

Center for Policy Analysis

Equitable Quality Universal Affordable Health Care (EQUAL)

EQUAL CRITERIA FOR A PUBLIC INSURANCE PLAN

A public insurance plan must be open to everyone, and must begin immediately. In order to control costs, and improve coverage, affordability, quality and choice, minimum features include:

1. Eligibility.

- The public insurance plan must have sufficient enrollment of healthy people to be financially viable, and must be open to everyone to be fair
- Anyone can enroll, unless in Medicare. The public plan is the default option for newly insured or uninsured. Currently insured people can switch to the public insurance plan.
- Can continue coverage for life

2. Comprehensive Benefits.

- Add to Medicare benefits: clinical preventive services, reproductive health services, maternal and child health, mental health and substance abuse, alternative and complementary medicine, home and community based care, long term care, rehabilitation, hospice services dental, vision and drug. Private plans must meet or exceed this standard
- No out of pocket payments for services recommended by U.S. Preventive Services Task Force

3. Affordable coverage...

- Total individual health expenditures limited to 10% of income; lower limits for individuals and families at lower income levels, adjusted by geographic area
- Subsidies for low-moderate income.

with fair and stable financing...

- Finance through public sector fund
- Maintain employer and employee contributions

that controls costs.

- Implement careful levers to control health system costs, as the Finance Committee recommends for Medicare, such as reimbursement incentives for team approaches that provide appropriate, high quality care.

• Use Medicare reimbursement schedules.

- Explore other joint functions with the Center for Medicaid and Medicare Services (CMS) regarding reimbursement policies, monitoring and reporting utilization.
- Purchase or negotiate for pharmaceuticals on the same terms as other government programs including Medicaid and the Veterans Administration.
- Establish systems to monitor for and report on cost shifting among programs and regions. In the event an uneven distribution of risk, **adjust risk-related payment annually**, and report on other actions to control cost-shifting.

4. Publicly accountable administration.

- Administered by the Center for Medicaid and Medicare Services (CMS).
- Include an Inspector General.
- Explore joint functions with CMS regarding public review bodies.

5. Quality of care.

- Collect and report data on regional variations in medical practices, and on outcomes associated with delivery system reforms.
- Promote access to clinical preventive services, primary care, integration of health care services, care coordination, team-based care.
- Monitor and assure culturally and linguistically appropriate services

6. Improve population health. Coordinate with public health departments to assure delivery systems in underserved areas

- Early detection of and response to epidemics
- Cooperate with policy development based on health impact assessments