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Ensuring the future of the Medicare program

- 1 WHEREAS Medicare provides near universal health insurance coverage for older people, essentially eliminating the access crisis in health care faced by older Americans until 1965;
- 2 WHEREAS Medicare has played a critical role in providing mainstream care for the aged and disabled in the United States, with lower administrative costs than any other health insurance program;
- 3 WHEREAS gaps remain in coverage for preventive medicine, prescriptions, vision, hearing, chronic illness, mental health services, and dental care, causing older Americans to spend 25 percent of their household incomes on health care, the highest of any age group, and considerably more where long-term care is needed;
- 4 WHEREAS Federal and State funding for health care is rapidly increasing, due to such factors as the growing numbers of older persons and individuals with disabilities, increased life expectancy, inflationary cost of medical care, and the high cost of advanced technology; and
- 5 WHEREAS assuring affordable quality health care for older people while also addressing the Federal budget deficit and projected Medicare insolvency requires making strategic choices;

THEREFORE, BE IT RESOLVED by the 1995 White House Conference on Aging to support policies that:

- 6 Reaffirm the covenant that the government established with the American people 30 years ago with the enactment of Medicare: act to maintain and strengthen the program's structure and purpose, its fiscal solvency, and widespread public support; maintain its current share of total health care costs for beneficiaries; and do not allow efforts to control Medicare spending to arbitrarily shift costs onto beneficiaries and providers;
- 7 Encourage open, bi-partisan dialogue of critical issues and divergent views, addressing changes to Medicare within the context of change in the overall health care marketplace;
- 8 Continue to protect older Americans and disabled Americans, especially those on low and fixed incomes, with respect to health care affordability and access by directing Congress not to impose additional burdens onto beneficiaries by requiring greater cost-sharing through new co-payments, higher premiums and deductibles, voucher proposals, or privatization schemes;

Appendix D: Text of the Resolutions

- 9 Analyze the full range of options for new revenues, the elimination of fraud, waste, and abuse, and creative lower-cost options for providing care and restructuring benefits, taking into consideration the fairness of every option and its impact on all generations;
- 10 Ensure that programmatic changes safeguard the viability of the Medicare trust funds;
- 11 Provide understandable and objective information to the public, so that it can make informed choices and rational decisions about health care;
- 12 Ensure that any changes to Medicare provide access to a standard package of comprehensive benefits which includes affordable long-term care, provides prescription drug coverage, strengthens the program's financial well-being, preserves the social insurance nature of Medicare, improves quality standards, enhances the quality of care, and improves the program for beneficiaries within the broad context of health care reform;
- 13 Encourage the Health Care Financing Administration (HCFA) to work more closely with the aging network to improve access to the benefits available under Medicare;
- 14 Preserve genuine beneficiary choice of health care providers, including fee-for-service options, in any efforts to redefine the Medicare program, and protect choice through national standards: a defined scope of services; reasonable access to providers and suppliers; comparative information about providers and health plans; an appeal mechanism for resolving denial, reduction, or termination of coverage; and quality monitoring and enforcement mechanisms. Oppose proposals that have the effect of financially coercing beneficiaries into plans that do not guarantee access to their own physicians.

