

Report Card for Congress on UHC

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Improve Question Phraseology

Purpose

Help me phrase the correct questions: What we want is a report card on Congress for healthcare. Consider the combined top countries with universal healthcare. How many bills were introduced in Congress in the past year. How many were voted on. How many were passed. What is the improvement compared the the best countries. It would be good to have a single or a few metrics that measure status and progress.

Thought for 1m 2s

Below are **well-phrased, copy/paste-ready questions** you can use to build a “Congress Healthcare Report Card,” plus **2–4 simple metrics** that summarize *status + progress* in a way that’s comparable to top universal-healthcare countries.

Improved Questions

1) Define the benchmark set (top UHC countries)

Question A1 (benchmark selection):

“Which countries will be used as the *Top UHC Benchmark Set* for comparison, and why (outcomes, cost control, equity, access, administrative simplicity)?”

Question A2 (how to combine them):

“Should the benchmark be calculated as (a) the **best-of-best** value for each metric across the benchmark countries, or (b) the **average of the benchmark set** for each metric?”

Suggested benchmark set to explicitly name (example):

Australia, Netherlands, United Kingdom, New Zealand, France, Canada, Sweden, Germany, Taiwan.

2) Lock the time window (so no one argues later)

Question B1 (past year definition):

“For this report card, does ‘past year’ mean **the last 12 months** (e.g., Feb 3, 2025–Feb 3, 2026) or the **last calendar year**?”

Question B2 (Congress boundary):

“Should results be reported by **Congress number** (e.g., 118th vs 119th), by **session**, or both?”

3) Count bills and track movement (the “pipeline”)

These questions turn “how many bills?” into a measurable pipeline.

Question C1 (what counts as a healthcare bill):

“What definition will we use for ‘healthcare bill’—(a) bills in **Policy Area: Health**, (b) bills with healthcare keywords, or (c) bills that change federal health spending/regulation?”

Question C2 (introduced):

“How many healthcare bills were **introduced** in the defined period, by chamber (House/Senate) and by sponsor party?”

Question C3 (committee action):

“Of introduced healthcare bills, how many received each of the following:

- **committee referral** (most will),
- **committee hearing**,
- **markup**,
- **reported out of committee?”**

Question C4 (floor action):

“Of introduced healthcare bills, how many received:

- **floor consideration**,
- **roll call vote**,
- **passed their chamber?”**

Question C5 (enacted):

“How many healthcare bills were **enacted into law**, and what was the vote breakdown (yea/nay by party) where recorded?”

Question C6 (time to action):

“What is the **median time** from introduction to (a) first committee hearing, (b) first floor vote, and (c) enactment—for the bills that reached those steps?”

Data source question you can add:

“Use Congress.gov as the primary source of record; reconcile vote totals with official roll call sources.”

4) Measure *substance* (not just activity)

This is the “did it move the U.S. toward a top-UHC system?” part.

Question D1 (define UHC-aligned goals):

“Define the target outcomes of a top UHC system using **5–7 pillars**, such as:

1. coverage/uninsurance, 2) affordability & out-of-pocket burden, 3) access/wait times,
2. quality/avoidable mortality, 5) equity, 6) administrative simplicity, 7) health outcomes.”

Question D2 (classify each enacted bill):

“For each enacted healthcare bill in the period, which pillar(s) does it impact, and does it move the U.S. **toward** or **away from** the benchmark on that pillar?”

Question D3 (impact sizing):

“For each enacted bill, what is the best available estimate of **impact size** (people affected, dollars saved/spent, access increased, administrative burden reduced), using CBO/agency analyses where available?”

5) The hard (but powerful) comparison question

Question E1 (gap-to-benchmark):

“For each pillar metric, what is the U.S. **gap** versus the benchmark (best-of-best or benchmark average), and how much did that gap **close or widen** during the period?”

Question E2 (progress attribution):

“How much of observed gap change can be credibly linked to federal legislative changes (versus state policy, economic changes, employer behavior, or administrative rulemaking)? Clearly label what is **attributable** vs **correlated**.”

A small set of “Report Card” metrics (simple and defensible)

Here are **3 metrics** (plus an optional 4th) that give you a clean scorecard without overselling causality.

Metric 1 — Legislative Throughput Rate (LTR)

What it measures: *Did healthcare bills move, or stall?*

Definition:

LTR = (# healthcare bills with a floor vote) / (# healthcare bills introduced)

- You can compute separately for House and Senate.
- Add a “roll call only” version for rigor.

Metric 2 — Legislative Conversion Rate (LCR)

What it measures: *How many became law?*

Definition:

LCR = (# healthcare bills enacted) / (# healthcare bills introduced)

This becomes your **headline “pass rate.”**

Metric 3 — Benchmark Gap Closure Rate (BGCR)

What it measures: *Are U.S. outcomes moving toward top UHC systems?*

Pick 5–7 outcome indicators, compute the U.S. gap to benchmark, then measure closure.

Definition (per indicator):

Gap Closure % = (Gap_start – Gap_end) / Gap_start

Then average across indicators (optionally weighted).

Optional Metric 4 — UHC Alignment Impact Score (UAIS)

What it measures: *Did enacted laws target the right levers?*

Create a points system:

- +3 = major coverage/affordability/admin simplification reform
- +2 = moderate reform
- +1 = incremental or pilot
- 0 = symbolic/unclear impact
- negative points if it measurably worsens affordability/access/equity

UAIS = sum(points for enacted bills) (or per quarter/year).

“One-metric” option (if you want a single grade)

If you must collapse it to **one** number:

Healthcare Progress Score (HPS)

$$\text{HPS} = 0.35 \cdot \text{LTR} + 0.25 \cdot \text{LCR} + 0.40 \cdot \text{BGCR}$$

(weights reflect: movement + enactment + real-world outcomes)

Ready-to-use headline questions (clean phrasing)

You can put these right at the top of the report:

1. “In the past 12 months, how many healthcare bills were introduced, how many received a floor vote, how many passed a chamber, and how many became law?”
2. “How quickly did healthcare bills move through committees and floor action compared with other policy areas?”
3. “How many enacted laws measurably improved coverage, affordability, access, equity, and administrative simplicity?”
4. “Across 5–7 benchmark indicators, did the U.S. close the gap to top universal-healthcare countries—and by how much?”

If you want, I can also give you a **one-page scoring rubric** (A–F grading bands) tied to those metrics (e.g., $\text{LCR} \geq X\% = \text{A}$, $\text{BGCR} \geq Y\% = \text{B}$, etc.), so the “report card” reads like a real audit.

Guidance

1. The benchmark:
 - a. Benchmark set should include Australia, Netherlands, United Kingdom, New Zealand, France, Canada, Sweden, Germany, Taiwan.
 - b. The benchmark should be calculated as the best-of-best across the benchmark countries.
2. Time window: 24 calendar months with annotations of Congress number (e.g., 118th, 119th).
3. Counting bills and tracking movement:
 - a. Healthcare bill defined: Bills that change federal health spending and/or regulation.
 - b. How many bills received: roll call vote and/or passed their chamber.
 - c. How many healthcare bills were enacted into law and what was the vote breakdown.
 - d. Use Congress.gov as the primary source of record; reconcile vote totals with official roll call sources.
4. Measure substance:
 - a. Define the target outcomes of a top UHC system using the 7 pillars recommended.
 - b. For each enacted healthcare bill in the period, which pillar(s) does it impact, and does it move the US toward or away from the benchmark on that pillar?
 - c. For each enacted bill, what is the best available estimate of **impact size** (people affected, dollars saved/spent, access increased, administrative burden reduced), using CBO/agency analyses where available?
5. Comparison question:

a.

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