

JULY TALKING POINTS

1. Is healthcare a right or privilege? If it's a privilege, who deserves it and who doesn't.

IF health is a privilege, THEN that logically implies inequality, and in the case of immense wealth, immense inequality. There will be have-lots and have-nots. Is that fair?

Support for health care as a right

- The House of Representatives American Health Care Act (AHCA) and the Senate Better Care Reconciliation Act (BCAR) bestow insurance coverage on those that have employer-based coverage and can afford to pay premiums, co-pays and deductibles or those who can afford to purchase their own individual policies. These are the privileged, the have-lots. Individuals that cannot afford these expenses are the “waste people,” the have-nots.
- “Waste people” were the indentured (European) servants who were classified as expendable; this is where the label “white trash” comes from. (Kamp)
- The human right to health is recognized in numerous international instruments: *The International Covenant on Economic, Social and Cultural Rights* (article 12.1), *The Universal Declaration of Human Rights* (article 25.1), *International Convention of the Elimination of All Forms of Racial Discrimination* (article 5 (e) (iv)), *Convention on the Elimination of All Forms of Discrimination Against Women of 1979* (articles 11.1 (f), 12), *Convention of the Rights of the Child of 1989* (article 24), *Commission on Human Rights Resolution 1989/11*, and *American Convention on Human Rights in the Area of Economic, Social and Cultural Rights* (article 10). (Office of the High Commissioner for Human Rights)
 - The Universal Declaration of Human Rights states: “Everyone has **the right** to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and **medical care** and necessary social services, and the right to **security in the event of** unemployment, **sickness**, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.” (The Universal Declaration of Human Rights (article 25.1))
 - The Universal Declaration of Human Rights, of which the U.S. is a signatory, was adopted by the General Assembly of the United Nations on 10 December 1948. Motivated by ...the preceding world wars, the Universal Declaration was the first time that countries agreed on a comprehensive statement of **inalienable human rights**. (Australian Human Rights Commission)
 - The Universal Declaration of Human Rights “is an expression of the fundamental values which are shared by all members of the international community. Some argue that because countries have consistently invoked the Declaration for more than sixty years, it has become binding as a part of customary international law. (Australian Human Rights Commission)
 - “...health facilities, goods and services must be affordable for all. Payment for health-care services, as well as services related to the underlying determinants of health, has to be based on the principle of equity, ensuring that these services, whether privately or publicly provided, are affordable for all, including socially disadvantaged groups. **Equity demands that poorer households should not be disproportionately burdened with health expenses as compared to richer households.**”(Office of the High Commissioner for Human Rights)

- If the rest of the industrialized countries can guarantee health care to all their citizens, why can't the United States? If the rest of the West **treats health care as a right**, not a privilege, why doesn't the United States? If countries such as the United Kingdom and Canada can offer a viable and popular model of free health care for all, why shouldn't the United States? (Hasan)

Support against health care as a privilege

- Privilege is a social theory that special advantages (*having health insurance*) are available only to a particular person or group of people (*those who can **afford** insurance*). (Merriam-Webster Dictionary)
- Equality of opportunity is not a normal state; it is a social achievement for which government shares some responsibility. (Roy)
- "Social mobility is one of the myths Americans tell about themselves - that America is a land of opportunity, that somehow we escaped the rigid class system that existed in the Old World..." (Kamp) Americans like to think that **everyone** can pull themselves up by their bootstraps because **some** have. This is a myth; privilege is not available to everyone.
- Sociologists have found that, in 2015, the predictor of success are the **privileges and wealth** bestowed from parents and ancestors. (Kamp)
- Because of institutional racism and other governmental practices such as restrictive covenants, Federal Housing Authority residential security maps, and redlining policies in mortgage lending, African Americans have been systematically denied opportunities to amass wealth to pass on to their children and thus, disproportionately languish in poverty (24% black of the population compared to 9% of the white white).
- Even today...the top 10% hold equity in 90% of the land. (Kamp)
- It is our moral imperative to share and help those in need: **1 John 3:17**. But whoever has the world's goods, and beholds his brother in need and closes his heart against him, how does the love of God abide in him? **Matthew. 25:31-46**. 'Truly I say to you, to the extent that you did it to one of these brothers of Mine, even the least of them, you did it to Me.' (Rosenfeld)

2. The GOP contributed significantly to causing insurers to leave the healthcare exchanges and raise prices. How do you justify your complaints about the very problems you helped to create?

- According to the PPACA (The Patient Protection and Affordable Care Act), as of January 2014, insurers were no longer allowed to deny coverage or to charge higher premiums to people with pre-existing conditions. (Khazan)
- In order to create insurer buy-in for this plan, the PPACA developed a complicated, carefully balanced, way to reimburse those businesses for losses caused by insuring poor and/or sick patients on the risk exchanges. This reimbursement process was to continue for three years. (Khazan)
- Such losses, incurred from areas considered High Risk Corridors (such as Kentucky) were to be reimbursed by gains from insurance programs in healthier areas of the country. (Khazan)
- In 2012, the Supreme Court made Medicaid expansion optional for states, thus providing insurers a rationale for pulling out of imperiled areas. (Khazan)
- Other pressures developed as well, including the practice of “grandmothering.” (Semanskee)
- In 2014, the GOP added a provision into HR 83, The Consolidated and Further Continuing Appropriations Act of 2015, which limited the power of the government to use taxpayer dollars to pay insurers incurring losses from High Risk Corridors. (Pear)
- This measure eroded confidence in the PPACA on the part of some insurers and contributed to insurers leaving the market. (Ferris)
- Thus, though the lack of participation of some states in Medicaid expansion contributed, the 2015 legislation has put at peril the whole complex system set out by the PPACA. (Cox)
- In other words, though it is true that the PPACA needs help in reimbursing insurers in high risk markets, the GOP bill foreclosed any possibility of adjusting or otherwise finessing the system to make it work.
- *“At this rate, Republicans might live to see the Obamacare “death spiral” they have long been prophesying. But insurance markets don’t just collapse on their own. Decisions by states, Congress, and the Trump administration can—and have—given them a hefty nudge.”* (Khazan)

3. You say you care about people who have lost their insurance or lost their doctors under the PPACA, but have said nothing about the tens of thousands in your own district who will lose their insurance completely under the AHCA, why?

- 48,800 people in the 6th district got health care through provisions of the ACA, resulting in the 6th district's uninsured rate going from 13.1% to 6.9%. (Cutter)
- 30% of people in the 6th district are currently covered through a publicly supported plan: marketplace (Kynect) or Medicaid. (Bailey)
- Almost 1 in 3 Kentuckians depend on Medicaid. (*Herald-Leader* Opinion)
- 69,724 individuals in the 6th district who are covered by Medicaid expansion (individuals, including childless adults, below the age of 65 years old with income below 133 % from the federal poverty level) now stand to lose coverage if Medicare expansion is eliminated outright or through state waivers. (Bailey)
- A total of 212,300 people, including seniors, people with disabilities and children, are covered through Medicaid in the 6th district and are at risk due to per-capita caps that will freeze federal funding and shift costs to the state. Per-capita caps would allocate funds based on current spending **per enrollee**. (Bailey)
- 315,300 people in the 6th district have some kind of pre-existing condition. The AHCA allows states to apply for waivers to opt out of coverage for pre-existing conditions. (Bailey)
- "Kentucky has added 13,000 health care sector jobs since the expansion of Medicaid. That money enters into our communities and helps us thrive. We are better because of it. If that money is taken away, people are going to get sicker. Doctors are going to shut their doors. Our economy is going to suffer." (Pugel)
- The essence of what Republicans are proposing: an enormous redistribution of wealth into the pockets of the already-wealthy through a repeal of the .09% tax on income and 3.8% tax on investments, taxes that fund individual premium subsidies and Risk Corridor payments to insurance companies. (Cassidy)

4. According to the most recent comparative study, our healthcare system produces the worst outcomes for the greatest cost of any major Western democracy. Why do you feel the US government cannot lower total costs and achieve overall health care coverage, just like our peers? (Here is an alternative question with a different trajectory but a very similar endpoint: Please explain why you believe we can have police, fire, libraries, courts, schools and highways all paid for by taxes for the use and benefit of everyone in society, but we cannot do the same with regard to health care?)

- Virtually the only recent comparative research on global health care outcomes was done by the Commonwealth Fund. The Commonwealth Fund is a “private, U.S. foundation whose stated purpose is “to promote a high performing health care system...” (Commonwealth Fund)
- The Commonwealth Fund study has been attacked by some right-leaning news organizations as advancing a liberal bias, so respondents to our question may cite this in their replies, however:
 1. No competing study has been forwarded by the critics.
 2. The Commonwealth Fund findings reference data from the World Health Organization, other international agencies, and national scorecards -- all reputable sources.
 3. Moreover, *Forbes*, hardly a left-leaning publication, clearly takes it as seriously credible and persuasive. (Munro, June 16)
- The Commonwealth Fund study compared the US to 10 other countries in respect to health care. In rank order, first to last, they appear as: UK, Switzerland, Sweden, Australia, Germany/Netherlands (tie), New Zealand/Norway (tie), France, Canada, and the US. Of the five categories measured (quality, access, efficiency, equity, and healthy lives) the US ranks last in all but quality, where it competes well on indices of preventive and patient-centered care. (Munro, June 16)
- One misconception, often forwarded by the GOP in these discussions, indicts all universal health coverage (UHC) national plans as “socialized medicine.” Yet there are actually a number of funding mechanisms used among countries that begin with a UHC assumption, some are combinations of public and private. *Funding* for such plans is not a contentious issue, as it is with us; rather, they focus on kinds of *access*. (Munro, December 8)
- Medicare Part D also has a similar condition to the PPACA, that insurance companies that lose money in high risk corridors are reimbursed by the government for those losses. Yet, the GOP does not call those reimbursements insurance bailouts (Sharing)
- *“It’s true that American hospitals have the finest diagnostic equipment and the best specialists, but we falter at basics and at public health. We’re lousy at getting kids vaccinated, at reaching at-risk young people with contraception, at protecting citizens from lead and endocrine-disrupting chemicals — and simply at keeping people alive.”* (Kristof)

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