

Federal Health Care Reform

The year-long battle in Washington, D.C., on reforming our nation's health care system drew to a close on March 23, 2010, with the passage of the federal Affordable Care Act (ACA). From the beginning of health care reform discussions, the North Carolina Chamber was committed to working with employer members and members of Congress to produce meaningful health care changes to expand coverage to more North Carolinians; rein in increasing health care costs; promote wellness, prevention and personal responsibility; improve quality of care and support innovation. Unfortunately, the final package passed by Congress does not go far enough to rein in health care costs for North Carolinians, and the Chamber believes they will harm businesses in our state and our economy.

The Chamber believes the ACA isn't the best solution to control rising health care costs or provide greater access to health care for North Carolinians. Employer mandates, new or increased taxes and expanded federal government involvement in health care could:

- Drive up health care costs
- Reduce the number of choices individuals and businesses have
- Result in less research, development and innovation
- Cause some North Carolinians who currently have insurance to lose it

Read More: [What was in the final 2010 Health Care Reform bill? How will it affect you?](#)

The North Carolina Chamber believes that meaningful health care reform should provide:

- **Access to affordable, high-quality health care coverage** delivered through the private market and driven by private-sector competition and innovation.
 - The most effective way to reduce the number of uninsured Americans is to make coverage more affordable and available.
- **Consumer empowerment in health care decisions.**
 - Consumers are often disconnected from the real costs of their care and limited in their choices of health plans by government mandates that require plans to include services they do not want or need. Giving consumers timely information on the cost and quality of their care and providing them with a broad array of health plan options will help them make informed health care decisions and reduce unnecessary or excessive utilization of services.
- **Incentives that reward providers** based on outcomes and overall care, and reward consumers based on wellness and prevention.
 - Our current provider reimbursement system is built on adverse incentives that pay providers based on inputs rather than outputs – on units of service rather than the quality of care provided. We must develop an innovative system focusing on prevention and care coordination that rewards both providers and consumers for proactive health management rather than disease management.
- **Long-term solutions** that adequately fund our health care delivery system while preserving the incentives that have made our country the leader in health care innovation.
 - The U.S. health care system is unique in its ability to provide consumers access to a wide variety of medical innovations, including new technologies, procedures and medicines that all have the ability to enhance quality of life. It is these innovations that have made the U.S. a leader in survival rates for otherwise fatal health conditions, such as cancer. Improvements in access and affordability must be made without stifling these innovations and eroding the very fabric that makes our system unique.
- NC Chamber's [letter to Congress](#) on the final health care reform package
- NC Chamber's letter to [NC House members](#)
- NC Chamber's letter to [NC Senators](#)
- NC Congressional Delegates' [Health Care Vote](#)