



Background Guide

United States Congressional Committee

1 | Expanding the Accessibility of the American Healthcare System

SDG: 3. Good Health and Well-being, 10. Reduced Inequality, 11. Sustainable Cities and Communities

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Last updated

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Committee Introduction

The United States Congressional Committee (USCC) differs from conventional MUN committees in that it models the structure and procedures of the United States Congress. In this committee, all delegates will be representing senators rather than countries. Therefore, it will be imperative that you extensively research your role's political stances and authorities to accurately represent them during the conference.

In USCC, the central goal for the senators is to draft *bills* pertaining to the agenda, while simultaneously responding to various *Crisis Updates*. This process will be fast-paced, and your ability to quickly adapt to changes and make decisions will be essential. Bills are proposals that contain new laws senators wish to enact. Bills must be voted on by the Congress, both the House of Representatives and the Senate. Once they are passed and signed by the President, they become laws. Crisis Updates are occasional announcements that inform the delegates about what is currently happening within the committee and the world as a whole. These are dependent on the *directives* submitted by the senators, which are written notes on specific actions the delegates wish to take on the Crisis Updates. Delegates are advised to consult the Rules of Procedure for further details.

While senators continue to debate upon the agenda, the Backroom is responsible for managing the submitted directives and crafting the next Crisis Updates. Once directives are delivered to the Backroom, the Backroom Chair formulates events or responses from certain individuals, organizations, countries, and more, and announces them to the rest of the committee. As such, the decisions delegates make in this committee can impact multiple stakeholders beyond Congress.

In this committee, delegates are encouraged to propose viable solutions to address the most pressing issues of the nation. Delegates must critically evaluate the effectiveness of their suggested policies and measures to bring essential changes for the citizens of the United States.

Agenda Introduction

Access to quality healthcare is a fundamental component of a healthy and equitable society, yet healthcare access remains one of the most pressing domestic challenges in the United States. Despite the significant government expenditure on healthcare programs of approximately 30% of all federal outlays, many Americans still find difficulties in finding adequate medical coverage to receive the healthcare needed. Among all developed nations, the United States remains as the only country without a universal health insurance system, leading to more than 25 million Americans being uninsured and almost a quarter of the population being underinsured.

Hospitals rarely show transparency when it comes to the pricing of appropriate health care within the US, with these healthcare costs often being hidden from the patient until *after* the operations and examinations have been completed. America also has one of the highest healthcare fees among developed nations, making it difficult for financially challenged citizens to receive proper medical attention. Many Americans go into medical debt just to afford these high costs—this not only has a negative impact on the individual financial well-being of the citizens, but also on the overall economy of the country.

While multiple policies and programs, such as the Affordable Care Act (ACA), Medicare, and Medicaid, have been implemented to reduce the financial burden of healthcare, substantial gaps in affordability still persist. Exorbitant medical bills still remain as one of the leading causes of bankruptcies in the US, accounting for approximately 40% of all filings. For many, the financial strain from unaffordable healthcare often leads to delayed treatment, as many face the inability to afford timely and necessary treatment, which in turn often leads to worsened health conditions that ultimately result in even higher long-term costs.

Thus, addressing this issue will be critical in constructing a just and resilient infrastructure and system that benefits all American citizens and supports the prosperity of the nation.

Letter from the Chairs

Dear Senators,

Welcome to the United States Congress Committee (USCC)! We are Yeonjae Kim, Jimin Lee, and Helena Gayeon Kang who will be serving as your chairs for this conference. It is our great pleasure to be able to guide you throughout the conference, and we are especially honored and excited to lead this rather unique committee.

As delegates of the USCC, you will address the agenda by drafting bills instead of resolutions, while at the same time responding to unexpected crisis updates. USCC will challenge you to not only develop your problem solving skills but also to bolster your capabilities as future leaders. Throughout the course of the conference, we hope that every delegate can take away valuable insights and experiences that will contribute to your growth as a delegate and a diplomat. While we have no doubt that the committee's proceedings will be difficult and challenging, we also have complete faith that every single delegate a part of this committee will learn something valuable along the way—as a leader, as a delegate, or as an MUNer in general.

Prior to the conference, we highly recommend you familiarize yourself with the background guide provided as well as the rules of procedure, particularly regarding the rules of congressional committees.

If any questions or concerns arise during your preparation process, please do not hesitate to reach out to any of the chairs. We look forward to meeting you all soon!

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Key Terms

Affordable Care Act

The Patient Protection and Affordable Care Act (ACA) is a comprehensive healthcare reform law enacted in March 2010. The law had 3 primary goals: enhancing the availability of affordable healthcare, expanding the Medicaid program, and supporting innovative medical healthcare delivery methods to lower costs. The ACA remains one of the most significant reforms in the American healthcare system.

Deductible, Copay, Coinsurance, Out-of-pocket limit

Different forms of payment often involved in insurance. Deductible is the amount paid each year to be eligible for coverage from the insurance plan. Copay refers to a fixed amount of payment for a covered healthcare service. Coinsurance is a percentage of medical costs paid after meeting the deductible, while the insurance takes the remaining percentage. Out-of-pocket limit refers to the maximum amount you could pay in a year, after which the insurance covers all additional covered costs. Such cost-sharing mechanisms create significant financial barriers that prevent many Americans from accessing necessary medical care.

Health Maintenance Organization (HMO)

A type of private insurance that provides health insurance coverage for a monthly or annual fee. The coverage from HMO is typically limited to medical care provided by doctors, other healthcare providers, and hospitals within the plan's network. Generally, HMO is considered to enhance the financial accessibility of healthcare with lower insurance costs, though often limited to in-network providers.

Medical Debt

Debt that is incurred due to healthcare-related expenses and costs. Given the extremely high cost of healthcare and insurance in the nation, medical debt remains a persistent problem and is a widespread issue that is even faced by those with health insurance. Medical debts are often particularly more critical for those with significant medical needs, such as chronic illnesses.

Network

Network, or provider network, is a list of doctors or other healthcare providers that a medical plan contracts with to provide medical care to its members. A provider contracted with a medical plan is referred to as an "in-network provider", and those who are not in contract are called "out-of-network providers". Healthcare costs are typically significantly lower when using in-network providers, while out-of-network care often results in higher costs or may not be covered by insurance at all.

Private Health Insurance

A customizable healthcare plan provided by a private insurer. Individual health insurance plans are sold directly to policyholders or are employer-sponsored as a part of a benefits package (non-wage compensation). Compared to public insurance, private health insurances vary greatly in coverage options, premium costs, and network restrictions depending on the insurance provider.

Public Health Insurance

A type of health insurance funded by government subsidies. This form of health insurance is managed by a government agency, tightly regulated private insurance providers, or both. The United States government supports several public health insurance systems for certain groups of the population, such as Medicare and Medicaid.

Universal Health Coverage (UHC)

Universal healthcare coverage means that everyone, especially those who are the most vulnerable, has access to a full range of health services they need without experiencing financial hardship. UHC covers and provides financial support for essential health services, ranging from health promotion to prevention, treatment, rehabilitation, and palliative care. The United States is often known as the only high-income country without a system of UHC.

Uninsured/Underinsured

An uninsured individual is not protected by insurance completely; an underinsured individual is protected by insurance, but insufficiently, often due to high out-of-pocket healthcare costs or deductibles that offset the benefit of the coverage. Uninsured or underinsured individuals are often positioned to be most vulnerable to limited accessibility of healthcare services due to high costs.

Historical Background

1800s - Dearth of Healthcare Support

In the 1800s, most Americans faced difficulties receiving protection from deleterious diseases due to the lack of healthcare system in the country. Medical studies had only just begun, and hence the development of medical treatments and interventions was even slower. In 1800, the average life expectancy for Americans was approximately 43 years.

However, towards the 1880s saw an increased supply of healthcare professionals as fields such as medical science and public health began to see substantial growth. Medical care in the country began to improve as educational institutions provided medical training and physicians started to gain more authority and prestige for their position.

1929, 1939, and 1982 - Blue Cross and Blue Shield

Blue Cross was established in Baylor University in 1929. Under the lead of Justin Ford Kimball, the Executive Vice President of the institution at the time, Baylor University Hospital offered a medical care plan known as the Baylor Plan. Simply put, the model guaranteed medical support at the hospital to their customers who paid the monthly fee of 50 cents. The plan gained its popularity nationwide, with different hospitals later adopting the same model. Blue Cross served as the foundation for employer-sponsored medical insurance plans that would become popular in later years.

Blue Shield was first established by employers of mining and lumbering camps located in the Pacific Northwest. It offered medical care from physicians for loggers and miners who are subjected to potential injuries in their work environment. The program later spread across the country, and physician services became more accessible.

In 1982, Blue Cross and Blue Shield officially merged; the organization is now named 'Blue Cross Blue Shield Association', where Blue Cross covers hospital care and Blue Shield covers physician services.

1942 - Stabilization Act and Revenue Act

The two legislations expanded the accessibility of healthcare, marking a significant step towards democratizing medical care for all citizens.

The Second World War marked the growth of the American healthcare system. The Stabilization Act of 1942 was enacted to prevent inflation during the war. The act prohibited increase in employees' wages, but allowed employers to offer insurance plans as an alternative pathway.

Over the years, it became a standard for companies to include employer-sponsored health insurance into their employee benefits package.

In the same year, the government introduced the Revenue Act and increased income tax rates (known as the Victory Tax), but simultaneously allowed individuals to deduct their medical expenses from their taxable income. This thereby reduced the financial burden for medical care, making it more affordable for many Americans.

1965 - Medicare and Medicaid Act

The debate over signing the Medicare and Medicaid Act began two decades earlier than when the Act was actually signed, when President Truman asked the Congress for legislation in order to establish a national health insurance plan. At the time, Truman's request was denied, as too many people thought it to be unreliable and dangerous to provide medication for such a large population.

However, after the end of the Truman administration, the administrators of the Social Security system realized that the aged population was more susceptible to illnesses and realized that this was a 'bad risk'. Thus, the next president, President Johnson, decided to sign the Medicare and Medicaid Act in 1965—this provided medical care to both the elderly (Medicare) and individuals who had limited income (Medicaid).

1973 - Federal HMO Act

The Federal HMO Act (also known as the Health Maintenance Organization Act) of 1973 was implemented to develop alternative and more accessible means of delivering healthcare by encouraging the establishment and expansion of HMOs. However, considering the fact that multiple HMOs have shown signs of having reached their financial breakpoint since 1977, it seems unlikely that this Act will be enforced effectively to much of an extent.

2010 - Affordable Care Act

The Affordable Care Act (ACA) was adopted in 2010 by President Obama and is formally known as the Patient Protection and Affordable Care Act. The ACA served as a method of comprehensive healthcare reform and included a list of healthcare policies that would allow the Act to expand access to health insurance to millions of Americans without a proper health warranty. It mainly served to help reduce the costs of health insurance for individuals who are unable to afford it.

2020-23 - COVID-19

The outbreak of the COVID-19 pandemic took a heavy toll on the U.S.'s already unstable healthcare system. Even after America's best attempts at regulating the disease, its citizens

became more hesitant to visit in-person clinics and began diagnosing themselves through ‘telemedicine’ instead.

Because of the overwhelming number of people affected by COVID-19, U.S.A.’s healthcare system became burdened by the sheer number of casualties that occurred due to the pandemic and was unable to provide aid for the people who needed it the most. The outbreak went to show that the American healthcare system was in need of even more drastic and effective reforms.

Current State of Affairs

With the systematic complications within the American healthcare system not thoroughly addressed, the accessibility of healthcare still persists as a critical issue in the nation. The national expenditure on healthcare is still on the rise, reaching approximately \$4.9 trillion annually, which is higher than any of the previous years, and as of 2025, it is commercial healthcare spending growth will rise to the highest level in 13 years. It is even projected that the growth of national healthcare expenditure will outpace that of the national GDP in the next decade, which will result in a further increase in the share of healthcare expenditure from GDP. This acceleration in the increasing cost of healthcare suggests that the current system is likely to be unsustainable in the long term.

The situation for healthcare accessibility has quickly exacerbated with the recent Trump administration, as President Donald J. Trump's "big beautiful bill" was signed into law. As a result of a massive tax cut, the recent changes to the bill include notable healthcare reforms, including approximately \$ 1.1 trillion cut in healthcare spending over the next decade and limited access to and coverage from the Affordable Care Act. The implications of such changes are viewed to be particularly significant, given the role of Medicaid as a support system for those who are often unable to afford an alternative option or are most vulnerable to health complications, such as low-income families, pregnant women, and children. With such changes taking place, it is expected that approximately 11.8 million Americans will lose their health insurance by 2034.

Apart from cost, medical access in rural areas is also becoming increasingly less available as the bill threatens one of the major funding streams for rural hospitals. With rural hospitals already facing financial struggle, further funding cuts are expected to exacerbate the status quo of the situation, forcing numerous hospitals to close and thereby significantly reduce access to essential services. Such changes are expected to add an additional geographical barrier to healthcare for rural areas in addition to the economic barrier.

While many attempts to alleviate healthcare costs have been made in the past, the status quo of healthcare accessibility in America suggests that a comprehensive, systematic reform is needed so that the underlying causes of the high healthcare costs can be addressed. The path forward requires an acknowledgement of healthcare as a fundamental need and a social necessity rather than simply a commodity in the market. Thus, with the current highly corporatized system of American healthcare leading to situations in which financial considerations are prioritized over medical necessities, it is crucial that the current system is restructured or modified to prioritize patient outcomes.

Stances of Parties

Alex Padilla (D-CA)

Alejandro Padilla (known to the public as Alex Padilla) is a U.S. senator for the state of California. He has held the position since 2021 and is a member of the democratic party. Padilla is a Ranking Member of the Senate Committee on Rules & Administration, and is a member of the Senate Committee on the Judiciary—this gives him the jurisdiction to be able to create a new justice system and strengthening the democratic system in America, allowing all citizens to be treated fairly and justly. He also oversees the work of the Department of Justice, and is in charge of passing legislations that enforce civil rights. With the position he holds in the Senate, Alex Padilla supports the ‘Medicare for All’ act and believes that quality healthcare should be available to all eligible citizens in the United States.

Amy Klobuchar (D-MN)

Amy Klobuchar is a democratic senator for the state of Minnesota and has held her position since 2007—she is currently serving her fourth senate term, as she was reelected into the committee in 2024. As the Chair of the Senate Committee on Steering & Policy and as a Ranking Member of the Senate Committee on Rules & Administrations along with Alex Padilla, Klobuchar has the ability to approve of new legislations and bills centered around processes of law and acts as a liaison between Senate Democracy offices and intergovernmental organizations. Having previously lifted the 20-year-old ban on the ‘Medicare for All’ act, it is clear that Amy Klobuchar is a firm advocate for accessible healthcare for all American citizens.

Ben Cardin (D-MD)

A member of the democratic party and the senator for the state of Maryland, Ben Cardin has been a part of the senate since 2007 and has retired from his position as of January 3rd, 2025. He served as a Chair for the Senate Subcommittee on Health Care, and was known for his work in social services as well as the legislations he passed in regards to child welfare and additional medical benefit for children. Ben Cardin acknowledges the potential political risks of medical healthcare and believes that ‘healthcare is a right, not a privilege’, finding reason in Senator Jon Kyl’s views. Along with the rest of the democratic leaders, Cardin is working towards positive medical reforms and increasing the rate on Medicare spending.

Bernie Sanders (I-VT)

Bernie Sanders is an individual democrat for the state of Vermont and has held the seat since 2007—he holds the record for being the longest-serving individual democrat for the Congress. Sanders is a part of the Senate Committee on Health, Education, Labor, and Pensions as well as the Senate Committee on Budget; thus, he holds the ability to draft and oversee the nation’s annual budget plans as well as the aptitude for managing health programmes and related issues. The senator believes that the current healthcare system in place is ‘dysfunctional’ and that

systematic reforms should be made to its structure immediately in order to assist citizens in receiving the healthcare that they need.

Bill Cassidy (R-LA)

As a certified physician and a Republican senator of Louisiana , Dr. Bill Cassidy uses his experience and expertise in the medical field to enact policies that can tackle the issues of the current American healthcare system. Senator Cassidy is the Chair of the Senate’s HELP (Health, Education, Labor, and Pensions) Committee, where he focuses on various efforts to improve the lives of American Citizens across different socioeconomic areas. Senator Cassidy believes that healthcare support and expenditure should be reserved for citizens of the United States only, as paying healthcare for noncitizens is “a magnet for illegal immigration”. In February of 2025, Senator Cassidy, with Senator John Barrasso and a few other republican senators, introduced the Protect Medicaid Act which called for the prevention of states from paying healthcare costs for non-citizens in the US under Medicaid. Cassidy strongly advocates for a more affordable and transparent healthcare system that specifically benefits the citizens of the United States only.

Brian Schatz (D-HI)

Brian Schatz is a democratic senator of the state of Hawaii and has served his position in the senate since 2012. The Deputy Democratic Conference Secretary of the 119th Congress and a member of the Senate Subcommittee on Commerce, Justice, Science and Related Agencies, Schatz has the potential to write bills and pass legislations pertaining to the protection of the constitutional rights of citizens (as well as the ability to ensure the transparency of all ballot and election results). The senator believes that all American citizens deserve to have free, affordable healthcare, and is currently working on drafting a legislation regarding a Medicaid-based public option.

Catherine Cortez Masto (D-NV)

A previous crime prosecutor of the U.S. Attorney's Office and as the current senator of the state of Nevada, Catherine Cortez Masto is a member of the democratic party and has been a part of the senate since 2017. Cortez Masto is currently serving as the Vice President of Outreach and is a member of the Senate Committee on Finance, which gives her the jurisdiction to control excessive government spending as well as the ability to prevent abuses in taxpayer dollars and tax fraud. With her position on the committee, Cortez Masto is a firm supported behind the Medicare and Medicaid Act and is continuously furthering her attempt to assist working families afford quality health insurance.

Chuck Schumer (D-NY)

Chuck Schumer is the current senator for the state of New York and a member of the democratic party. As the Senate Minority Leader and as a member of the Senate Committee on Rules and Administration, Schumer is able to articulate the democratic party’s agenda clearly in legislation and is able to write bills and reform the way the Senate operates. Chuck Schumer adamantly opposes the price cuts on Medicaid and believes that all Americans deserve access to affordable

healthcare. With his position, Schumer has been able to expand the Affordable Care Act of 2010 in 2025 and is currently focusing on Medicare assistance.

Cory Booker (D-NJ)

Cory Booker is the senator for the state of New Jersey and has held this position since 2013. The first ever African-American senator from New Jersey and a member of the democratic party, Booker is the Chair of the Senate Committee on Strategic Communications and is a member of the Senate Committee on the Judiciary; thus, he is in charge of the overall communication methods of the Senate as well as the democratic party, and holds the potential to strengthen the already existing justice system. Showing a strong distaste towards the Republican party's decision to make cuts to Medicaid funding, Cory Booker believes that healthcare is a right for all Americans and has lead the fight to strengthening the Affordable Care Act.

Dick Durbin (D-IL)

A lawyer and a member of the democratic party, Dick Durbin is the senator for the state of Illinois—a position he's held for 28 years. Durbin has served as the Chair for the Senate Committee on the Judiciary from 2021 to 2025, and is currently the longest-serving Democratic Whip of America. His committee assignments give him the capability to monitor and keep track of all ballots and voting procedures, as well as the facility to manage and oversee the administration of justice as well as any potential reforms to the judicial system. Dick Durbin has previously voiced his disdain towards the Republican party's plans to 'slash Medicaid' and believes that if there is any problem with the current healthcare system, the main objective of the senate should be to fix the system and make it better.

Elizabeth Warren (D-MA)

Elizabeth Warren is a member of the democratic party and has been serving as the senator for the state of Massachusetts for the past 12 years from 2013. Warren is the current Vice Chair of the Democratic Conference, a member on the Senate Subcommittee on Health Care, and the Chair of the Senate Subcommittee on Economic Policy—she is in charge of prototyping potential economic strategies for governments and organizations and holds legislative jurisdiction over federal healthcare policies. The senator has voiced her opinion that healthcare is a basic human right and that she will fight to make sure that the Medicare for All Act will be implemented across all U.S. states.

James Lankford (R-OK)

James Lankford is currently serving as the Vice Chair of the Republican Conference, being responsible for supporting the Republican senators in communicating their policies and priorities between each other and to the public. Lankford is a firm believer of expanding the healthcare system to support citizens in rural areas, such as many areas of Oklahoma: the state he represents as a Senator. In the past, Senator Lankford introduced the Physician Led and Rural Access to Quality Care Act, where he advocated for the override of the restrictions on the establishment and expansion of physician-owned hospitals imposed by the Affordable Care Act (ACA).

Senator Lankford believes that policy changes must be made to provide sufficient and affordable medical support for those living in rural parts of the United States moving forward.

John Barrasso (R-WY)

John Barrasso is currently serving as the Majority Whip of the Senate and the Senator of the state of Wyoming. Senator Barrasso is also a physician, and hence his observations and years of experience in the field serves as a useful asset for him in his efforts to improve the national healthcare system. Barrasso advocates for a more efficient use of Medicaid moving forward; specifically, he claims that healthcare support through Medicaid must be catered towards those truly in need, such as children, pregnant women, low-income individuals, and etc. Moreover, Senator Barrasso focuses much of his policies on maintaining and increasing workforce retention in medical fields in rural areas, describing that, “In Wyoming and in rural communities across the country, we rely on these professionals [doctors, nurses, support staff, etc] every day.”

John Thune (R-SD)

As the incumbent Senate Majority Leader, John Thune is the chief representative of the Republican Party in the Senate. Senator Thune supports bolstering the private insurance industry as a means to providing more insurance options for the citizens that best serves their interest and needs. He believes that increased insurance market competitiveness will allow the healthcare system to be more affordable. In contrast, Thune is against the idea of expansion of government-led healthcare initiatives such as Medicaid. In addition, Thune’s policies put an emphasis on improving healthcare accessibility in rural areas of the country; in order to do so, he promotes the use of various healthcare technologies such as Telehealth and funds for medical infrastructure in rural areas.

Josh Hawley (R-MO)

Josh Hawley expresses an ambivalent stance towards the reformations of the national healthcare system. Back in July of 2025, Senator Hawley chose to vote on President Trump’s “Big Beautiful Bill”, which included substantial Medicaid cuts but simultaneously promised a fund of 50 billion USD on rural hospitals. Soon after the bill got passed, Hawley expressed his will to repeal certain parts of the bill; named Protect Medicaid and Rural Hospitals Act, Hawley’s proposed bill aims to restore Medicaid funds and also add an additional 50 billion USD to the fund to support rural hospitals. Hawley remarked that he “[wants] to see Medicaid reductions stopped and rural hospitals fully funded permanently” through passing his bill. However, the quick shift in his stance has incurred criticism from the mainstream media, which pointed out the inconsistencies in his actions.

Kirsten Gillibrand (D-NY)

Kirsten Gillibrand is a member of the democratic party and the junior senator for the state of New York, which is a position she’s held since 2009. A member of the Senate Special Committee on Aging and the Senate Committee on Appropriations, Gillibrand is in charge of drafting new bills and legislatures regarding how to best distribute the government’s funds to

different organizations and investments, as well as conducting research on the health and well-being of older Americans. Kirsten Gillibrand is in full support of the notion that all Americans deserve access to quality affordable healthcare and is currently working on lowering prescription drug prices for medication and pharmaceuticals.

Mark Warner (D-VA)

A democratic senator for the state of Virginia and the previous Governor of Virginia (2002-2006), Mark Warner has been a part of the senate since 2009. He is currently serving as the Vice Chair of the Senate Democratic Caucus and is a member on the Senate Committee on Budget as well as the Senate Committee on Rules & Administration—positions that give him the jurisdiction to establish procedures and rules for the senate as well as the potential to develop the annual budget resolution and revenue for the United States. Warner is currently working on promoting and establishing new systematic reforms for the distribution of healthcare and supports the notion that all Americans deserve access to health insurance.

Mike Crapo (R-ID)

Mike Crapo is a Republican Senator of Idaho, who is also serving as the Senate Republican Chief Deputy Whip. In his respective role, Crapo is responsible for assisting the Majority Whip John Barrasso in operating the Republican Party. Senator Crapo is a staunch advocate for ensuring affordable healthcare through promoting choices and autonomy of individuals in making their healthcare choices; in other words, reducing government regulations and restrictions on healthcare options for its citizens. Moreover, Senator Crapo is in support of expanding citizens' access to healthcare in rural areas of the United States, as well as preventing hospital closures in these remote parts of the country.

Raphael Warnock (D-GA)

Raphael Warnock is the current senator for the state of Georgia and is a member of the democratic party. A member on the Senate Committee on Finance and a member of the Senate Committee on Health, Agriculture, Labor, and Pensions, Warnock is able to organize and restrict America's financial spendings and economic wellbeing as well as oversee programs and organizations within the Department of Health and Human Services. Warnock has been a continuous advocate for the expansion of the Medicaid system, and is currently working towards keeping rural hospitals and making sure that health care is properly distributed especially to victims of addiction.

Rick Scott (R-FL)

Senator Rick Scott is the Chair of the Senate Republican Steering Committee; in his position Scott has the authority to initiate discussions on the Republican Party's policies and priorities with his fellow Republican senators. Senator Scott is in full support of cuts to healthcare expenditures in order to ensure economical usage of the government budget. Recently, Scott endorsed the Big Beautiful Bill, emphasizing the importance of Medicaid cuts, even introducing his amendment which called for reducing 90% the fund for Medicaid enrollees who became

eligible after the expansion of the ACA in 2010. However, one of Senator Scott's utmost priorities will be dispelling the lingering voices of concerns and criticism regarding the fraud case of Columbia/HCA, a deplorable incident where Scott became involved in defrauding Medicaid, Medicare and other government healthcare programs.

Shelley Moore Capito (R-WV)

As the senator of West Virginia, one of Shelley Moore Capito's priorities in healthcare is strengthening the rural healthcare system. In addition, Senator Moore Capito believes that Medicaid and other government health programs should serve those who truly need them: hence her support for the Big Beautiful Bill. By enacting the Big Beautiful Bill, Moore Capito intends to make government spending on healthcare to be more selective, as made evident when she commented, "I am interested in making sure that we get rid of the fraud...that we make sure that we have accountability and those are money savings in Medicaid." As the recent cuts in healthcare funds raise concerns on rural citizens' access to healthcare services, Moore Capito's priority would be to ensure that residents of West Virginia will not be negatively impacted by the new policy changes.

Susan Collins (R-ME)

Susan Collins is a Republican Senator of the state of Maine. Since Maine is one of the most rural states in the United States, Senator Collins aims to champion residents' access to extensive healthcare regardless of their geographical location. With the drastic change in the healthcare funds, Collins expressed her concern in the Big Beautiful Bill taking a toll on the maintenance of rural hospitals. In her recent amendment on the megabill, Senator Collins called for increased tax rates on high income individuals in order to use the tax revenue as funds for rural healthcare facilities. However, her amendment failed by overwhelming votes, foiling her attempt in offsetting the expected impact of healthcare cuts on rural hospitals.

Thom Tillis (R-NC)

As the Senator of North Carolina, Senator Thom Tillis puts forth numerous efforts to ensure affordable and accessible healthcare in rural communities. In the past, Senator Tillis has contributed to reauthorizing the funding for Community Health Centers in 2017, as the facility plays a critical role in providing healthcare to residents in rural parts of the country. Thom Tillis was one of the three Republican Senators who voted against the Big Beautiful Bill alongside Senator Susan Collins; he decried the extreme Medicaid cut in the bill, stating that, "Now Republicans are about to make a mistake on healthcare and betraying a promise." As he has announced his retirement after serving his current term, many are inquisitive about his future policies and actions moving forward.

Tim Scott (R-SC)

On the agenda of ensuring accessible healthcare to American citizens, Tim Scott "Doctors and their patients, not the federal government, should be making health care decisions." Hence, Scott suggests increasing competition between insurance companies to reduce prices while broadening

options for citizens. Moreover, he advocates for practical solutions to allow employees to also have access to tax breaks for health insurance, not only businesses and self-employed individuals. Recently, Senator Scott introduced the Employee Access to Worksite Health Services Act; in his bill, Scott aimed to allow employees to use worksite health clinics while still being eligible to receive tax benefits on their Health Savings Account (HSA).

Tom Cotton (R-AR)

Tom Cotton is a Republican Senator representing Arkansas. From as early as 2017, Senator Tom Cotton has expressed a strong disapproval of ACA and raised skepticism on the feasibility of the Medicaid expansion. Furthermore, Senator Cotton has also advocated for the use of telehealth to increase accessibility of healthcare for citizens, especially during the COVID-19 pandemic; Through reintroducing Necessary and Effective Care Technologies for Health Act (CONNECT Act) back in 2023, Tom Cotton aimed to strengthen communication between patients and their doctors in rural areas. As the Chairman of the Senate Republican Conference Chair, Senator Cotton is the third-ranking Republican in the House.

Tammy Baldwin (D-WI)

Tammy Baldwin has served as the democratic senator for the state of Wisconsin since 2013. Baldwin is currently serving as the secretary of the Senate Democratic Caucus and as a member of the committee on Health, Agriculture, Labor, and Pensions—she is in charge of overseeing all works to do with health care, education, and other programmes in that area as well as keeping track of all discussions and arrangements that happen within the Senate. Tammy Baldwin supports further expanding and adding on to the Affordable Care Act and is currently working on finding common ground for the health insurance system that all Americans will be able to work with.

Possible Solutions

Reduce Federal Intervention in Healthcare While Promoting Market-Driven Options

Some believe efficiency and individuals' choices are the imperatives of ensuring affordable healthcare. Since it is evident that federal healthcare spending has reached an exorbitant amount, the government could choose to put more stringent regulations on current government-led healthcare programs, namely Medicaid. By limiting the eligibility of those who qualify for Medicaid, or even further galvanizing support to increase its funding cut, senators would be able to reduce *excessive* government spending on healthcare. Simultaneously, federal healthcare programs could be supplanted by promoting tax-advantaged accounts such as Health Savings Account (HSA) which allows individuals to cover their medical expenses with tax benefits; these solutions serve as ways to save money to cover citizens' medical bills, hence giving them more flexibility and freedom in managing their healthcare expenses. Although these alternatives do require government spending, many advocate for market-based solutions as such since they cost relatively less than the current federal healthcare programs that offer healthcare benefits to a wide range of individuals.

Increase Federal Support for Healthcare and Reduce Dependence on Corporations

A stronger federal role can be emphasized in mitigating the high cost of healthcare to the general public. By actively supporting individuals seeking healthcare and healthcare facilities financially, the government can help lower the cost of medical care in comparison to private corporations and reduce the disparities between different socioeconomic groups. The primary aim of such policies would be to transition from the current overreliance on private corporations through strengthening public insurance options and healthcare services, as well as enforcing regulations to prevent excessive healthcare pricing. This shift would prioritize patient care over direct profit, which would ensure that essential services can be provided without being dictated by market forces. This process may involve reversing previous funding and Medicaid cuts that are currently being carried out and expanding them to ensure that economically vulnerable individuals would be able to access affordable coverage. Increasing the federal healthcare budget would also be deemed necessary, particularly for investment in public health infrastructures and technologies, such that public healthcare can be provided at a more affordable cost.

Questions to Consider

1. What are the main problems with the current healthcare system in place?
 - a. What is the cause?
 - b. What are realistic solutions that can be applied to solve these issues?
2. Is funding health insurance the only way to increase the accessibility of healthcare in America?
 - a. Is it possible to increase the availability of healthcare without exhausting government funds and resources?
3. What can the House do to make sure that the process of making reforms to the health insurance system is transparent?
 - a. Are there any other ways that could potentially increase the faith of American citizens in the reforms made?

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