

Analysis of HR 676, The United States National Health Insurance Act, according to EQUAL criteria

<b>Criterion</b>	<b>HR 676</b>
<b>UNIVERSAL COVERAGE</b>	All residents VA remains independent for 10 years
<b>COMPREHENSIVE BENEFITS</b>	Primary, acute, chronic, durable medical equipment, long term care, vision, dental, hearing
<b>AFFORDABLE</b>	No cost-sharing
<b>FAIR AND STABLE FINANCING</b>	Annual operating budgets for operating, capital, providers, health education. Existing funds Income tax Payroll and self-employment tax Tax on stock & bond transactions
<b>CONTROLS COSTS</b>	No for-profit providers can participate. Global budgets to health institutions No balance billing Negotiated prices for medicines Generic drugs promoted
<b>QUALITY</b>	National Board of Universal Quality and Access State quality and licensing guidelines including staffing Forbids MD reimbursement based on utilization Electronic medical records
<b>Accessible</b>	Automatic enrollment
<b>Appropriate</b>	Culturally appropriate care. Factors: race, ethnicity, sexual orientation, language.
<b>PUBLICLY ACCOUNTABLE</b>	Regional Directors. State Directors

	<p>appointed by governor</p> <p>Health planning</p> <p>Quality Boards include public, providers, users</p>
<b>STRONG PUBLIC HEALTH SYSTEM</b>	Intent to stress prevention
<b>EQUITABLE</b> Eliminates health disparities	Intent to reduce health disparities by race, ethnicity, income and geographic region
Eliminates disparities in the health care workforce	Not addressed
<b>FEASIBILITY</b> Does this already work somewhere?	Medicare program is successful and popular. Covers people over 65 and some disabled in the U.S.
How much of a change from present U.S. system?	U.S. health care systems are familiar with Medicare. Would greatly reduce the role of private insurers.
<b>SUMMARY</b> How well does the plan address criteria?	Addresses most criteria.
What does the plan need to improve?	More specifics.