

## HR 676, United States National Health Care Act, aka the Conyers Bill, compared to the Healthcare for America Now (HCAN) position

Concerned citizens must first understand that Health Care for America Now advocates reform to the health care system based on a list of ten principles. These principles all sound good, but some are contradictory. As of March 2009, there is no legislation before Congress that is based on HCAN's position, although some is being drafted.

HR 676 is federal legislation that already has 72 co-sponsors in the 111<sup>th</sup> Congress (as of 3/30/09). It lays out a plan for national health insurance developed over many years. HR 676 honors all of Health Care for America Now's principles except one – maintaining a choice that includes private insurance.

Feature	Healthcare for America Now	HR 676
<b>General</b>	Leaves private, for-profit insurance, hospitals and medical services in the mix.  Public health insurance is an option.	No private insurance option for basic health care.  Government-funded, public health insurance with health services performed by private, non-profit providers who will remain independent from the government.
<b>Affordability</b>	Affordable coverage based on a family's "ability to pay".  For profit private insurance and medical services still exist.	95% of American families will pay less than they are paying now, with no co-pays or deductibles.  No corporate profit from basic health care, saving 30% now spent on profit, administration and marketing (c. \$400 billion).
<b>Accessibility</b>	Many may still be without adequate coverage because "affordable" may mean very limited coverage.	Guaranteed, comprehensive coverage for every US resident, cradle to grave.
<b>Cost controls</b>	Depends on government's ability to regulate private insurance.	Government control on costs via contracts with private, non-profit providers and hospital budget review. All private providers will negotiate rates with the same single public agency.
<b>Quality</b>	Insurance companies still involved in approving treatment.  Many excluded health services.	Only doctor and patient determine treatment. No interference by an HMO, insurance company, or the government.  Coverage for all necessary care.
<b>Equality</b>	Most comprehensive coverage to those with ability to pay.	Same comprehensive coverage for everyone, regardless of age, income, health status, employment, gender or race.
<b>Feasibility</b>	Powerful insurance companies will use their influence to stay in the mix.	No more "infeasible" than the abolition of slavery, women's suffrage, or the Civil Rights Act of 1964 were in their time.  Polls show that 60% of Americans and 59% of physicians prefer a program similar to Medicare that covers everyone.

For more information: contact Healthcare-NOW! at [www.healthcare-now.org](http://www.healthcare-now.org) or email [info@healthcare-now.org](mailto:info@healthcare-now.org) or call (800) 453-1305. Labor donated.