



Y.I. WANT CHANGE

YOUNG AMERICA'S CAMPAIGN FOR REAL HEALTH CARE REFORM

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80 Million Strong	College Democrats of America	NAACP Youth and College Division
Advocates for Youth	Daily Get Up	Rock the Vote
Black Youth Vote	Energy Action Coalition	Roosevelt Institution
Bus Federation	Forward Montana	Student PIRGs
Campus Camp Wellstone	Future Majority	Young Democrats of America
Campus Progress	Generation WE	Young Invincibles
Center for Community Change	Generational Alliance	Young People First
Choice USA		

YOUNG AMERICA'S TAKE ON HEALTH CARE REFORM THE Y.I. CARE POLICY AGENDA

Real health care reform for young Americans means coverage that is affordable, competitive, continuous, comprehensive and fair.

ENSURE AFFORDABILITY BY CAPPING PREMIUMS FOR LOW-INCOME AMERICANS AT 8% OF INCOME AND SETTING OUT-OF-POCKET LIMITS

Currently, over 80% of young adults earn less than \$40,000 a year. The Senate Finance bill sets the maximum premium contribution for low-income Americans at 12% of their income if they are at 400% of poverty. However, evidence suggests that Americans earning 400% of poverty cannot afford to spend more than 8% of their income on health care premiums. We recommend a maximum premium contribution of 8% for Americans earning 400% of poverty that slides down to 1% of income for people at 133% of poverty.

The final legislation should also include limits on out-of-pocket expenses, co-pays, and deductibles to ensure that Americans can cope with serious medical conditions or episodes without suffering financial ruin. Currently, three-quarters of Americans who file for medical bankruptcy are insured at the onset of the illness or episode that leads to their bankruptcy. We laud H.R. 3200 for setting appropriate limits and ask that the final legislation include such measures.

I WAS LAID OFF MY JOB AND LEFT WITHOUT HEALTH INSURANCE JUST BEFORE FINDING OUT I WAS PREGNANT.

Now I have to scrounge up almost \$200/month for health insurance that seems to barely cover anything, in addition to hundreds of dollars for routine tests, ultrasounds, etc. These days, good health insurance is almost impossible to afford if your employer does not provide it.

- Lucy Robinson, Age 24, Washington

ALLOW YOUNG PEOPLE TO STAY ON THEIR PARENT'S HEALTH COVERAGE UNTIL AGE 26

The Senate HELP bill includes a provision allowing young people to claim dependent coverage and stay on their parents' health coverage until age 26. This provision would provide an essential safeguard to young people during a difficult transition period. The legislation should also ensure that young Americans are eligible to return to their parent's plan until age 26 regardless of interruptions to that coverage, either from purchasing a college plan, getting coverage thru an employer, or living without insurance. Doing so could provide coverage for one out of every three uninsured young Americans.

I HAVE CROHNS DISEASE, a chronic illness only off-set with regular, expensive medication. Now that I'm about to turn 24 and can no longer be covered by my parents insurance and work mostly freelance (as a comic book artist) while finishing school, I have no idea how I'll pay for my doctors visits or medication, without which I'm in a great deal of pain.

- Cara McGee, Age 23, Georgia

ENSURE THAT ANY "YOUNG INVINCIBLE" PLAN COVERS PREVENTIVE AND CHRONIC CARE AND LIMITS OUT-OF-POCKET MEDICAL EXPENSES

Young people have serious reservations about the catastrophic "young invincible" plans included in the Senate Finance bill. While we appreciate the efforts to meet the needs of young people, high-deductible, catastrophic-only health care plans are not sufficient. We recognize how critical it is to provide the millions of uninsured young people a plan with affordable premiums. It will be, however, a disservice to the reform effort if these plans do not cover a wide range of preventive and chronic care services to ensure that young people can manage the conditions they have and avoid developing new ones. "Preventive benefits and services" should be defined broadly to include a wide variety of common preventive treatments

including regular checkups, all necessary screenings (including STD and HIV testing), and gynecological visits. Because young people are at high-risk for injury, these plans must be affordable in the case of medical emergency. The \$3,000 deductible does not meet that standard.

I HAVE BEEN DIABETIC FOR NEARLY 21 YEARS NOW. This has made me an “enemy” to most insurance companies and doctor’s offices. (...) My co-pays are high, my out of pocket expenses are outrageous, I literally sacrifice my health because of the cost of medicine/insurance/doctors visits. I regularly pay \$45.00 for insulin – the cheaper, less effective insulin than I previously took (every 2 weeks) and my insulin pump supplies cost me \$120.00 monthly. (And that’s just the diabetes medicine! I have other health problems too.) I rarely test my sugar because my insurance does not cover testing strips! (...) I would encourage our elected officials to think about “the average American” and do something about this horrible system of health care!

- Leah Picek, Age 25, Illinois

IV. INCLUDE A PUBLIC OPTION TO PROVIDE GREATER CHOICE FOR YOUNG AMERICANS

A public option is critical for increasing competition, improving choice and introducing innovative new payment systems. The CBO estimates that premiums for a public health insurance plan would be 10% lower than comparable private plans. This competitive pressure will discipline private insurance companies, forcing them to improve quality and lower cost. Importantly, a less expensive public health insurance plan will provide a much-needed backstop to low-income young Americans who must now obtain health insurance.

I AM A STAY-AT-HOME MOM WITH 3 YOUNG BOYS. (...) WE ARE ALL UNINSURED – the insurance through my husband’s employer is around \$500/month with a \$10,000 annual deductible, plus co-pays. Obviously we can’t afford this! But we can’t get any medical aid because we aren’t on welfare! If my husband didn’t work then we would qualify for medical assistance. I feel like we are being penalized for trying to build a better life while he pursues his career and continues his education. We pay cash for our children to see a pediatrician and go without medical care for ourselves. Last year my husband’s appendix burst and he almost died. This is all due to not having any healthcare.

-Laura Faleel, Age 27, Minnesota

V. ENSURE AFFORDABLE ACCESS TO HEALTH INSURANCE EXCHANGE PLANS FOR YOUNG AMERICANS

Currently, 28% of young adults who are employed are uninsured (compared to 16% of working older Americans). Among young people working for small businesses, the uninsured rate is much higher, at 50%. Reform must mandate that employers insure their employees and it must provide tax credits to small businesses so they can afford it.

Moreover, 86% of employers that provide health benefits offer a single plan. Consumer choice is critical to successful health care reform. All Americans deserve the choice of employer-based coverage if it works or the option of a better plan for themselves and their families. A voucher system would give employees the option to take their employer premium contributions and use them to buy a plan on a health insurance exchange. Legislation containing this provision will encourage Americans to choose more efficient, lower-cost plans that better suit their needs. Access to the exchange will also provide relief to small business owners who struggle to handle their administrative costs and cannot afford the expensive small group rates.

MY DAUGHTER HAS A HEART MURMUR and even though she had an echocardiogram done when she was an infant two years ago, the doctor recommends another one to see if it is getting better. We have yet to get the test because we know that we would have to cover the expense out of our pocket or pay a \$1500 deductible on an already tight budget. (...) We want our voice to be heard because we are the young individuals who want more options and who struggle to pay premiums “if” we have insurance at all.

- Monika Barnes, Age 26, Illinois

VI. PROHIBIT DISCRIMINATION IN THE PROVISION OF HEALTH INSURANCE

We laud the proposed legislation for provisions that prohibit the unjust practice of discriminating against or denying people health insurance based on their gender or pre-existing health conditions. Currently, it is legal in 38 states to discriminate on the basis of gender and insurers often charge women premiums that are more than 40% higher than their male equivalents. Furthermore, it is legal in 8 states and the District of Columbia to deny coverage on the basis that domestic violence is a “pre-existing” condition. This practice is heinous and fundamentally unfair. To ensure that young women’s needs are addressed, we also support a provision within the Senate HELP bill to create a dedicated bureau within the Department of Health and Human Services to focus on women’s health issues. The final legislation must contain strong, explicit anti-discrimination language that ensures all Americans have access to quality, affordable care.

HEALTH CARE REFORM MATTERS TO ME BECAUSE I WANT TO BE A MOTHER SOME DAY, and I need health insurance for prenatal care and for my children. Health care reform matters to me because my female reproductive system isn't an option that can be dropped by the political or bureaucratic powers-that-be for political or financial expediency. Health care reform matters because without it, health insurance is a factor in my schooling, my jobs and even, in my case, my marriage (my boyfriend of 4 years has a chronic 'pre-existing condition'.)

- Kelly Fellows, Age 21, Washington

VII. INCLUDE FUNDING TO PROVIDE EDUCATION AND WORKFORCE TRAINING TO YOUNG AMERICANS

With consideration to the size and scope of the reforms proposed, any legislation should provide funding for public education and outreach to explain the new laws. At least \$75 million in funding should be appropriated to finance a central federal agency for education and outreach purposes as well as distribution to states and appropriate national and community organizations seeking partnerships on education and outreach efforts. These funds should be used for a variety of marketing, public education and outreach activities to ensure that all Americans have an opportunity to learn about the new benefits available to them.

The legislation must also include provisions to support new health care career pathways for young people and adults. The demand for primary health care services, which is already straining the provider community, is sure to increase as uninsured Americans obtain coverage and start going to the doctor. Strong workforce development, including paid work experience, internships, fellowships, apprenticeships and on-the-job training will provide exciting new jobs for young Americans and help build a health care workforce that can serve our newly insured populations. We laud the House and Senate HELP bills for their measures to increase funding for the National Health Services Corp., and strengthen key loan repayment and scholarship programs. We hope that these provisions will be included in the final bill.

SINCE GRADUATING FROM COLLEGE IN 2005 I HAVE SPENT LONG STRETCHES WITHOUT HEALTH INSURANCE. Even if I had the money to afford insurance I'm not sure I would know how to pick a plan that made sense for me and I'm convinced that if I don't read all the fine print they'll just terminate me when I get sick! I've considered Medicaid in the past and am now eligible for COBRA, but the paper work is nightmarish.

- Joseph Raciti, Age 26, Massachusetts