



Our Bottom Line for

Health Care Reform

FOR ALL AMERICANS, it's great news that we are closer than ever to winning comprehensive health reform that brings down costs, improves the quality of care and guarantees coverage for all—something so many have dreamed about and worked for a lifetime to achieve. Good, affordable health care is an economic and moral imperative, and we are working hard to make it a reality.

But we aren't there yet. The Senate Finance Committee bill is deeply flawed.

A public health insurance plan option is essential to reform. A quality public option will lower premiums for everybody and reduce the cost of health reform by over \$100 billion, independent studies confirm. That's because nothing less than a public plan option sets up the competition to break the stranglehold of a handful of big insurance companies that have made 96 percent of metropolitan areas uncompetitive. A public health insurance option means coverage will always be there, even as private plans change benefits, contract with different providers and move in and out of markets. And a public plan can introduce quality advancements into the system that private insurers have no incentive to implement. No wonder 73 percent of voters support providing the choice of a public health insurance option.

Health care reform has to ease the cost burden on individuals and families, not worsen it. Americans whose health care premium costs have gone up 300 percent—while insurance company *profits* have gone up 1,000 percent—should not be asked to pay money we do not have. Penalties on individuals who cannot obtain coverage should not be more than what employers are required to pay.

Employers have to pay a fair share of costs. Over 160 million Americans get health care at work, but more than \$1,000 of each family plan premium paid by employers and employees actually goes to cover the cost of the uninsured—mostly those whose employers do *not* pay. The only fair way to cover the cost of care for all is to include an employer responsibility provision that requires all employers to provide health coverage or contribute a truly meaningful sum to help pay for subsidies.

Health care can't be paid for by a new tax on middle class benefits. The Senate Finance Committee health reform bill slaps a 40 percent excise tax in 2013 on plans valued at more than \$8,000 for individual coverage and \$21,000 for family coverage (with some adjustments). The congressional Joint Committee on Taxation estimates that this enormous tax would soon hit 40 percent of all plans. Most likely to be hit: plans with people who are older or sicker or those who work for small employers. That's not the change America voted for. A new tax on the middle class is unacceptable.

Real health care reform. Nothing less. Unless the bill that goes to the floor of the U.S. Senate makes substantial progress to address the concerns of working men and women, we will oppose it.

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