

Reforming the nation's health care system is critical to the long-term economic health and well-being of the United States. The Los Angeles Area Chamber of Commerce supports the following principles for comprehensive health care reform which embraces a market-based system focused on universal access, shared responsibility, wellness and prevention, and modernized health care delivery.

Ensure Portable & Universal Access

- All U.S. residents must have access to affordable, quality health care coverage. and maintain individually responsible for obtaining that coverage. **[Point #1]**
- Individuals' access to health care coverage should be portable and not dependent on employment status or location. **[NEW]**
- An adequate package of health care coverage, at a reasonable cost, should be available to all U.S. residents regardless of their financial or medical status through commercial insurance or government programs. **[Point #7; Discussion point for HC Committee – what does adequate mean and how specific should we get with this point?]**

Strengthen the Market-Based System

- Create strong market incentives to purchase and provide health care coverage that will not disproportionately impact any single constituency. **[Point #3]**
- All purchasers, regardless of size, should be allowed to utilize purchasing cooperatives (pooling) to obtain health care coverage. **[Point #13]**
- Facilitate informed choices and personal responsibility by ensuring that consumers have access to accurate, reliable, culturally competent and consumer-oriented cost & quality health care information. **[Point #12]**
- Provide consumers with reasonable choice among insurers, coverages and providers across all geographic boundaries. Discourage limitations that geographic boundaries and treatment mandates place on competitiveness. **[Point #5]**
- Special care must be also made regarding ERISA preemption necessary to enable national employers to have universal health plan features. **[Point #16]**

Promote Shared Responsibility

- All stakeholders in the health care continuum must contribute their fair share of the financing necessary to provide universal coverage, including that all U.S. residents must assume personal responsibility via an individual mandate for obtaining health coverage via the available private or public programs. **[Point #2 and 7]**
- Government funded programs, such as Medicare, Medicaid and CHIP, must be adequately financed to eliminate the cost-shift burden onto the private sector. **[Point #9]**
- Adequately fund programs associated with the public good, such as medical education and research; caring for the underserved; the provision of complex, costly medical services; and those services not otherwise readily available in the community. **[Point # 11]**
- Federal reform proposals must achieve active cooperation at all levels of government in order to address state/local needs. Minimize the costly overlap that currently exists between federal and state/local government mandates, programs and requirements. **[Point #4 and 16]**

Modernize Health Care Delivery

- Advance the use of information technology to improve efficiency and access to care, reduce medical errors and expand the interoperability of health records. This includes e-health records

and telemedicine. Privacy rights must be ensured and balanced while recognizing the medical benefits of greater information sharing . **[Point #14]**

- Ensure an adequate clinical workforce through strengthened support for vital programs such as the National Health Service Corps (NHSC), and Titles VII and VIII Health Professions Training programs including Area Health Education Centers (AHECs). **[NEW]**
- Incentivize providers to focus on quality outcomes rather than quantity of procedures.

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Focus on Wellness & Prevention

- Incentivize healthy and fit lifestyles to help reduce costs and increase wellness. Programs and policies should promote physical fitness and good nutrition as well as better education about disease prevention and health literacy, especially among historically underserved populations. **[Point #15]**