

# Democrat Seeks to 'Wyden' Health Coverage

BY ERIK L. GOLDMAN  
Contributing Writer

WASHINGTON — With the introduction of the Healthy Americans Act earlier this year, Oregon Sen. Ron Wyden (D) became the first major political player to propose significant health care reform since the Clinton administration.

Sen. Wyden's plan calls for federally mandated, federally subsidized, portable health insurance coverage for all Americans. The plan is designed to break the nation's reliance on employer-funded health insurance, a dependence Sen. Wyden believes has become detrimental to the well-being of many American citizens and crippling to American businesses.

Speaking at the fourth annual World Health Care Congress, a conference sponsored by the Wall Street Journal and CNBC, Sen. Wyden outlined his vision for reform, emphasizing that he is most definitely "trying to upset the apple cart."

The Healthy Americans Act (S. 334) would guarantee all Americans access to private-sector health plans that provide benefits equal to those currently provided to members of Congress. It would do so without increasing taxes, and—more importantly—without obliging employers to pay more than 25% of health care costs for their employees. The bill would create incentives for both individuals and insurers to bolster disease-prevention and wellness programs, Sen. Wyden emphasized.

He said that he believes this is attainable in a fiscally responsible way that would not require any spending beyond the \$2.2 trillion currently spent on health care. His plan would save the government roughly \$1.48 trillion over 10 years, and these savings would be reinvested in new prevention-oriented initiatives.

"We're currently spending enough on health care that we could have a doctor for every seven families in the U.S., and pay them \$200,000 per year. We're spending more than enough money; we're just not spending it in the right place," he said.

Under the Wyden plan, uninsured individuals would choose health insurance coverage from a variety of plans in their states. Federally funded but state-specific Health Help Agencies (HHA) would be created to provide citizens with meaningful comparisons among the various competing plans and to guide them through the enrollment process. The HHAs would also be able to negotiate sliding-scale premium reductions to ensure that monthly costs are within the reach of working families. HHAs would also provide financial assistance for low-income individuals and families.

People who have health insurance through their jobs would undergo a 2-year transition during which their employers would "cash-out" the annual total of the individual's health insurance premiums and pass this on to employees as real wages, which, of course, would be tax sheltered once applied to individual or family policies. After the 2-year transition, employers would begin to make shared responsibility payments—meaning they would pay up to 25% of the average premium for essential care—but they would

no longer be burdened with having to find and manage health care plans.

Giving employers an honest exit from the health care arena is fundamental to Sen. Wyden's vision. "There's a general awareness that employer-based health care is already melting like a popsicle on a summer sidewalk," he said.

The other central tenet of Sen. Wyden's vision is to realign the value placed on medical services to support meaningful preventive medicine, disease manage-

ment, and individual wellness programs.

To this end, the Wyden plan would eliminate individual copayments for all preventive health care services as well as ongoing disease-management programs for people with chronic disorders. His plan would encourage insurers to offer financial incentives for participation in wellness programs, nutrition counseling, tobacco cessation, and exercise.

He believes current payment structures unduly favor procedure-based acute care at

the expense of primary care, an inequality he hopes to reverse. Under the Healthy Americans Act, primary care physicians would be reimbursed for time-intensive preventive medicine and chronic disease management. The regional HHAs would rate competing health plans, in part based on how well their disease prevention and disease management programs perform.

"Insurance companies will ultimately be competing to keep Americans healthy," the senator said.

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