



THE POLICY
CIRCLE®

#policynotpolitics

Healthcare

Discussion Guide

Let's get started

Each member is invited to give a **two minute reaction** to the brief answering the following questions. You may want to use a timer as you go around the room. And don't forget to decide who will take notes and post a discussion recap.

- What lens did you wear when reviewing this brief (e.g. personal, professional, etc.)?
- What did you find most interesting from reading the brief?
- What do you most care about regarding this issue?

Let's discuss

- Is there a right to healthcare and health insurance? If so, what is the best way to secure that right?
- Are individuals or the government better equipped to make healthcare decisions?
- Which should be a higher priority for policymakers? Increasing insurance coverage rates, controlling healthcare costs, or improving the quality of medicine?
- How have changes in the healthcare marketplace affected you and your family? What changes would you like to see made?

Let's act

- How does healthcare policy affect our community? Is this an issue we'd like to learn more about? If so, who could serve as point people?
- What organizations, legislators and journalists could we contact to ask questions, learn more and get engaged?
- Who can post a meeting recap of this discussion and be a resource to other circles on this issue?

Key Facts

- More than 90 percent of the medicine being practiced today did not exist in 1950.
- In 1930, Americans spent \$2.8 billion on healthcare, or \$23 per person. In 2015 that figure was \$3 trillion—\$9,536 per person.
- Approximately 49% of Americans get their health insurance through their employers as of 2016.
- Since the introduction of Obamacare individual-market premiums for men have risen in 91 percent of all counties across the country. For women, premiums have risen in 82 percent of all counties. For 27-year-old men, the average county faced 91 percent increases; for 40-year-old men, 60 percent; for 64-year-old men, 32 percent.
- As of November 2018, 37 states (including DC) have adopted Medicaid expansion, main feature of Obamacare; 14 have not.

Principles of Reform

The **Galen Institute**, a public-policy organization that focuses on healthcare issues, has identified five principles for health care reform to promote security and choice.

- **Affordability:** Real reform should make it possible for people to select insurance that is less expensive than Obamacare coverage by picking the policy and benefits that work for them in a truly competitive market. Health insurance and health care will be more affordable if companies are competing to offer the best products at transparent prices.
- **Choice:** Real reform would offer a choice of plans, including plans that allow people to keep their doctor and their hospital, and policies that they want, not plans overloaded with mandates and red tape designed to satisfy government bureaucrats.
- **Security:** Real reform would enable people to get real insurance so that they get the medical care they need and not face soaring premiums if they or their family members get sick or hurt. Health reform should not disrupt current coverage for people who like their plans.
- **Portability:** Health insurance should be accessible to everyone. People should be able to maintain coverage if they move, change jobs, or even lose their jobs. That

means allowing them to get tax benefits to help in buying coverage no matter where they get your policy.

- **Accessibility:** People who have pre-existing conditions should be able to get health insurance and not be shut out of the market. Real reform would ensure that everyone can get coverage and that no one will be denied insurance as long as they have maintained their coverage.