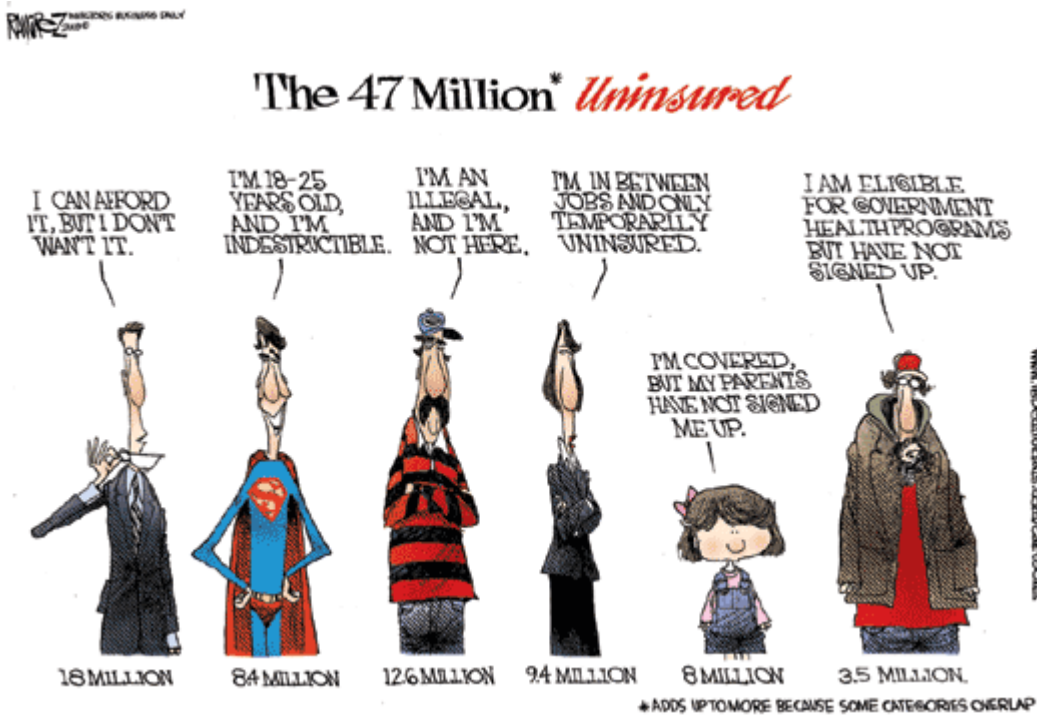


## “TOP 10” THINGS YOU SHOULD KNOW ABOUT HEALTH CARE REFORM

1. **COST:** Insuring every American is a laudable goal but what will it cost? The Congressional Budget Office ‘scoring’ of HR-3200 ought to give any reader pause; the cost is simply unsustainable. You can view that report by clicking [here](#). Alternative reports are surfacing claiming how much reform would save us as a country thus more than covering the cost of reform. The sources (credibility) of such reports deserve great scrutiny.
2. **THE UNINSURED:** 47 million ‘Americans’ are uninsured. *Really?* And for how long? Will we ever get to 100% coverage?



3. **THE UNDERINSURED:** As if having 47 million uninsured ‘Americans’ isn’t hard enough on the public psyche, now we are hearing about the growing number of “under insured”; i.e., those with high deductibles and other unaffordable out of pocket charges. This suggests there is some acceptable minimum level of coverage. One size does *not* fit all. Many think insurance is for catastrophic loss only. Some think health insurance should pay for every health care encounter no matter how small. One thing is certain. First dollar coverage fosters high utilization and thus costs more. Any Authority that limits choice should be challenged and we cannot afford to over-promise.

4. **WHO SHOULD PAY FOR HEALTH CARE:** So much time and energy is devoted to the discussion of whether government or insurance companies are more efficient at administration. The argument hinges on the contention insurers 'waste' 30 cents of every premium dollar on administrative fees, commissions, profits and the like. First of all, that just isn't so. On average, insurance company administrative expenses run at about 14% of the total. Thus, even if you were able to cut administrative costs by a third, you'd only be talking about a 4% savings. The greater opportunity for reducing costs is to get at the 86 cents of every premium dollar spent on claims.
5. **PAYMENT MODELS:** Under our current system – whether the government or insurers are paying – *WHAT* they are paying for is fundamentally wrong. We actually reward providers for bad results. We need to devise entirely new payment models for episodes of care.
6. **PROFITS:** Many argue that there is no justification for profits in health care. Insurers and providers alike are all a bunch of greedy bums. Let me ask a question. Why is it that the premiums charged by a publicly traded health insurer are often less than those charged by a mutual or a not for profit insurer? Have we gotten to a point where we don't believe profits drive efficiencies and innovation?
7. **RATIONING:** Government run health plans are demonized because they ration care. And rightly so! But we also ration care under our current system. Let's be honest, no matter which way we go with this 'debate' there will be a certain amount of rationing. Who decides what care you need must be left in the hands of you and your physician. A 'reformed' system will preserve that fundamental right.
8. **THE "PUBLIC OPTION" IS A RUSE:** What would it do to our health system if our government started selling coverage at rates 30-40% lower than those offered by private insurers? How could they do such a thing? By paying providers 40 cents on the dollar for services performed. This is what we allow Medicare and Medicaid to do. Would more and more small businesses move to the lower premium? Of course. So then would the 'doctor of your choice' accept you as a patient if he/she is being under paid? Would there be even greater shortages of doctors and nurses? Would innovation and advancements in medicine be stifled? Make no mistake, those that support a "Public Option" also support a Single Payer System. The "Public Option" is simply a stepping stone toward their ultimate goal.

9. **QUALITY AND ACCESS UNDER SINGLE PAYER PLANS:** The evidence that the Canadian and British health systems offer limited access and substandard care is well documented.
  
10. **INSURANCE MARKET REFORMS WITH MANDATED BENEFITS:** Should insurance companies be required to end their practices of underwriting and applying pre-existing conditions limitations to new applicants? 'Guaranteed issue' eliminates a public relations nightmare for insurers but also opens the door to consumers 'gaming the system'. By that I mean, why would you pay premiums for coverage until after you get sick. If you are going to 'guarantee issue' then at the same time you must mandate that everyone buy coverage. Many will need government subsidies but beyond that, how will you enforce this mandate unless penalties are equal to or greater than premiums? The "Play or Pay" provisions in the reform options being considered are unrealistically low.