

**“The Health Care Crisis, the Path to Reform, and the National  
Education Association”**

**Speech to the National Education Association\*  
Retirement and Benefits Forum**

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**It is good to be here with you this afternoon and to have an  
opportunity to speak with you about the health care crisis and what  
can and should be done about it.**

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\* The National Education Association (NEA), the nation’s largest professional employee organization, is committed to advancing the cause of public education. NEA’s 3.2 million members work at every level of education – from pre-school to university graduate programs. NEA has affiliate organizations in every state and in more than 14,000 communities across the United States.

**As many of you know, the National Education Association has long been an active – and very important -- member of the National Coalition on Health Care. We have worked closely together, and in collaboration with other members of the Coalition, to advance the prospects for health care reform.**

**And now that those prospects are better than they have been for many years, we need to redouble our efforts – and close the deal.**

**The next two years will be crucial to the future of our health care system – and, therefore, to the physical and financial well-being of all Americans, including your members.**

**My remarks today will be in four parts.**

**First, I will discuss the nature and extent of the health care crisis – the problems that we collectively face and their impacts.**

**Second, I will describe briefly our Coalition's recommendations for health care reform -- the steps that our members believe will be necessary to build a more inclusive, more affordable, and safer health care system.**

**Third, I will offer some observations on what can be done, and what is being done, in states to improve health care -- and on why we believe that national action will be essential.**

**And fourth, I will offer some thoughts about what the NEA could do to help encourage and inform public dialogue and increase the momentum and support for reform.**

**I do want to thank Bill Raabe for inviting me to discuss these issues with you this morning. As I am sure you know, Bill is a very talented leader and advocate, and we are pleased to be able to collaborate with him and with you.**

**To begin with, a few words about the National Coalition on Health Care:**

**The membership of the Coalition consists of about 75 of the nation's largest companies, unions and professional organizations, patient advocacy and consumer groups, associations of health care providers, health and pension funds, higher education councils, insurers, and religious denominations.**

**Many of these organizations are huge in their reach and their roles in the American economy, in our society, and in the health care system -- for example, the AARP, the AFL-CIO, the American Cancer Society, the American Council on Education, the American Heart Association, the California public employee and state teachers retirement systems, General Electric, the Principal Financial Group, the Salvation Army, the UnitedHealth Group, and, of course, the National Education Association.**

**There are hundreds of billions of dollars of health care purchasing power, and trillions of dollars of corporate asset ownership, represented around our table. Collectively, the Coalition's member organizations represent -- as employees, members, volunteers, or congregants -- more than 150 million Americans.**

**Our Coalition is rigorously non-partisan. Our Co-chairmen are former Republican Governor Robert D. Ray of Iowa and former Democratic Congressman Paul G. Rogers of Florida. Our Honorary Co-chairmen are former Presidents George H.W. Bush and Jimmy Carter.**

**Why do our member organizations share such a sense of urgency about the need to reform health care? Because they believe – we believe -- that the problems in health care are severe and that in the absence of system-wide change, these problems will only deepen, hurting our nation and our people.**

### **I. The Crisis in Health Care**

**We see three huge and interconnected problems in the American health care system, any one of which would itself be cause for alarm.**

- **first, rapidly escalating costs;**
- **second, a huge and growing number of Americans without health coverage, and**
- **third, an epidemic of sub-standard and dangerous care.**

**Let's deal first with costs.**

**The costs of health care are surging at extraordinary rates. National health care spending will exceed \$2.7 trillion in just three years, nearly a trillion dollars more than was spent in 2004.**

**According to a report issued last month by the Henry J. Kaiser Family Foundation, health insurance premiums have nearly doubled in the past seven years.**

**For example, the average annual premium for family coverage in the United States has jumped from about \$6,300 in 2000 to \$12,106 this year.**

**Just to put that number in perspective, it is only \$138 less than an entire year's salary for a full-time worker who earns the federal minimum wage.**

**These enormous increases in premiums are making it much more difficult for employers to continue providing health coverage for employees and retirees.**

**And rapid premium increases are also making it much more difficult for individuals and families to pay their shares of the cost of employer-sponsored coverage or to buy health insurance themselves.**

**It is no coincidence that the numbers of Americans without health coverage have been climbing -- a point that I'll return to shortly.**

**What I want to emphasize is that the escalation of health care costs is no longer only a health care issue; it has now become a gigantic national economic problem.**

**As these costs rise, they slow the rate of economic growth -- a point that President Bush himself has made. By cutting into corporate operating margins, they reduce the capacity of firms to grow by investing in research, plant and equipment.**

**They generate contentious and destructive collective bargaining issues.**

**They drive up program expenditures and create severe federal and state budget problems -- at a pace that the Congressional Budget Office, the Government Accountability Office, and the Federal Reserve Board have called unsustainable.**

**For state governments in particular, they draw resources away from other priorities, such as education and the building, or rebuilding, of infrastructure.**

**And they put American firms at a steep disadvantage in world markets, where they have to compete against companies in countries with much lower health care costs.**

**Surging health care costs also slow the rate of job growth by making it more expensive for employers to add new workers.**

**They suppress wage increases for current workers by driving up total compensation costs.**

**They erode the ability of employers to fund and sustain current levels of pension and health benefits.**

**This potential effect on retiree health benefits should of special concern to those of you gathered here today. As the U.S. General Accountability Office reported, in a new analysis of state and local government retiree benefits, “[s]tate and local governments ... have**

**not yet developed long-term strategies to finance future escalating health care costs for retirees.”**

**Spiraling health care costs also reduce the living standards of retirees by siphoning off more and more of their incomes.**

**I want to share with you some startling numbers from an analysis by Richard Johnson and Rudolph Penner of the Urban Institute. Penner is a former director of the Congressional Budget Office.**

**Johnson and Penner projected increases in out-of-pocket health care costs and median after-tax income from all sources for older Americans.**

**They calculated that in 2030 out-of-pocket health care costs will consume 35.1 percent – 35.1 percent! -- of after-tax income for older married couples.**

**That’s more than double the proportion – of 16.0 percent – consumed by out-of-pocket health care costs in 2000.**

**If as a society we fail to address the health care crisis effectively, much of the good work that you and your colleagues do for NEA retirees will be undermined by escalating health care costs.**

**In sum, we have reached the point where the public's top domestic concerns -- economic growth, jobs, retirement security, and health care -- are now one and the same issue. The first three concerns cannot be addressed effectively unless health care costs are contained.**

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**The second facet of our health care crisis is a huge and growing number of Americans without any health insurance.**

**According to a new report from the Census Bureau, the number of uninsured Americans rose to 47 million in 2006 – an increase in just one year of 2.2 million.**

**But even these numbers understate the real scope of the uninsurance problem. Over the course of a two-year period, nearly a third of the**

**population below the age of 65 spends at least a portion of time without health coverage.**

**Uninsurance exacts a grim toll on the health of the uninsured. Those without coverage receive less care, endure more pain and suffering, and are more likely to die prematurely.**

**And the uninsured must live each day in financial as well as physical jeopardy, knowing that if they are injured or contract a serious disease and if they are able to obtain care, they may have to liquidate their assets in order to pay for it.**

**In addition, the costs of providing uncompensated care to uninsured patients, in emergency rooms and other settings, are built into the charges for care of those with insurance.**

**According to a study by Professor Kenneth Thorpe of Emory University, this adds more than \$1,000 per year to the average cost of employer-sponsored family coverage.**

The persistence and growth of uninsurance are adding to the costs of health coverage for your members.

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The third major problem in our health care system is an epidemic of sub-standard care. There is a wide gulf – what the Institute of Medicine has called a “quality chasm” -- between the care that patients should receive and the care that is actually delivered.

Literally hundreds of thousands of Americans die prematurely each year because of sub-standard care. Millions more are harmed. It is estimated that unnecessary accidents, errors, and poor quality are the nation’s third leading cause of death, just behind cancer and heart disease.

So these are the problems we face. It is clear that the status quo in health care is not only unacceptable, it is unsustainable. The costs of continued inaction are enormous. So what must we do?

## **II. A Path Forward: Specifications for Reform**

**Our Coalition has developed a set of answers to that question. After more than a year of study and deliberation, we issued a major report that reflects a consensus among our members. It is the most ambitious and comprehensive proposal in the national debate.**

**Our Coalition's recommendations fall into five categories:**

**First, our members call for coverage of all Americans within two to three years after the passage of legislation. We recommend that Congress specify a core benefit package, which is outlined in our report. Individuals and employers should be able to purchase supplemental coverage beyond the core package.**

**The Coalition identifies a range of options for insuring all Americans, including**

- employer mandates (supplemented with individual mandates as necessary);**
- expansion of existing public programs that cover subsets of the uninsured;**

- creation of new programs targeted at subsets of the uninsured,  
or
- establishment of a universal publicly financed program.

None of these entail a government-run system and any one of these -- or a combination of these -- can work, but to assure that everyone gets coverage, participation must be mandatory, and subsidies must be provided for those who are less affluent.

Second, the Coalition proposes measures to assure much more effective cost management. These measures are designed to achieve two goals. The first – to be accomplished in five years – is to bring increases in the costs and premiums associated with the core benefit package into alignment with increases in per capita gross domestic product. The second is to increase the value for patients that would be generated by any given level of health care spending.

Our members believe that over time, the health care system must be made far more efficient by providing more and better information for patients, providers, and purchasers; improving the quality and outcomes of care; and building a national information technology infrastructure for health care.

**But we also believe that the urgent need for cost relief requires short-term constraints, even as these other measures are being implemented. These constraints would include rates for reimbursing providers for care encompassed by the core benefit package and, only after those rates take effect, limits on increases in insurance premiums for the core benefit package.**

**Third, our members call for a major national effort to improve the quality and safety of health care. A key element of this effort would be the accelerated development of an integrated national information technology infrastructure for the health care system, and mechanisms to provide incentives and capital for the upfront investments necessary to build the infrastructure.**

**The Coalition recommends that public and private efforts to improve quality be coordinated by a new and independent national board, with members drawn equally from the public and private sectors. The board would also be responsible for coordinating the development of evidence-based national practice guidelines, which would help to reduce waste as well as improve quality and safety.**

Fourth, our members call for steps to make the financing of health care more equitable, including the reduction over time of inequitable cost-shifting across categories of insurance programs and payers. Our report identifies mechanisms that could be used to fund the upfront program costs of reform.

Lastly, the Coalition recommends steps to simplify the administration of health care. The reforms we propose -- including universal coverage, a standard benefit package, and the creation of a national information technology infrastructure -- would dramatically simplify the system, reduce the cost of administration, and enable health care markets to function more effectively.

Recently, the Coalition commissioned a new and updated assessment -- by a highly respected health care economist, Professor Kenneth Thorpe of Emory University, whom I mentioned earlier -- of the costs and savings that would be associated with health care reform along the lines commended by our members.

Using conservative assumptions similar to those that would be applied by the Congressional Budget Office, Professor Thorpe

modeled the impacts of four scenarios consistent with the Coalition's specifications.

He found that in all four scenarios, the cost of a reformed system would be less – much less -- than the cost of continuing with the status quo.

In fact, the savings would be huge. By year 10, annual system-wide savings would range between \$172 billion and \$233 billion --  
depending on the scenario pursued -- and the savings would grow year to year after that.

In the first decade after implementation, system-wide savings could exceed \$1.3 trillion!

The simple truth is this: We can afford health care reform. What we cannot afford is a continued failure to address the crisis in health care, which encumbers our entire economy and imperils both the safety and prosperity of all Americans.

### **III. State Initiatives: Progress and Limitations**

**As I mentioned, I do want to make some observations about what states can do, and are doing, to improve health care and about why we believe that national action will be essential.**

**There is in fact much that can be accomplished by and within states.**

**Some states have been able to increase access to care and reduce the number of uninsured people within their borders -- for example,**

- by subsidizing the employee share of premiums for employer-sponsored coverage;**
- by expanding eligibility for Medicaid and the State Children's Health Insurance Program;**
- by creating state purchasing pools for small businesses or for high-risk individuals and families, and**
- by increasing the number of community clinics and the range of services they provide.**

**States have also tried to moderate increases in health care costs for their citizens -- for example**

- **by launching state purchasing pools for bulk purchasing of prescription drugs;**
- **by requiring more transparent pricing, and the availability of more readily comparable pricing information, from health care providers, including hospitals and physicians, and**
- **again, by creating state purchasing pools for small businesses or for high-risk individuals and families.**

**States have worked to improve the safety and quality of care -- through such initiatives as**

- **reforming medical malpractice standards and providing financial assistance to categories of physicians with high malpractice insurance rates;**
- **creating state patient safety centers and requiring providers to report medical errors and adverse outcomes to them;**
- **providing purchasers and patients with more and better information about quality of care and patient**

outcomes associated with specific providers and provider organizations, and

- encouraging collaboration among providers and provider organizations to improve the consistency of care.

This is a sampling -- not an exhaustive listing -- of the kinds of steps that states have taken.

Despite all these efforts, the total number of uninsured Americans continues to rise sharply, costs are still surging, and hundreds of thousands of Americans die each year because of sub-standard care.

Let me suggest a few reasons why the sum of these state efforts has not stemmed or reversed these national tides:

First, viewed from a national perspective, the sheer magnitude of these tides has overwhelmed state initiatives -- as they have overwhelmed incremental changes by Congress.

**The fact is that the problems in our health care system have been growing faster than the impacts of piecemeal strategies, at both the**

state and national levels, to address them. We need a systematic -- and system-wide -- program of comprehensive health care reform.

Second, many states are facing daunting budgetary challenges. They -- and, to be more direct about it, you -- are grappling with mismatches between, on the one hand, the available revenues and, on the other hand, the demands, and the needs, to which state governments are expected to respond.

Health care expenditures, including matching funds from the federal government, already account for about 22 percent of state budgets. It is difficult for states to find much more money for health care without reducing spending for other acute needs, such as education.

Third, there are legal impediments to effective state action. In particular, ERISA -- the Employee Retirement Income Security Act -- constrains the ability of states to require self-insured companies to conform to standards regarding the nature and extent of health coverage or to contribute funds to programs designed to reduce the number of uninsured.

**Fourth, as a practical matter, many elements of health care reform involve problems or investments that naturally cross state lines. For instance, the forces that generate large and continuing increases in health care costs and premiums are national in scope. It makes sense to address them with national measures.**

**Similarly, many of the steps needed to improve the quality and efficiency of health care -- such as the development of practice guidelines or of standards for the use of information technology -- are best and most efficiently advanced on the national level, instead of having each state proceed on its own.**

**Fifth, competition among states complicates efforts to make progress within states.**

**Thus, for example, a state may be reluctant to place additional requirements on businesses for fear that some firms may decide as a consequence to relocate to other states.**

**Progress can and should be made in individual states pending the passage of national health care reform legislation, and these efforts**

are making a difference – a positive difference – in the lives of millions of Americans.

But, for the reasons that I have just summarized, our Coalition believes that America needs national legislation to address our national health care crisis.

#### IV. The NEA and National Health Care Reform

As I mentioned, I have been asked to offer some thoughts about steps that the NEA could consider taking to help to advance understanding of the health care crisis and the prospects for national reform. I would like to preface those suggestions with two observations.

The first is that with respect to health care we are now at what some educators call a teachable moment -- a juncture when the public is receptive to, and in fact eager for, information about our health care system and ideas for improving it.

**Why? Because so many people are so worried. One recent survey found that 75 percent of Americans think that the health care system is in crisis or has major problems.**

**According to another poll, 80 percent of Americans are dissatisfied with the cost of health care in this country and 60 percent of insured Americans are worried about being able to afford health insurance costs over the next few years.**

**Americans are unhappy about the status quo, and they are ready for some answers.**

**My second framing proposition is this: As much as the NEA can do on its own to advance the cause of health care reform -- and it can do a lot -- it can do still more in collaboration with the membership of the National Coalition on Health Care.**

**Why? Because there is safety -- and an extra measure of credibility -- in numbers, and in diversity. As I noted earlier, our Coalition's roster of members is so large, and drawn from so many different sectors of our economy and society, that nobody can reasonably characterize the Coalition as a special interest. We represent such a broad sweep**

**of America that we can fairly claim to speak on behalf of the national interest in a better health care system.**

**The Coalition staff stands ready to work with the NEA and its state affiliates on new initiatives. Here are some possibilities for you to consider. I look forward to discussing these and other ideas with you later this morning.**

**First, working with the NEA's national staff – and with research and support from the Coalition as well – you could convey to your members and beneficiaries a steady stream of basic information about the problems in health care, how they affect members and their families, and what could be done. Members could be asked to write in with brief accounts of their own experiences with particular kinds of health care issues, and scheduled web chats with experts, or other mechanisms, could be used to encourage an exchange of ideas.**

**Second, especially as we enter a new election cycle in which health care is the leading domestic issue, each state affiliate could encourage its members to ask policymakers and candidates for office specific questions about the steps they would propose or support to**

**guarantee all Americans health coverage, slow the rate of increase in health care costs, and improve the quality of care.**

**Third, the NEA could provide background materials on system-wide trends, pressures, and problems to state leaders, fund trustees and administrators, and negotiators. These materials could help you and your colleagues as you articulate and represent the health care needs and interests of members and beneficiaries.**

**Fourth, you could work, in close collaboration with the NEA national staff and with any support from our Coalition staff that would be useful, to communicate your members' concerns about health care, and your support for needed reforms, to your states' congressional delegations. In some cases, you could seek face-to-face meetings with Senators and Representatives in their state and district offices – and you could invite selected NEA members, who happen to be constituents and voters, to participate in those conversations.**

**And fifth, you could help the Coalition to launch and sustain a major media campaign to raise the visibility of health care as an issue and to educate the public and opinion leaders about problems in the health care system and about needed reforms and their benefits.**

**We are delighted and excited that the NEA has decided to make a major financial pledge toward a Coalition media fund -- contingent on our being able to raise large sums from other sources, including Coalition members. We very much appreciate the NEA's leadership on this initiative.**

**Working together, and with your indispensable help, our Coalition -- with its broad membership, its credibility, its collective talent, and its huge potential reach -- can have a mighty impact on the public's understanding of the stakes and opportunities in health care and on the momentum for reform.**

**We know that the achievement of system-wide health care reform will not be easy. The issues are complicated, and the stakes are enormous.**

**And we know that those who think that their interests are served by the status quo will resist change.**

**But change is essential.**

**This is a fight that is well worth waging.**

**It is a fight that we can win -- with hard work and resources and collaboration and determination.**

**And it is a fight that we will win -- for the well-being of our nation, your members and their families, and all Americans.**

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