

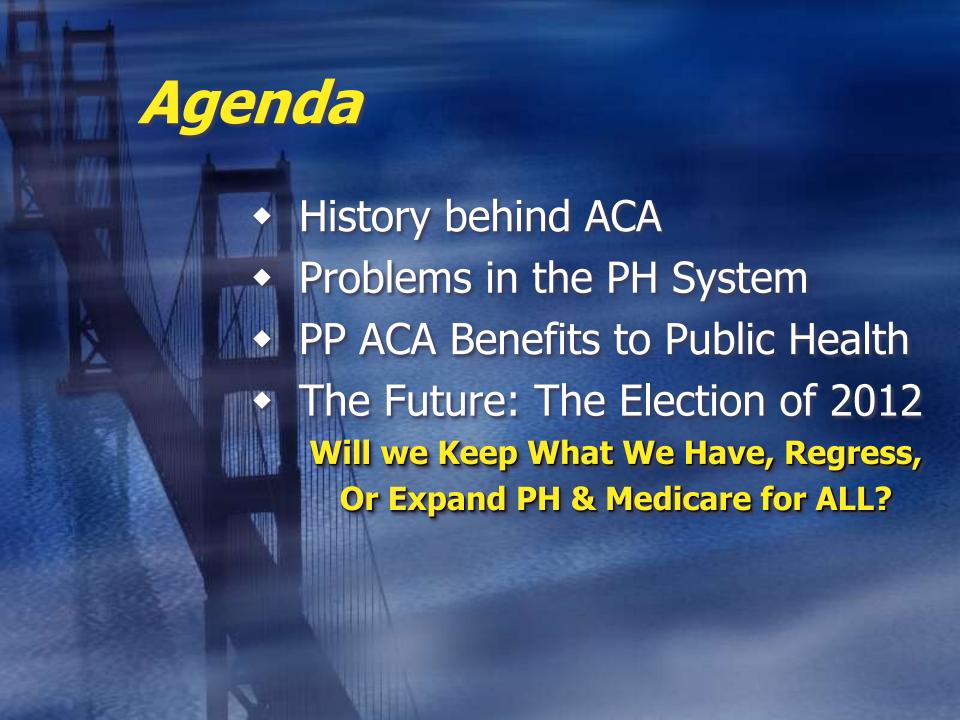
San Francisco, CA, October 28, 2012

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Information Resources

- HR 3590: The Patient Protection and Affordable Care Act
- www.healthcare.gov
- http://healthreform.kff.org
- www.aarp/getthefacts
- http://www.apha.org/NR/rdonlyres/
- mediarelations@apha.org







"Repeal 'ObamaCare'! "

Again, You have heard it all; so let's go on!

Problems in American Public Health System

- Federal Agencies: USDA, EPA, OSHA, FEMA, DEd, DEnerg, etc., and
- DHHS: PHS (CDC, Prison Hlth, Niosh),
 FDA, INH, HRSA, etc.
- Congress: Do they have a Clue?
- States: 55 Health Depts.
- Counties and Cities: 3000
- Assns: ASTHO, NACCHO, APHA, AAPHP, etc.

LEADERSHIP??

Needs in American Public Health System

Air Pollution Control

Drinking Water

Transportation Safety

Food Safety

School Health

Prison Health

Family Planning

ning STDs

Health Ed & Promotion C

Physical

Occupational Safety

Climatic Hazards

Emergency Mgmt.

Epidemic Control

Health System

Socio-Cultural-Economic

Biologic

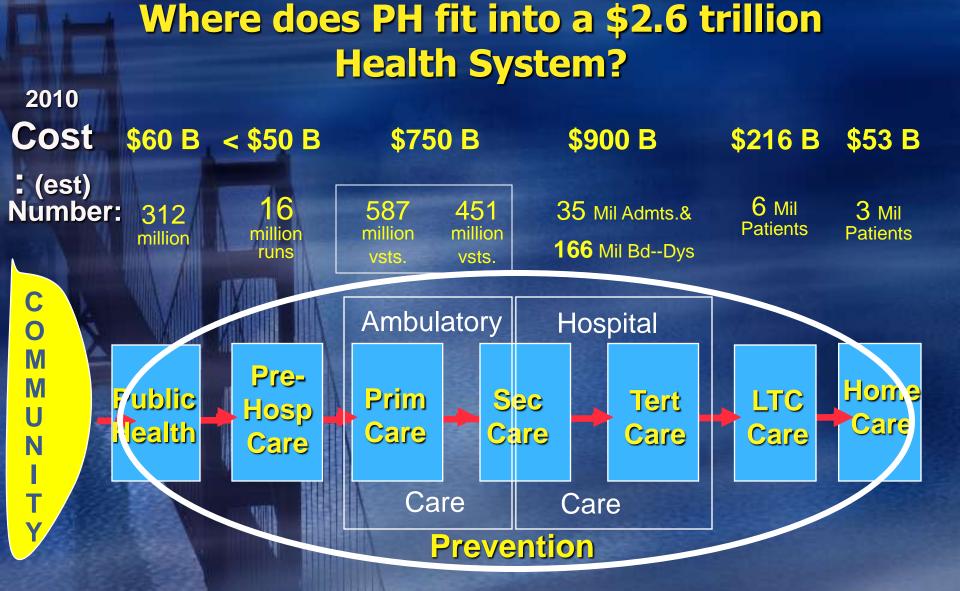
Vital Records

Vaccines

PH Clinics

Pub Health Lab

Chronic Disease Control



The ACA has assigned \$650 Million for PH & Expanded Prevention Services

How are PH & Prevention Funds Allocated?

A. Community Prevention: \$ 298 Mil.

• State & local: \$ 222

◆ Tobacco Prevention: \$ 60

Obesity & Fitness: \$ 16

B. Clinical Prevention: \$ 182

- Wellness & Prevention (vac): \$ 112
- ◆ Behavioral Health & 1^o Care: \$ 70

And More....

How are PH & Prevention Funds Allocated?

C. PH Infrastructure & Training: \$ 137 Mil

PH Infrastructure: \$ 40

PH Workforce: \$ 45

• PH Capacity: \$ 52

D. Research & Tracking: \$ 133

Healthcare Surveillance: \$84

Prevention Research (ustrps): \$ 49

Total for Prevention: \$650 Million

A Tobacco & Obesity/Fitness (\$60 M)

Public B Wellness & Behavioral Price Health (\$182)

PH Training & Care Care

PH Training & Care

C O M

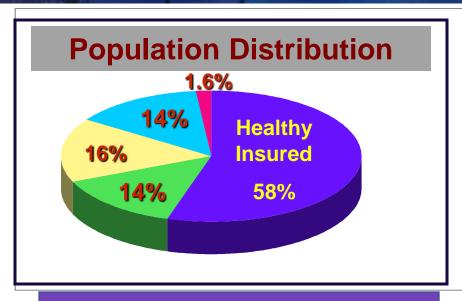
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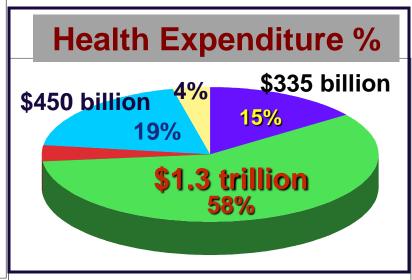
U N I T

D Health Care Surveillance & Prevention Research (\$133)

Are These Enough? NO!! But they are a START!

But First, let us Consider Who Gets Care & Who Generates Costs





Insured (Healthy): 165 million

Insured (Unhealthy): 42 million

Medicare, Elderly: 42 million

Medicare, SSI: 4.8 million

Uninsured: 48 million

25% of Insured (50 million) are on Medicaid

30% of Population:

the Elderly & Unhealthy Insured

uses 81% of Resources

Now Let us ask: "Where Do We In Public Health go from Here?

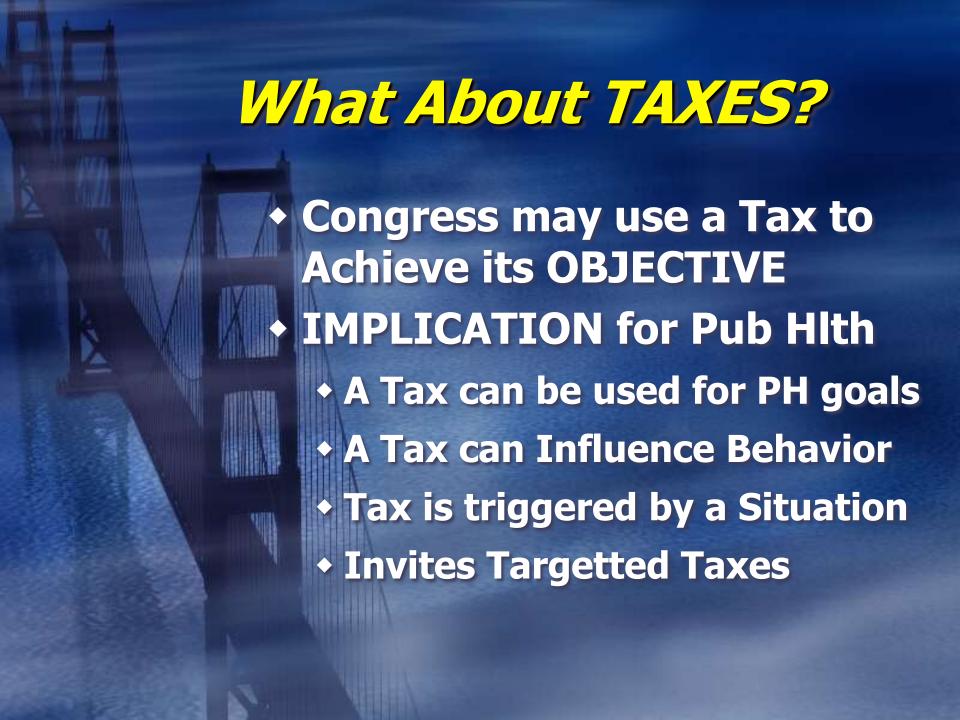


Ancients: Egypt/ China

Merchant Medicare/ Affordable Seaman Medicaid Care Act 1798 1965 2010

2013







- Tax on Tanning Salons
- Tax on Pollution
- ◆ Taxes on Tobacco & Alcohol
- Or a TAX on PEOPLE who SMOKE
- A Tax on Body Mass,
- Or a Tax Credit for Weight LOSS
- Or a Credit for Vaccinating Children
 - And More....

Ref: Mello, MM, & Cohen, IG, NEJM.org, Oct 17, 2012

But Caveats Exist

- Taxes can be used for PH Goals
- But they can be Blocked as Well
- Legislatures do not always Agree
- Nor do the VOTERS who may Balk

BUT the Supreme Court Decision
Will Not Determine the FUTURE





Presidency: Obama, Democrat

US House: Republican

Rep: 256

Dem: 178

US Senate: Democratic

Rep: 46

Dem: 52

Option #2 (House & Senate go RED)

Presidency: Obama is Re-elected

US House stays Republican

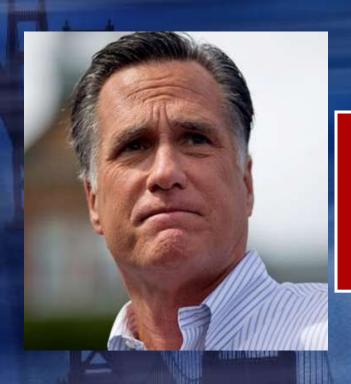
Rep: 256

Dem: 178

US Senate goes Republican

Rep: 52

Dem: 46



Option #3

President: Romney & VP: Ryan



US House: Republican

Rep: 256

Dem: 178

US Senate: Republican

Rep: 53

Dem: 46

Option #4

President O b a m a

Is Re-elected

US House

Dem: 225

Rep: 205

QuickTime™ and a decompressor are needed to see this picture.

US Senate

Dem: 55

Rep: 44

Given Four Options, What is the FUTURE for Public Health & Health Care after 2012?

Option 1 or 2: Who Knows? More Gridlock?



Option 4:



Affordable Care
Act will be Solid;
Medicare for All;
might be Considered.
Medicaid, who
KNOWS??

PUBLIC HEALTH.
Could Prosper

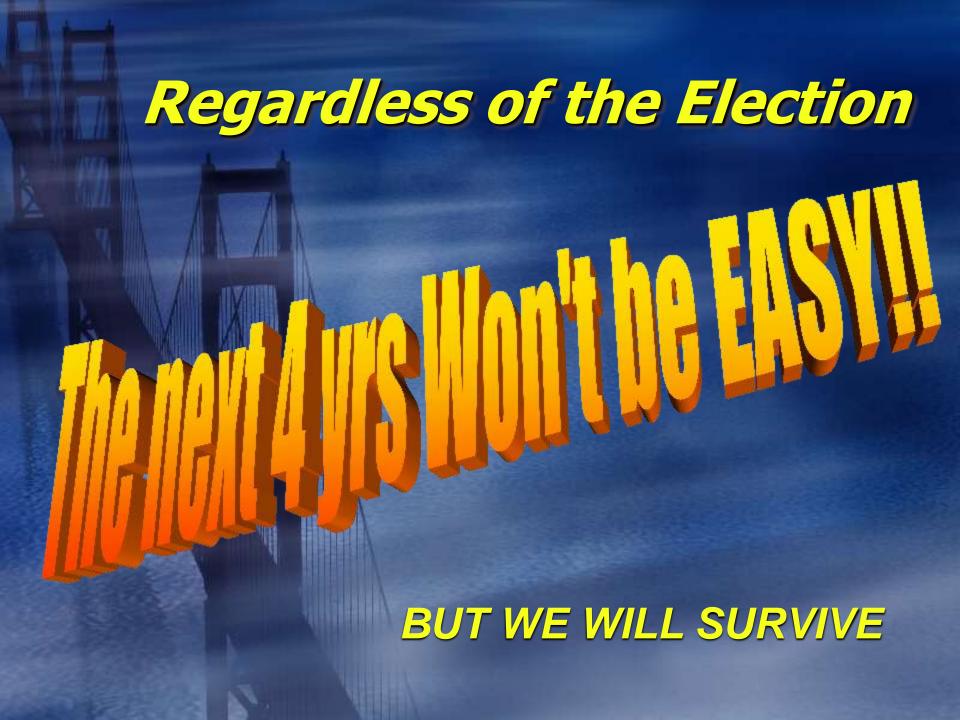


If Public Health is to Prosper, We Must Achieve Option #4



- We must then work with Congress; through AMA, APHA, NACCHO, ASTHO, APPHP
- We must continue to work our local POLITICAL Game,
- If Obama loses, we will be in entrenchment mode.

ACA. Work to Improve the ACA. Work to Prevent Repeal





History

Egypt: ~2500 BCE; Health Insurance (?)



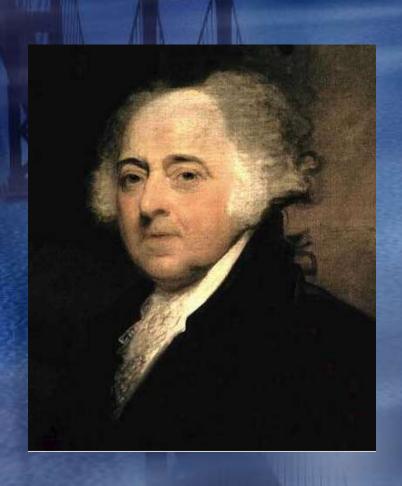
A general view of the Temple of Amun including the sacred lake

And China: ~1600 BCE; HMOs (?)



US History

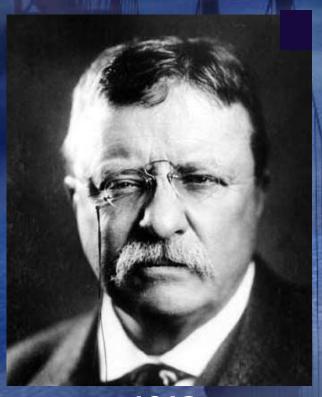
President John Adams, 1798



Signed into Law, the Merchant Seaman's Act of 1798, which Required all **Seaman to buy Insurance** giving the US the resources to create a Federal Health System in all US Seaports, serving Seamen and other Federally qualified groups, It became the basis for the **Public Health Service; and** the VA Hospital System.

Early 20th Century History

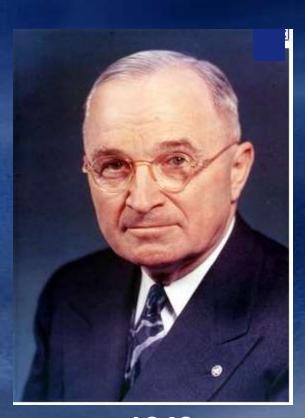
TR, Franklin & Harry







1937



1949

All failed to pass Universal Health Care

More History

LBJ: In 1964 the Election Mattered



And LBJ signed Medicare & Medicaid in Independence, MO, July 30, 1965

Painful History

Clinton: 1993-94



The Failure of Clinton's
Health Reform Legislation,
opened the Flood Gates to
an Expanded Private
Health Insurance Industry

And Yesterday's History

President Obama, in 2010,



with a Democratic
Majority in the House
and Senate Signed the
Patient Protection
Affordable Care Act,
ACA

March 23, 2010

Fundamental Issues in Health Care that ACA will try to Solve

Access

Docs, Pts, Hosps, are all **Frustrated**



40 to 50 million Americans are **Uninsured**

Quality

Below 37 other nations

- Too much Service, not enough Benefit
 150,000 unnecessary deaths a year
 Infant Mortality: High, especially in Minorities
 Life Expectancy: Below Japan, Europe, Canada

Cost 17% of GNP and rising

WHERE Do WE Want to BE? (Goals)

- Access for 310 million
- Cost Reduction
- Quality Improvement:
 - ◆ Longer Life,
 - Lower Infant Mortality,
 - Lower Chronic Disease by Age
 - Expanded Primary Care
 - More Preventive Services

HOW Do WE Get THERE? (Phase I)

- 2012: Elect Progressives in November
- 2013: Federalize Medicaid early
 - ◆ Cover ALL Pregnant Women & Infants
 - Expand Medicare Coverage to LTC & NHs
 - ◆ Increase Payroll Deduction to 4.0% and Eliminate FICA Cap of \$106,000 --> \$320 ± B
 - ◆ Enact a Financial Activity Transfer Tax:
 \$0.50/shr --> ~ \$550 billion/ year from NYSE
 - ◆ Total Input to Medicare Trust Fund: ~ \$900 B

Getting THERE: (Phase II)

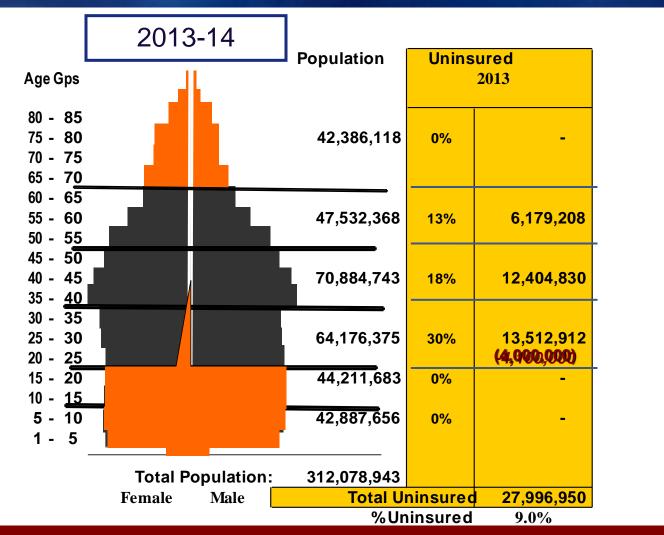
- ◆ 2014: Expand Medicare Age Eligibility:
 - Add 50 to 65 age group;
 - Add 1 to 20 year olds to eligible group
 - Increase FICA to 7% of Payroll --> \$560 B ±
- 2015: Make 35 to 50 Medicare Eligible
 - ◆ Increase Payroll Deduction to 8.5% (+ \$120 B)
- 2016: Add 20 to 35 to Medicare Eligibility
 - ◆ Increase Payroll Deduction to 11% --> ~ \$1,100 B
 - Total Annual Input to MTF: \$900 + \$550 + \$350* =
 \$2,000 Billion

* General Fund for Medicaid Costs

2011 is Where We Begin

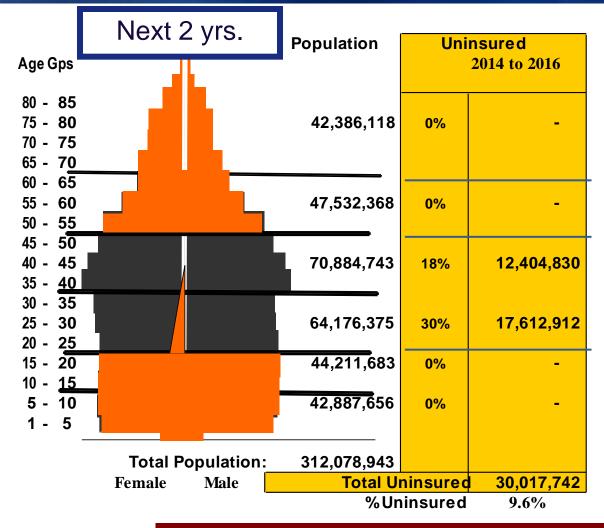
Age				Population	Uninsu 2	red 011	Medical Costs
80 - 75 - 70 -	85 80 75			41,555,018 1,000,000	0%	-	\$450 B \$100 B
65 -	70			Medicaid			
60 - 55 - 50 -	65 60 55			46,600,361	13%	6,058,047	\$350 B
45 - 40 - 35 -	50 45 40	ÿ		70,182,914	18%	12,282,010	\$400 B
30 - 25 - 20 -	35 30 25	i V		64,176,375 10,000,000	30%	19,252,912	\$300 B \$20 B
15 - 10 -	20 15			44,211,683 14,000,000	14%	6,189,636	\$250 B \$30 B
5 - 1 -	10 5			42,887,656 14,000,000	14%	6,004,272	\$250 B \$70 B
		Total P	opulation:	309,500,000			\$2,000 B
		Female Male		Total Uninsured		49,786,877	
				%Uninsured		14.8%	

If Democrats are Elected



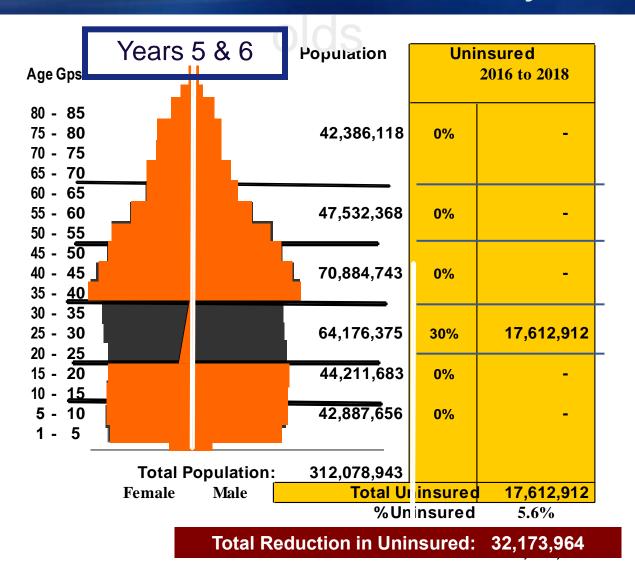
Reduces # of Uninsured Mothers & Children by 13.5 million

4a.In 2014: Add 50 to 65 year olds

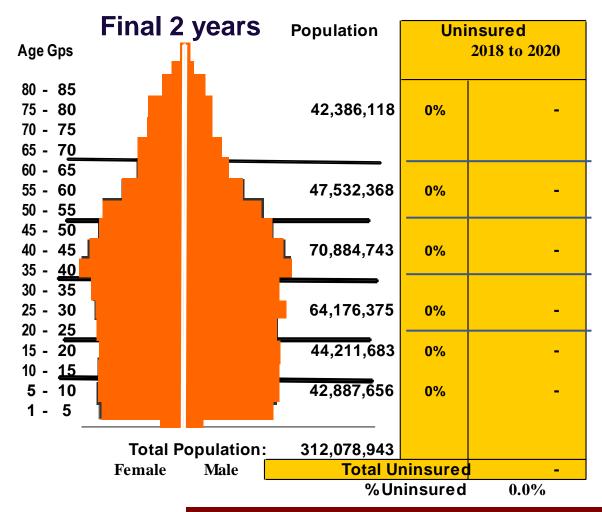


Total Reduction in Uninsured: 19,769,134

4b. In 2016: Add 35 to 50 year



4c. In 2018: Add 20 to 35 year olds



Total Reduction in Uninsured: 49,786,876