

Resolution on the Need for Health Care Reform

Adopted by the Texas Nurses Association House of Delegates, April 25, 2009

WHEREAS, as families, businesses and state and federal budgets are straining under skyrocketing health care cost; and

1. Employer sponsored health insurance premiums have more than doubled in the last 9 years, a rate 6 times faster than cumulative wage increases.¹
2. Health care costs doubled from 1996 to 2006, and are projected to rise to 25% of Gross Domestic Product (GDP) in 2025 and 49% in 2082²
3. Half of all personal bankruptcies are at least partly the result of medical expenses³
4. The typical elderly couple may have to save nearly \$300,000 to pay for health care costs not covered by Medicare alone⁴

WHEREAS, millions of Americans do not have health coverage or inadequate coverage and also a diminishing access to care; and

1. An estimated 87 million people – one in every three Americans under the age of 65 – were uninsured at some point in 2007 and 2008⁵
2. People with insurance also report difficulty accessing care when they live in areas with high insurance rates, and physicians in these regions believe that they cannot make medical decisions in the best interest of their patients⁶

WHEREAS, in spite of the vast resources invested, the health care system has not yet reached the goal of high quality care; and

1. Across 37 performance indicators, the United States achieved an overall score of 65 out of a possible 100⁷
2. Hospitals on average have still not met recommended targets for treating heart attacks in a timely manner⁸
3. If all states improved diabetes control to the level of the top four best performing states, at least 39,000 fewer patients would have been admitted for uncontrolled diabetes in 2004, potentially saving \$216.7 million⁹

WHEREAS, patient safety initiatives must become part of health care reform; and

1. Up to 98,000 Americans die each year as a result of medical errors, more than motor vehicle accidents, breast cancer, and AIDS¹⁰
2. The United States also lags behind other nations in the use of error reducing techniques, such as health information technology¹¹

WHEREAS, disparities in care among different subpopulations need to be addressed as part of health care reform; and

1. Ethnic and racial minorities are often less likely to receive recommended care, as are people with lower income or lower educational status¹²
2. They are also more likely to be uninsured, more like to leave the emergency room without being seen, and more likely to experience poor communication with their physicians.¹³; therefore be it

RESOLVED, that the Texas Nurses Association establishes that indicators show health care reform is needed during the next two years. That the Texas Nurses Association develops plans to participate in multiple areas of deliberation; and be it further

RESOLVED, that the Texas Nurses Association assist nurses in the state to become acquainted with the major issues of health care reform and key contributions of nurses in addressing access, cost and quality that should be incorporated into health care reform.

Sources

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⁴Employee Benefit Research Institute, *Savings Needed to Fund Health Insurance and Health Care Expenses in Retirement*, (Washington, DC: EBRI Issue Brief #295, July 2006).

⁵Families USA and The Lewin Group. *Americans at Risk: One in Three Uninsured*.
<http://www.familiesusa.org/assets/pdfs/americans-at-risk.pdf>

⁶Institute of Medicine, *America's Uninsured Crisis: Consequences for Health and Health Care*. (Washington, DC: National Academies Press, February 2009).

⁷The Commonwealth Fund. *Why Not the Best? Results from a National Scorecard on U.S. Health System Performance*. July 17, 2008. <http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2008/Jul/Why-Not-the-Best--Results-from-the-National-Scorecard-on-U-S--Health-System-Performance--2008.aspx>.

⁸Agency for Healthcare Research and Quality. *National Healthcare Quality Report 2007*.

⁹Agency for Healthcare Research and Quality. *National Healthcare Quality Report 2007*.

¹⁰Institute of Medicine, *To Err is Human: Building a Safer Health Care System* (Washington, DC: National Academies Press, 2000).

¹¹G.F. Anderson et al., "Health Care Spending and Use of Information Technology in OECD Countries," *Health Affairs* 2006; 25(3): 819-831.

¹²Agency for Healthcare Research and Quality. *National Healthcare Disparities Report 2007*.

¹³Agency for Healthcare Research and Quality. *National Healthcare Disparities Report 2007*.