

# Health overhaul draws groups' competing demands

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President Barack Obama speaks in the Eisenhower Executive Office building in the White House complex in Washington, Friday, May 8, 2009, where he made an unannounced visit to a Spanish language town hall meeting on the H1N1 swine flu virus. (AP Photo/Charles Dharapak)

(AP) -- Patients and doctors. Small businesses and multinationals. Retirees, workers and insurance companies.

Some have more money and clout. All have something in common when it comes to overhauling [health care](#): a huge stake in the outcome.

Their competing demands will help determine what happens as Congress writes legislation to reshape the nation's \$2.5 trillion [health care system](#) to bring down costs and cover 50 million uninsured people. If the whole undertaking starts to fall apart, look to opposition from one or more of these groups as the reason why.

All say their goal is for everyone to have access to quality and affordable care. Beyond that, consensus breaks down.

A look at 10 groups with the most influence, or most at stake, in the health debate, and what they want and are trying to avoid:

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Workers:

Some 60 percent of people under age 65 get health care through an employer. But employers don't have to offer health [insurance](#), and as the economy frays, some are dropping it. Labor unions want to require employers to help pay for coverage for their employees.

Unions also believe the path to affordable care runs through a new public insurance plan that would compete with [private plans](#). Middle-class workers, for the first time, would have the option of government insurance. Proponents of this approach, already embraced by President [Barack Obama](#) and many Democrats, believe it would drive down costs for all.

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People with health conditions:

A common complaint about insurers is that they won't cover people with existing health conditions or that they charge them too much. Patients' advocacy groups want to require insurers to cover all comers, not just the healthy, and limit what they can charge the sick. They contend that would spread risk and costs throughout the population.

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Older people:

Among the top goals for AARP is ensuring [health coverage](#) for people age 50-64 (at 65 they can get Medicare). That could be done by allowing middle-aged people to buy into Medicare. AARP also is eager for Congress to fix the coverage gap in the Medicare drug benefit that patients fall into once their prescription expenses exceed about \$2,700.

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Uninsured people:

The estimated 50 million uninsured people in the U.S. don't have lobbyists, but various advocacy groups aim to speak on their behalf. The liberal group Health Care for America Now says any health overhaul should mean coverage for everyone by including a public plan, basing out-of-pocket costs on ability to pay and providing a standard benefit with preventive care and treatment for serious and chronic diseases.

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Insurance companies:

For private insurers, the bogeyman is competition from the government. They contend a public plan would drive them out of business. To stave that off, the industry is offering to curb its practice of charging higher premiums to people with a history of medical problems, as long as Congress requires all Americans to get insurance.

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Small businesses:

Opposition from small business helped kill a health care overhaul during the Clinton years. Their top goal remains the same: to avoid any kind of requirement for employers to provide health care. The National Federation of Independent Business says that is unacceptable and favors subsidies to help people buy insurance. Small businesses want to make the same tax breaks for health insurance available to all, not just those who get coverage through an employer.

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Big businesses:

Even though most big businesses offer health care to their employees, they strongly oppose an employer mandate, fearing the government would start dictating what kind of policies they could offer. Businesses want to avoid taxes on the health insurance benefits.

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Hospitals:

Hospitals worry that a new government insurance plan would reduce the fees they can collect. They support requirements for individuals and employers to purchase insurance so "everyone plays a role in making sure that there's coverage," says Tom Nickels, a senior vice president at the American Hospital Association.

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Doctors: Doctors have similar concerns as hospitals about a public plan. They also want to prevent insurers from raising rates on patients with health problems. They would cap or eliminate tax breaks for employer-provided benefits, using the revenue to subsidize care for low-income

people. Doctors want curbs on medical malpractice awards so they don't face the threat of huge jury awards. They contend that leads to "defensive medicine" - performing unnecessary procedures to avoid getting sued.

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Drug companies:

The drug lobby opposes a government insurance plan and has joined the advocacy group Families USA in proposing to cover more of the uninsured by expanding Medicaid, the federal-state insurance program for the poor. Pharmaceutical companies support federal subsidies to help middle-class people unable to afford insurance. Drug companies oppose efforts to squeeze bigger discounts from them under Medicaid.

"We don't want bureaucrats making the decisions about what medicines can be used by the patients of our country and that's the end result of a pure public plan," says Billy Tauzin, head of the Pharmaceutical Research and Manufacturers of America.

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On the Net:

Pharmaceutical Research and Manufacturers of America:

<http://www.phrma.org/>

American Hospital Association: <http://www.aha.org/>

National Federation of Independent Business: <http://www.nfib.com/>

AFL-CIO: <http://www.aflcio.org/>

AARP: <http://www.aarp.org/>

America's Health Insurance Plans: <http://www.ahip.org>

American Medical Association: <http://www.ama-assn.org/>

Families USA: <http://www.familiesusa.org/>

Health Care for America Now:  
<http://www.healthcareforamericanow.org/>

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