most hospitals lose money on Medicare-Medicaid patients, maintaining the public hospital safety net absolutely requires the long overdue repeal of the Nazi-inspired 1997 Balanced Budget Act.

Second, there is a dramatic contraction of the nation's health-care infrastructure, still accelerating, since the demise of the Hill-Burton Act standards for hospital-bed availability. Since the late 1980s—i.e., during the period in which Hill-Burton was repealed—more than 650 hospitals have closed, and 15,000 beds been lost, nationwide. (A forthcoming *EIR* will present the full picture.) Congress would be forced to finally reverse the insanity of the last three decades by passing legislation reinstituting a Hill-Burton approach.

The Conyers initiative is just one aspect of a growing awareness among Democrats: that Lyndon LaRouche was absolutely correct when, during the course of his Y2000 campaign for the Democratic Presidential nomination, he defined the crucial question as one of a willingness and determination to adopt policies—modelled on the FDR tradition of the Democratic Party—to both protect and promote the general welfare of *all* Americans, particularly in the midst of the worst economic and financial breakdown crisis in modern history.

LaRouche, who has already said that he will seek the Democratic Presidential nomination again in 2004, calls the Conyers legislation a step in the right direction, and it is expected that many LaRouche Democrats will participate in an April 5 rally to support it, on the steps of the U.S. Capitol.

Documentation

Working Families Health Insurance Act

Here are excerpts from the Summary of the "Working American Families Health Insurance Act of 2001," sponsored by Reps. John Conyers (D-Mich.), Donna Christian-Christensen (D-V.I.), and David Bonior (D-Mich.). Emphasis is in the original.

Introduction: The Health Care Crisis for the Working Uninsured

The Medi-Access plan would provide health insurance to all uninsured Americans by expanding, amending, and strengthening Medicaid. The bill is a major step towards the elimination of racial and ethnic disparities in our current health care delivery system. The Medi-Access program would be a privately run, state-administered, and Federally

funded health insurance program coverage. *Eight out of ten* of the uninsured are either workers or dependents of workers. According to the Kaiser Commission on Medicaid, *33.8* million uninsured are living at *300%* of the poverty level (*$43,890 for a family of three); and approximately 36.8* million Americans who are uninsured have incomes below *400%* of the poverty level, (*$58,320* for a family of three).

A recent survey revealed that *39%* of the uninsured skipped recommended medical tests or treatment in the last year, and *30%* did not fill a prescription because of the costs. Scores of uninsured Americans, many who are legal immigrants, needlessly suffer from treatable and preventable illnesses because they do not have access to quality and affordable health care. Clearly, there is a serious need for a health insurance program that will provide affordable, comprehensive, and high-quality health insurance coverage for working families and individuals that have low to moderate incomes.

Problems with Employer-Based Health Coverage: The uninsured work predominantly in low-wage jobs that don't offer health benefits, and don't pay enough so they can afford to buy private health insurance through their employer or on their own. According to the Employee Benefit Research Institute, in 1997, *57%* of workers in firms with fewer than 100 employees were offered coverage, compared with *85%* of workers in firms with 100 or more employees. In 1997, of the 44 million Americans who did not have health insurance coverage, *36 million* (or *82%*) were in a family with a worker, and *50%* of uninsured workers are employed by small firms. EBRI states that many workers in America "are clearly not offered health benefits, or do not participate in the plan when it is offered." EBRI stated that some of the reasons employees did not purchase employee-sponsored health insurance programs were due to the employees' perception that the plans were too costly, or were not comprehensive enough in their coverage. According to EBRI, nearly *70%* of employers surveyed not offering health benefits report that a major, or minor reason for not doing so was because their business *could not afford* to offer health insurance.

Health Care Consequences from Being Uninsured:

- *83,000* Americans die every year because they have no insurance.
- Being uninsured is the *seventh* leading cause of death in America. Our failure to provide health insurance for every citizen kills more people than kidney disease, liver disease, and AIDS combined.
- In any given year, *one-third* of the uninsured go without needed medical care.
- *8 million* uninsured Americans fail to take medication their doctors prescribe, because they can not afford to fill the prescription.
- *32,000* Americans with heart disease go without life-saving and life-enhancing bypass surgery or angioplasty, because they are uninsured.
- In a recent report issued by Families USA, entitled "Go Directly To Work, Do Not Collect Health Insurance: Low-Income Parents Lose Medicaid," nearly *1 million low-income* parents have lost their Medicaid coverage since the advent of welfare reform.
- In *32 states*, parents who work 40 hours a week at the minimum wage—only $206.00 a week—are ineligible for Medicaid coverage.
- Unpaid medical bills account for *200,000* bankruptcies annually.
- Over *9 million* families spend more than one-fifth of their total income on medical costs.

Presumptive Eligibility: The program would also mandate *"presumptive eligibility"* for children, pregnant mothers, and all individuals. This would allow health care providers to provide reimbursable services to *children, parents, and individuals* on a temporary basis, until final eligibility is determined, made by the appropriate Medicaid state agency.

Health Insurance for Families Moving from Welfare to Work: The [Act] ensures that families leaving welfare to work can keep their Medicaid, provided they are at *300-400%* of the poverty level. Individuals who are employed may choose between their employee health care plan or the Medi-Access program; individuals and families, however, could not be on both plans.

Extending Medicaid to Legal Immigrants: The [Act] would amend and expand Medicaid to include all legal immigrants, (children, families, single men, and women) who are *300-400%* of poverty. Legal immigrants are currently barred from receiving Medicaid and S-CHIP for five years. Legal immigrants under the "Working American Families Health Insurance Act" would be entitled to the same provisions and benefits as naturalized citizens who receive Medicaid and S-CHIP.

Benefits Package of The Working American Families Health Insurance Act:

- The [Act] would provide coverage for all "medically necessary services" as is currently required by Medicaid law.
- The Act would mandate full coverage for all prescription drugs as prescribed by a treating physician, early periodic screening, routine physical exminations, dental, vision, hearing, mental health, drug and alcohol treatment services, psychiatric services, assistive technology devices and services, and long-term care. The Act would also cover two chiropractic visits per month.
- The Act would mandate coverage for eyeglasses, hearing aids, durable medical equipment, medically necessary rehabilitative services and assistive technologies for the disabled for developmentally delayed children.