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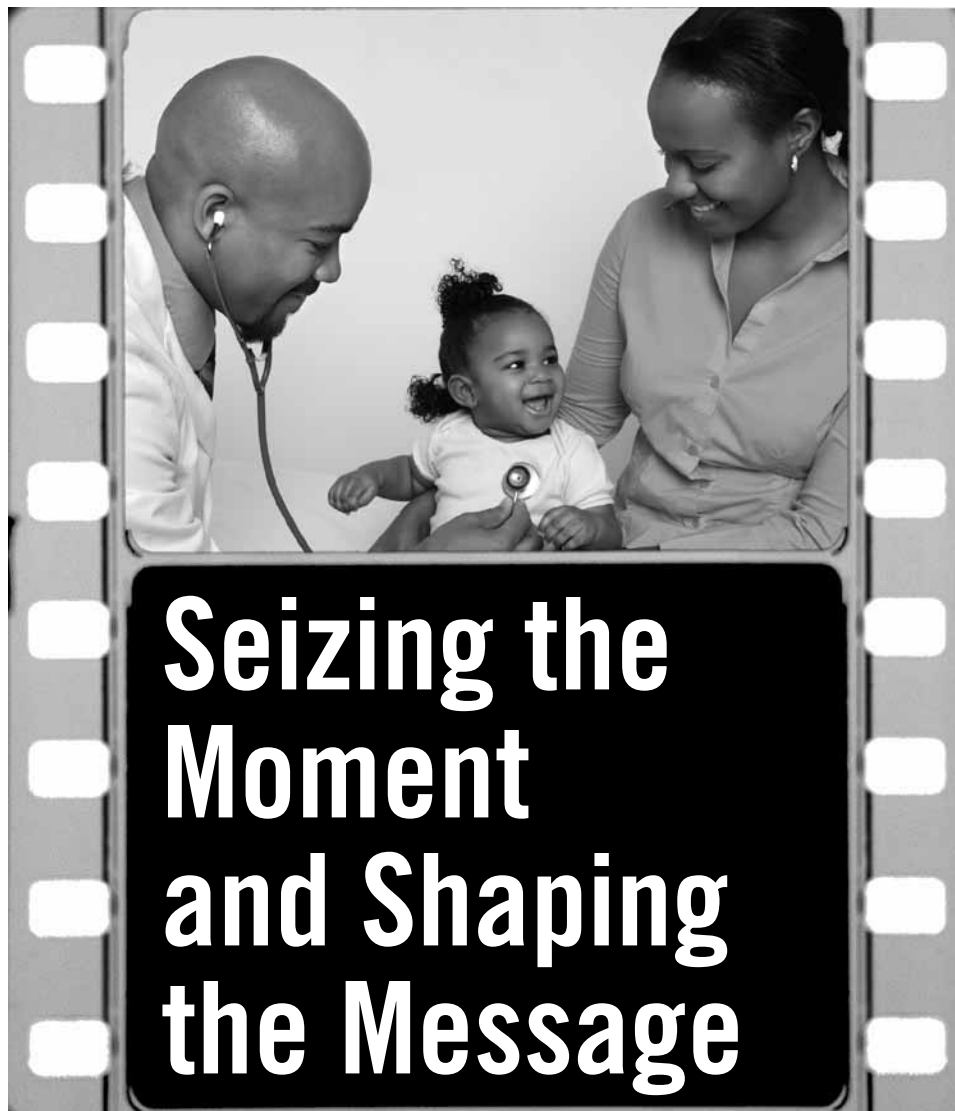


To: President-Elect Barack Obama  
CC: U.S. Congress  
From: Shriver Center

## *In re: Antipoverty Recommendations*

1. Strengthen Civil Rights
2. Reform Health Care
3. Fortify Safety Net
4. Solve Federal Fiscal Problem
5. Preserve Affordable Rental Housing
6. Exercise Executive Clemency
7. Foster Career Advancement
8. Link Economic and Workforce Development
9. Ensure Quality Child Care for Workers
10. Build and Protect Assets
11. Legalize Immigrants
12. Guarantee Leave Policies for Women

# Health Care Reform



By John Bouman and Robert A. Crittenden

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**D**irector Michael Moore's movie *Sicko* tells powerful stories about America's health care crisis. First, it astutely focuses on Americans *with* health care insurance, rather than on the uninsured—a point we often overlook when we focus solely on the forty-seven million uninsured, who are the starkest examples of our system's failures. But 85 percent of Americans *have* insurance. More important, almost all voters have insurance. In fact, health care insurance is an almost perfect proxy for voting—some 94 percent of voters have health care insurance and a similar percentage of people with insurance vote. Interestingly, people who lose their insurance tend to stop voting.<sup>1</sup>

Second, *Sicko* identifies how the system fails to work even for the insured, who pay more every year for less coverage. Premiums and copayments are higher; more services are excluded, and doctors' decisions about care are subject to more interference. The problem comes sharply into focus when one considers that, although most people have health care insurance, over half of personal bankruptcies are due to medical debt. Health care insurance does not spare many from the worst financial consequences of a serious medical episode. And in the background for everyone with insur-

<sup>1</sup>Celinda Lake, Herndon Alliance, *How to Talk to Voters About Health Care: Frames + Messages*, slide 8 (PowerPoint presentation, Nov. 2, 2007), <http://herndonalliance.org/pdf/celindaLakeNov07.pdf>.

ance is the nightmare of losing coverage, whether because an employer drops it or because of job loss, and then being unable to obtain new coverage because of a preexisting condition. These concerns haunt every kitchen table. People dread losing control over these problems, and they are becoming angry.

Comprehensive reform of the health care system in the United States, starting with guaranteed access to affordable comprehensive health care coverage choices for everyone, has long been a compelling need. The system is too expensive, coverage is precarious and not guaranteed, and millions have no insurance (with many more experiencing episodes without coverage). The complex array of problems associated with comprehensive health care reform can be reduced to two immediate concerns: cost control and guaranteed coverage.

The compelling need for reform has generated many possible policy solutions and just as many advocacy strategies. In pondering how to represent low-income clients effectively on this issue of system reform, attorneys and other advocates should fall back on their understanding of the intensely pragmatic nature of their work. When people are striving for opportunity, or experiencing a crisis or some sort of deep need, or trying to protect their families, they have compelling and immediate interests; they cannot wait for ideal solutions if good ones offer prompt and genuine relief. In the policy debate over comprehensive national health care reform, some proposals may seem short of the ideal solution, and the question arises whether to accept and advocate them or oppose them. Part of that calculation must involve a pragmatic judgment about attainability. What is the best attainable solution that offers prompt relief and makes a real difference on cost control and guaranteed coverage? How can advocates make that decision, and what is the best way to win the most substantial changes?

Below we analyze what health care proposals should be supported, based on their potential to provide bona fide relief and real potential for passage, and we offer a good toolbox for supporting those proposals. We summarize compelling market research and messaging advice from a broad-based health care reform coalition, the Herndon Alliance.<sup>2</sup> That research has solid answers and advice for advocates interested in seizing the moment for health care reform and moving the ball as far down the field as possible.

## I. Competing Proposals

*Sicko* touts the health care system reform strategy known as “single payer,” which refers to a single source of payment for all health care—usually the government. The most common version of a single-payer plan shown in *Sicko* is a nationalized government program, such as in Canada or France. Whatever the version, a single-payer system appears able to accomplish much on the two key issues of cost control and guaranteed coverage. Everyone is covered regardless of preexisting conditions, and much of the profit margin and corporate red tape of the current system is eliminated. A single-payer system also offers the prospect of efficiency and the powerful bargaining position inherent in a monolithic system. And it subtracts health care coverage from the cost of doing business for employers that offer health care benefits. While the system would be costly in taxes, proponents argue that the cost would be more than offset by the elimination of the inefficiencies of the current system.

As a policy model for substantial progress on cost control and guaranteed coverage, single payer is attractive. But, on the pragmatic side, it has not gained decisive traction around the country as the policy model of choice. States that have adopted comprehensive health care reform, led by Massachusetts and Vermont, are deploying public and private strategies; in broad terms, these strategies are the

<sup>2</sup>The Herndon Alliance commissioned research by the American Environics market research firm and the Lake Research Partners public opinion and communications firm.

building blocks of plans put forward by the presidential candidates in this year's Democratic primaries.<sup>3</sup> The plans offer potential for substantial progress on both cost control and guaranteed coverage.<sup>4</sup> With variations around the edges these are the strategies:

- Retain the private health care insurance system—the plans all allow retention of current coverage.
- Emphasize covering all children first.<sup>5</sup>
- Expand public programs (Medicaid, State Children's Health Insurance Program (SCHIP), and state-funded programs) to cover all low-income people not covered—primarily those not covered by Medicaid (able-bodied, nonelderly, nonparenting adults) and everyone with higher incomes than many states' Medicaid and SCHIP eligibility levels.<sup>6</sup>
- Subsidize private insurance for the next segment on the income ladder, providing sliding-scale financial help perhaps up to 400 percent of the federal poverty level. The mechanisms for promoting affordability are premium assistance, reinsurance (a government guarantee to pay costs per person above an annual maximum such as \$20,000 reduces insurance exposure for private companies), pooling (where many people are added to the insured group), and competition (forcing insurance plans to provide cheaper and better coverage to win a share of the market).
- Create a publicly operated, comprehensive affordable insurance vehicle that is “guaranteed issue,” that is, available without regard to preexisting conditions. This vehicle competes with private-sector offerings and ensures that everyone has at least one affordable choice of insurance plans. This feature is available even to those who have higher incomes and receive no subsidies but need to have access to insurance and can pay full price for a guaranteed-issue policy.
- Impose cost control, access, and quality improvements, including reasonable regulations, rate reform, electronic medical records, and public rankings of provider performance.
- Impose, in some versions such as that in Massachusetts, a “mandate” that requires everyone to enroll in or purchase health care insurance, in order to ensure that healthy people, who pay in more than they claim in benefits, are in the insurance pool.<sup>7</sup>

Republicans, by contrast, prefer much less government. Their solutions put faith in tax credits and market forces for improved cost control and do not directly confront guaranteed coverage for all.<sup>8</sup> A focus is to relieve businesses of the cost of providing insurance. In this view the alternative to employer-supported coverage is not government but the private insurance market. Such a plan has variations of the following features:

<sup>3</sup>For Massachusetts' approach to reform, see Kaiser Commission on Medicaid and the Uninsured, *States Moving Toward Comprehensive Health Care Reform* 9, 16 (2008), [http://www.kff.org/uninsured/upload/State\\_Health\\_Reform1.pdf](http://www.kff.org/uninsured/upload/State_Health_Reform1.pdf); *id.*, *Massachusetts Health Care Reform: Two Years Later* (May 2008), [www.kff.org/uninsured/upload/7777.pdf](http://www.kff.org/uninsured/upload/7777.pdf). See also Victoria Pulos, *Massachusetts Health Care Reform: Are We There Yet?*, 42 CLEARINGHOUSE REVIEW 156 (July–Aug. 2008), and *The 2006 Massachusetts Health Care Reform Law*, 40 *id.* 610 (March–April 2007). For Vermont's approach to reform, see Kenneth E. Thorpe, *Vermont's Catamount Health: A Roadmap for Health Care Reform?*, 26 HEALTH AFFAIRS W703 (2007). For Sen. Barack Obama's plan, see [www.barackobama.com/issues/healthcare/](http://www.barackobama.com/issues/healthcare/).

<sup>4</sup>Similar public-private health care reform strategies have been proposed in California and Illinois, but they have not attained passage yet (*States Moving Toward Comprehensive Health Care Reform*, *supra* note 3, at 5).

<sup>5</sup>Many states are already moving in this direction (see John E. McDonough et al., *A Progress Report on State Health Access Reform*, 27 HEALTH AFFAIRS W105, W108 (2008); see also *States Moving Toward Comprehensive Health Care Reform*, *supra* note 3, at 6–7, 11, 18 (noting expansions in New Jersey, Wisconsin, Iowa, and Kansas)).

<sup>6</sup>Some states have already expanded coverage for adults as well (*supra* note 5).

<sup>7</sup>See *States Moving Toward Comprehensive Health Care Reform*, *supra* note 3.

<sup>8</sup>See generally the Health Care Reform issues page of the Heritage Foundation, [www.heritage.org/research/healthcare/healthcarereform/](http://www.heritage.org/research/healthcare/healthcarereform/).

- Use of tax credits to encourage people to accumulate their own money in health care savings accounts, which they can then access to acquire any desired health care services.
- Purchase of high-deductible catastrophic care policies, so that the health care savings account covers most routine care within a large deductible and the insurance covers any larger medical needs.
- Treatment of the value of employer-supported health care insurance as income subject to payroll taxes (families buying private insurance would receive tax credits as an incentive to move away from employer-based plans).
- Creation of “association” health care plans to allow small businesses to pool risks among similar types of businesses.
- Continuation of public programs for the lowest-income groups and community clinics for the uninsured, but experimentation with the Medicaid delivery system to cut Medicaid costs.<sup>9</sup>

Because of the compelling need for cost control and guaranteed coverage, the status quo is unacceptable. Most advocates for low- and middle-income people who rely on public programs, or who are precariously insured or underinsured or uninsured, also conclude that the tax-credit-and-market-forces version does not help very much.<sup>10</sup> Thus the path of reform seems to lie in a choice between versions of the public-private strategies adopted by some states and a single-payer system. This choice must be made no matter who is president—only the advocacy context differs. The choice, as is always true for advocates who have clients with compelling need, is infused with the pragmatic

question of attainability. The question is not “what is the best health care idea?” but rather “what is the best idea that can be won in the shortest period of time?” Attainability, in turn, is a product of what moves a critical mass of voters because it is the wishes of the voting majority that moves elected policymakers.

## II. Weighing the Options

The Herndon Alliance is a national coalition of some 180 minority, religious, labor, advocacy, and health care provider organizations that seek to achieve health care reform.<sup>11</sup> The alliance undertook several rounds of market research, using focus groups, polling, and surveys.<sup>12</sup> Through the American Environics national values survey, the alliance identified groups of voters who hold values or deep-seated beliefs compatible with health care reform. It also identified policies and messages that would be attractive to voters. Through focus groups and polling conducted by Lake Research Partners, the alliance tested the results of the values survey and experimented with appropriate policy models and messaging to put the survey results into action.

Here are some of the key findings about the public opinion context:

- Of the 94 percent of voters who have health care insurance, 15 percent form a “health care base” that will vote for any reasonable reform ideas, and 79 percent are “swing” voters.
- Core health care voters are categorized by the research as Democrats, Democratic women, and African Americans. Older women and seniors are the most attentive on health care issues, and they need reassurance that reform will not adversely affect their quality of

<sup>9</sup>For Sen. John McCain’s health care reform plan, see [www.johnmccain.com/Informing/Issues/19ba2f1c-c03f-4ac2-8cd5-5cf2edb527cf.htm](http://www.johnmccain.com/Informing/Issues/19ba2f1c-c03f-4ac2-8cd5-5cf2edb527cf.htm).

<sup>10</sup>For a comparison of the candidates’ plans, see Henry J. Kaiser Family Foundation, *2008 Presidential Candidates: Health Care Issues Side-by-Side* (2008), [www.health08.org/sidebyside.cfm](http://www.health08.org/sidebyside.cfm); Families USA, *Health Care and the 2008 Presidential Election: Comparing the Candidates’ Positions on Health Care*, (2008), [www.familiesusa.org/election-2008/report/](http://www.familiesusa.org/election-2008/report/).

<sup>11</sup>See [www.herndonalliance.org](http://www.herndonalliance.org). A large part of the site is password-protected and reserved for members, but becoming a member is clear and simple. Those not wanting to become members can request information and presentations from the Herndon Alliance (as can members).

<sup>12</sup>Research was accomplished through contracts with experts at American Environics ([www.americanenvironics.com](http://www.americanenvironics.com)) and Lake Research Partners ([www.lakesnellperry.com](http://www.lakesnellperry.com)).

care.

- Key swing voters come from groups that are persuadable on health care reform. Researchers categorize these groups as people with dominant values about personal responsibility, everyday ethics, and national pride (“proper patriots”—40 percent of the electorate); middle-aged people who feel marginalized and are looking for help and status (“marginalized middle-agers”—15 percent of the electorate); and highly mobile and materialistic people who are independent-minded and quick to reject initiatives (“mobile materialists”—12 percent of the electorate).<sup>13</sup>

A solid majority of voters—about two-thirds—favor providing quality, affordable health care choices to every American, even if doing so will increase taxes or the role of the federal government.<sup>14</sup> In America health care has become a core value, linked to the American Dream and the well-being and future of the country and of each family. Voters talk about it in moral terms—no person should be denied needed care. But simply referring to health care as a “moral issue” is not enough to move voters. Voters see health care as a necessity, and thus they see a role for something beyond market forces to ensure affordable access to care. While voters think everyone should have access to care, they balk at paying for it on behalf of those they deem “undeserving.” And voters want what they think of as an “American” solution. They do not want a “government-run” program, but they do see a role for the government as a watchdog and insurer of fairness and affordability.<sup>15</sup>

Despite strong attitudes favoring health care for everyone, there are barriers. The research summarizes these barriers as cynicism about government in general; concerns about government red tape and high costs; uncertainty about who will

have to pay and fear of increased health care costs and taxes; fear of overwhelming the health care system with newly covered people, resulting in shortages and loss of quality for those currently covered; concern about losing current doctors and access to care; suspicion about having to support undeserving people (including undocumented immigrants); adverse impact on small businesses; and an assumption that powerful interest groups will block an effective reform anyway.<sup>16</sup>

The research suggests ways to overcome these barriers, both through program design and through messaging. Since the audience consists of voters, in order to zero in on the concerns of people who are insured more than moral issues represented by the uninsured, these should be the tactics:

- Incorporate an element of personal responsibility in the model, such as sliding-scale premiums. This is a strong value and takes on the concern about supporting “undeserving” people.
- Have options and choices (employee choice) to create a sense of control.
- Emphasize preventive care as an entry point for comprehensive coverage (“everyone should have cancer screening”).
- Find a uniquely “American” solution, with choice especially cogent.
- Emphasize security, peace of mind, and control, especially for women, who are often the family members who make health care decisions.
- Focus on support for small business. Voters have strong feelings for this sector because they see it as a backbone of the American system.
- Define a role for government not as the provider of health care but as a watchdog and maker of rules for the system.

<sup>13</sup>Lake, *supra* note 1, slide 8. This presentation synthesizes findings from at least two rounds of focus groups and surveys around the country. The research is presented in detail in other documents available on the Herndon Alliance website, most of which is in the password-protected part of the site.

<sup>14</sup>*Id.*, slide 16.

<sup>15</sup>*Id.*, slide 5.

<sup>16</sup>*Id.*, slide 6.

- Animate not voters' fear but their anger. Fear makes them averse to change. Anger (e.g., over the greed involved in the current system) animates a mindset that is open to change.<sup>17</sup>

The research suggests that the policy model likely to have the most impact and still appeal to the broadest array of voters is once called “guaranteed affordable choice”—defined as “guaranteed affordable health care coverage for every American with a choice of private or public plans that cover all necessary medical services, paid for by payroll taxes on employers and individuals on a sliding scale.”<sup>18</sup> Like recent state reforms and President-elect Barack Obama's proposal, guaranteed affordable choice focuses on maintaining consumer choice between private and public insurance options and, through a variety of subsidies, making those choices affordable for all Americans. The plan would be financed through premiums and a payroll tax on both employers and employees. Among the choices would be keeping one's current coverage. At least one option would be “guaranteed issue” so that preexisting conditions would never bar anyone from affordable coverage.<sup>19</sup> There are many more details, but for present purposes it suffices to say that guaranteed affordable choice consists of the same collection of public and private strategies adopted in some combination by Massachusetts, Vermont, and President-elect Obama's campaign, but emphasizing the program features and messages indicated by the Herndon research.

Guaranteed affordable choice was tested against health care savings account

plans, tax credit plans, and single-payer plans.<sup>20</sup> A strong majority of voters favored guaranteed affordable choice and preferred it to the other types of plans in head-to-head testing by about 3-to-1 margins.<sup>21</sup> The aspect of the plan that tested the strongest was the guarantee of coverage in spite of preexisting impairments. Solid support continued even after testing for the strongest criticisms.<sup>22</sup>

The Herndon research teaches that the country largely supports intensive health care reform, and the reform can be structured and promoted to voters in ways that promise to overcome the barriers that have blocked it in the past. One clear finding is that the public-private strategies offer the greatest promise of attainable change in the shortest period of time. That those are the general strategies that won adoption in Massachusetts and Vermont is further evidence of this lesson. The Herndon research shows why and offers help in how to frame proposals that voters will support decisively.

### III. How Advocates Can Help

One simple action that advocates can take is to adopt words and messages that are most helpful. The Herndon Alliance reduced its research to a simple chart (see below) for advocates to use to develop message discipline. The words to *use* are those that invoke the values and preferences uncovered by the Herndon research. The words to *avoid* invoke the unfavorable reactions that feed the barriers to reform. Some of these recommendations may rankle advocates. The point, however, is not to appeal to the “choir”

<sup>17</sup>*Id.*, slide 7.

<sup>18</sup>*Id.*, slide 9.

<sup>19</sup>*Id.*, slide 10.

<sup>20</sup>The language used in the surveys for the four types of plans was, for guaranteed affordable choice: “an approach that would guarantee affordable health insurance coverage for every American with a choice of private or public plans that cover all necessary medical services, paid for by employers and individuals on a sliding scale”; for health care savings account plans: “A Health Savings Account program that would provide tax-deductible savings accounts to all Americans if they purchase a private insurance plan with at least a one thousand dollar deductible”; for tax credits plans: “An approach that will provide tax credits that will reimburse individuals and families for 25 to 50 percent of the cost of their private health insurance policies”; and for single-payer plans: “A single government-financed health insurance plan for all Americans financed by tax dollars that would pay private health care providers for a comprehensive set of medical services” (*id.*, slide 18).

<sup>21</sup>*Id.*, slide 17.

<sup>22</sup>*Id.*, slide 13.

THE WORDS WE USE	
Words to Use:	Words to Avoid:
Quality affordable health care	Universal health care
American solutions	Canadian-style health care
A choice of private and public plans	Medicare for all
Choice and control	Competition
Giving security and peace of mind	Government health care for all
Fair rules	Regulations
Sliding scale, pay what you can afford	Free
Prevention	Wellness
Guaranteed	Required
Government as watchdog, fair playing field	Public or government health care
Affordable health care plans	Basic health care
Smart investments in the future	Inexpensive

Source: Herndon Alliance, [www.herndonalliance.org/pdf/HA-WordsWeUse.pdf](http://www.herndonalliance.org/pdf/HA-WordsWeUse.pdf).

but to heed the research that points a way to convincing a majority of voters.<sup>23</sup>

Using the right words is not enough in itself, of course; the normal array of advocacy tactics must be used as well, especially the powerful telling of stories that evoke the anger and concerns of voters—predominantly those who have insurance, even if the advocate’s own clients are predominantly uninsured. The Herndon Alliance has many other tools and services to help fuel advocacy to seize this promising moment to win increases in coverage and controls on costs.

The Herndon Alliance suggests practical steps for advocates to wed their local activities productively to the national push for reform.<sup>24</sup> Four factors are essential to the success of health care reform: a policy worth winning, winning with the public, a winning strategy, and a winning campaign. To achieve these, the alliance identifies smaller goals that

require support and effort from health care advocates.<sup>25</sup> For example advocates can help build a base of committed individuals and organizations, including strategic groups such as small businesses and middle-aged voters. Advocates can also help communicate about the issue through all media formats, from blogs to television news networks.

In addition to state-based efforts at health care expansion and reform, major national organizations have campaigns under way to promote health care reform during the election season and in the next administration. Advocates can plug their state and local coalitions into these national efforts. For example, Health Care for America Now is a coalition of local, regional, and national groups seeking to achieve health care reform and access to health care for all Americans.<sup>26</sup> The coalition, which includes unions, professional associations, religious groups, small business organizations, and social, community, and activist organizations, seeks to build broad consensus and a sense of urgency around health care reform. Similarly, Divided We Fail is a huge coalition headed by AARP and other partners seeking to find bipartisan consensus to ensure affordable health care for everyone.<sup>27</sup> Divided We Fail does not advocate a particular policy alternative but entirely aims to build consensus and political will to accomplish comprehensive reform.



As recent state-based health care reforms and national efforts to build broad consensus around health care reform have shown, consensus for reform is growing. Health care advocates should seize the moment. The Herndon Alliance materials offer good tools and advice for seizing it successfully.

<sup>23</sup>Herndon Alliance, The Words We Use, [www.herndonalliance.org/pdf/HA-WordsWeUse.pdf](http://www.herndonalliance.org/pdf/HA-WordsWeUse.pdf).

<sup>24</sup>Richard Kirsch, Herndon Alliance, Winning Quality Affordable Health Care for All (2008), [http://herndonalliance.org/pdf/WinningHC\\_reform-final.pdf](http://herndonalliance.org/pdf/WinningHC_reform-final.pdf).

<sup>25</sup>See *id.*

<sup>26</sup>See [www.healthcareforamericanow.org](http://www.healthcareforamericanow.org). Leaders of this campaign include those of the Herndon Alliance, and the campaign materials are a good example of the messaging research being put into practical context for organizing and advocacy.

<sup>27</sup>See [www.dividedwefail.org](http://www.dividedwefail.org). The leading partners, along with AARP, include unusual bedfellows: the Service Employees International Union, the National Federation of Independent Businesses, and the Business Roundtable.



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