This document provides you with answers to some of the more challenging questions often posed by staff, donors, and volunteers of the American Cancer Society and the American Cancer Society Cancer Action Network about our work on Access to Care in general and Health Care Reform specifically. While many of the answers to basic questions can be found in the two message wheels on those topics (which can be found on the Link), we are offering this “Tough Questions and Answers” document as a more detailed reference. Please be sure to read the important legal notice at the end of this document, as it provides additional context on how and when to use this information.

Why is ACS/ACS CAN working on health care reform when it should be trying to find a cure for cancer?

- Health care reform goes to the core of our mission, which is about saving lives. That means preventing cancer or catching it early, finding new cures, and caring for those in treatment.
- ACS has done the research and the evidence is clear: achieving our mission and defeating cancer depend on ensuring that all Americans have access to quality health care to prevent cancer, detect it early and treat it effectively. Only 51.2% of women aged 40 and older reported having a mammogram within the past year; many of those who did not lacked health insurance. Additionally, those without health insurance are not very likely to have a colorectal screening test.
- The Society cannot achieve its 2015 goal of reducing cancer deaths by 50% unless the gaps that exist in the current health care system are addressed. Inadequate access to quality health care is one of the greatest barriers to winning the war on cancer. Impressive progress against cancer has been made, but the only way to fully achieve this lifesaving mission is to ensure access to quality cancer care for all Americans.
- Health care reform is a necessary component of efforts to improve access to quality health care. The legislative fight for health care reform is all about making sure that all Americans gain that access.
- The Society’s Access to Care campaign also encompasses the programs and services that the Society is well known for, such as assisting those who call the National Cancer Information Center; investing in groundbreaking cancer research; offering lifesaving programs and services to cancer patients, survivors, and their families; and advocating for laws and policies that help people fight cancer.
- Ensuring that all Americans have adequate, affordable health insurance and access to lifesaving prevention and early detection will help fight cancer.
- Women who are uninsured are 2.5 times more likely than privately insured women to be diagnosed with late stage breast cancer. And, cancer patients
who are uninsured at the time of diagnosis are 1.6 times as likely to die in 5 years compared to those with private insurance.

Aren’t the President and Congress proposing socialized medicine and single-payer proposals? Where do ACS and ACS CAN stand on those two approaches?

• The President and members of Congress from both parties agree that if you are happy with the doctor and the insurance you have now, you will be able to keep them under an improved health care system.

• Health care in this country is and will remain uniquely American with a combination of both public (Medicare, SCHIP) and private coverage. The single-payer option does not have enough political support to be a viable alternative in this particular debate. All serious proposals coming from Republicans and Democrats envision retaining a combination of public and private coverage. The important debate is about how we improve the current system to provide affordable, quality medical care to all Americans.

• ACS CAN’s goal in this debate is to improve the existing public-private system so that all Americans can receive quality care regardless of the type of plan in which they may be enrolled. We want to build upon what works and fix what is broken.

Isn’t universal health care the same as single-payer?

• No. Universal coverage simply means that every American is able to obtain adequate and affordable health insurance through a variety of sources. A single-payer health care system is based on the idea that there would be a single-payer—a government or a government-established organization. Again, the single payer option does not have enough political support to be a viable alternative in this particular debate.

• The U.S. health care system is unique, a combination of both public and private coverage, and it will stay that way. The reform debate today is about how to change the rules by which health insurance operates, and expand on existing models that work to ensure that all Americans have quality, affordable health care.

Why should it be the government’s responsibility to offer health insurance to some people?

• The government has long provided insurance for groups including the poor and the elderly who could not afford their own health care. It also provides insurance as an employer.

• However, much of the health care reform debate today is not about the government offering more insurance, but rather, it is about changing the rules by which the private insurance market works.

• Today, people, like cancer patients, often cannot obtain private health insurance because of pre-existing medical conditions or medical underwriting. Insurers either deny them coverage completely or make it so expensive as to
be unaffordable. We want to change the rules so that all Americans can purchase private insurance regardless of their health status.

Why should tax dollars be spent on funding health insurance when it should be a "personal responsibility"?

- Health is a personal responsibility, and the American Cancer Society has long been a proponent of healthy lifestyle choices and disease prevention. But good health is also good for society; we all benefit economically and socially when disease and illness are reduced. Thus, the government has an important role to play in improving and expanding health insurance coverage.
- The current system leaves tens of millions of people without access to quality care, even though those people have tried hard to find adequate coverage. The Society’s Health Insurance Assistance Service receives hundreds of calls per month from people who desperately want health insurance, but who aren’t covered because they have lost their job, they have a pre-existing condition such as cancer that has caused them to be denied coverage, or they simply can’t afford the skyrocketing costs of health care. These people have taken responsibility for their health, but in the current system they cannot receive quality care.
- Good health insurance is a necessary part of good health. People must have access to quality, timely health care when serious medical problems arise. But today, many people cannot obtain quality, affordable health insurance because of their health. This is not a failure of personal responsibility; it is a result of a flawed health insurance system.
- One of ACS CAN’s goals for health care reform is to ensure that the insurance rules are changed to allow every American to obtain quality health insurance, and part of this change is a commitment to help lower income Americans obtain health coverage.

How does ACS/ACS CAN propose to pay for health care reform?

- ACS CAN supports raising the federal tobacco tax, both as a way to raise some revenue for health care reform and to help improve health by reducing tobacco usage. Beyond the tobacco tax, which is an area about which we have significant expertise, ACS CAN is not making any specific proposals for financing. ACS CAN will assess the various financing proposals as they develop to determine their potential impact on its health care reform goals and the overall ACS mission, and this assessment will ultimately be part of our final decision on whether ACS CAN will support or oppose a piece of legislation.

Is a national health care plan going to mean I’m not going to be able to pick my doctor? And will it mean I will have to wait forever to get appointments with my doctor?

- No. Any reform must include the option of letting you keep your current insurance and doctors if you choose to do so. Health care reform actually should relieve the burden on emergency rooms which are currently...
overflowing with uninsured people, will simplify and standardize insurance coverage, and make it easier for people to get the preventive care they need so they don’t get sicker and need more extensive and expensive treatment.

Does ACS/ACS CAN support a public plan?

- No one has yet defined what a “public plan” really is, so we have no position. More importantly, ACS CAN is supporting improvements in the rules for the private health insurance market and a transformation of the health care delivery system that will make quality health coverage available and affordable to all Americans. ACS CAN needs to press forward on these important ideas so that meaningful health care reform can be accomplished this year.

Are proposals to have the government conduct comparative effectiveness studies just a way to ration health care and deny cancer patients necessary treatment?

- Comparative effectiveness is a way of applying evidence-based science to compare two or more means of dealing with a medical condition or disease. The purpose is to better inform doctors and patients on the best way to treat a serious condition and provide the best quality care.
- The American Cancer Society is an evidence-based science organization and supports the goals of comparative effectiveness. Cancer is often a complicated and difficult disease to treat, and it is clearly in the patient’s best interest for him or her to know beforehand what approach is most likely to result in the best outcome. Comparative effectiveness can clearly be a means of improving the patient-doctor decisions about the best course of care.
- ACS CAN will monitor the issue of comparative effectiveness carefully as it is developed in legislation and implemented into law. We want to make sure that any government entity involved in comparative effectiveness studies is clearly transparent and accountable to the public, and the results of research are only used to inform patients and doctors, not limit their final decisions.

Why is ACS CAN supporting "Obama-care"?

- ACS CAN does not support “Obama-care.” In fact, ACS CAN did not support any candidate or party plan in the 2008 elections. However, ACS CAN will support or oppose specific legislation based on our policy principles. Many of its activities have involved working with a broad and diverse array of stakeholders with competing views in an effort to find consensus so meaningful health care reform can occur this year.
Why is ACS CAN always supporting the liberal side of issues?
• Health care and cancer are not ideological or partisan issues – they are issues that affect all Americans – Democrats, Republicans, and Independents alike. There is broad political consensus among virtually ever stakeholder in the health care field (including business, labor, consumers, providers, pharmaceutical companies and insurers) that the current health care system is not up to the task and is costing everyone money. They all agree that doing nothing is not an acceptable option.
• ACS CAN is fighting for legislation that will save lives through prevention, meaningful coverage and improved quality of life. ACS CAN is participating in bipartisan discussions on health care reform that will reach this goal and are doing our part to encourage all stakeholders to remain engaged in the process.

What is ACS CAN's position on illegal immigrants and health care coverage?
• ACS CAN and ACS are concerned with health and well-being. Our mission is to focus on fighting cancer and the well-being of cancer patients and survivors. We believe that all Americans should have access to quality health care. Immigration is a very important issue for our nation, but it is an issue that needs to be addressed on its own merits and it is one that ACS CAN and the Society are not in a position to address.

I've read your principles and guidelines. How does ACS/ACS CAN specifically propose that we fix health care?
• ACS CAN’s principles for health care reform look at health care through the cancer lens. Because cancer is actually many different diseases presenting in different ways in its various stages, cancer patients very often face all of the traps and experience the ineffective and hurtful problems in the health care system as it exists today. That is why fixing the current health care system for cancer patients means it will work better for everyone. ACS CAN is applying the “cancer lens” and focusing on transforming the current system to one that places greater emphasis on preventing disease, provides quality, affordable health care for all Americans and emphasizes the importance of supporting a patient’s quality of life.
• For the first time in decades, the country has a real chance in achieving significant reform by emphasizing prevention and by making adequate and affordable insurance coverage available. This will help many thousands of cancer patients and their families with their disease without fear of financial ruin.
Legal Notice: This document provides talking points to help staff answer questions about the Society’s efforts to provide access to quality health care for all Americans and ACS CAN’s work to reform the national health care system in support of that effort. The questions and answers do not clarify the specific roles of ACS and ACS CAN when it comes to access to care and national health care reform because they are intended to help you with questions you are likely to get from people who care a great deal about ACS and ACS CAN’s mission and much less about the formalities of which organization is doing which work. In general, you should keep in mind that Access to Care is about more than health care reform. ACS CAN works to pass laws to support ACS’s mission. It is working on health care reform because it supports ACS’s mission of providing Access to Care. As you use these suggested answers, please take into account who you are representing (e.g., are you speaking for ACS CAN or for ACS?) and who is asking the question (e.g., are they asking as an ACS volunteer or an ACS CAN member?).

When talking about:
- “Access to Care,” talk about the Society (or the Society and ACS CAN, if it seems like the focus is on the health care reform component of Access to Care).
- “Research,” talk about the Society or ACS.

When talking about:
- “A seat at the table,” talk about ACS CAN.
- “Health care reform,” talk about ACS CAN.