

TOGETHER, THESE 160 MILLION INSURED AMERICANS AND THEIR
NEW CO-BELLIGERENTS CAN FORGE THE ALLIANCE THAT
REWARDS HIGH QUALITY AND HIGH EFFICIENCY WITH MORE
PATIENTS, RATHER THAN REWARDING POOR QUALITY CARE WITH
DOLLARS AS WE DO NOW.

AND UNTIL THE PURCHASING PUBLIC "BUYS RIGHT" THE
SITUATION WILL NOT CHANGE.

BY "BUYING RIGHT", I MEAN THAT THE
EMPLOYER PURCHASER DEMANDS HIGH EFFICIENCY
AND HIGH QUALITY IN HEALTH CARE DELIVERY.
THOSE PERFORMANCE RECORDS ARE REWARDED
WITH MORE PATIENTS - AS DISSATISFIED
PATIENTS MIGRATE FROM THE LOW
EFFICIENCY, LOW QUALITY SYSTEMS.

WHEN THE REWARDS ARE MORE PATIENTS,
NOT MORE DOLLARS, AS WE NOW DO, -
COSTS ACTUALLY GO DOWN.

8. EXASPERATION RUNS HIGH AMONG THE INSURED AMERICANS WHO RELY UPON GOVERNMENT INSURANCE --MEDICARE FOR THE ELDERLY, MEDICAID FOR THE POOR-- TO MEET THEIR HEALTHCARE BILLS.

THESE INSURANCE PLANS NO LONGER FILL THE BILL.

MEDICARE IS NOT WHAT MOST PEOPLE THINK.

IT IS NOT A SYSTEM THAT PROVIDES FOR THE HEALTHCARE COSTS OF THE ELDERLY.

OLDER AMERICAN CITIZENS MUST FIRST MUST SPEND THEIR OWN MONEY BEFORE MEDICARE KICKS IN.

MEDICARE USUALLY DOESN'T PROVIDE THE DRUGS MANY ELDERLY NEED TO STAY ALIVE.

~~(AND THE RESULT IS SO CALLED COMPROMISE)~~

**NOR IS THERE PROVISION FOR LONG-TERM CARE IN HOSPITALS
OR NURSING HOMES.**

**ELDERLY PEOPLE AND THEIR GROWN CHILDREN ARE OFTEN
SHOCKED WHEN THEY DISCOVER THAT WHEN THE AGING
PARENT NEEDS NURSING HOME CARE, IT IS NOT COVERED BY
MEDICARE.**

FURTHERMORE, THERE IS NO PROVISION IN MEDICARE FOR THE HOUSEHOLD HELPS THAT WOULD KEEP ELDERLY PEOPLE INDEPENDENT, AND OUT OF INSTITUTIONS, AT A TINY FRACTION OF THE COST OF NURSING HOME CARE. I AM TALKING ABOUT SOMEONE STOPPING BY ONCE A DAY TO SPEND AN HOUR ON THE HEALTH AND HOUSEHOLD CHORES THAT NEED TO BE ACCOMPLISHED.

**MEDICARE IS ONE OF THE MOST DECENT THINGS THAT THIS
COUNTRY HAS DONE, TO REMOVE MUCH OF THE FEAR AND
UNCERTAINTY FROM THE FRAIL YEARS OF ELDERLY LIFE, AND IT
SHOULD STAND AS A LANDMARK TO THE BASIC DECENCY OF THE
AMERICAN ETHICAL CORE.**

**BUT IT NEEDS TO WORK AS ORIGINALLY INTENDED, AND
PROMISED.**

**THEN THERE IS MEDICAID, THE FEDERAL INSURANCE PROGRAM
DESIGNED FOR THE POOR.**

IF MEDICARE IS A DISAPPOINTMENT, MEDICAID IS A FRAUD.

**MEDICAID IS A FRAUD BECAUSE MEDICAID EXCLUDES MOST OF
THE POOR... BY CALLING THEM TOO RICH.**

**INDIVIDUAL STATES ADMINISTER MEDICAID, AND CAN SET THE
MAXIMUM INCOME LEVEL NEEDED TO QUALIFY FOR MEDICAID.
THIS HAS LED TO SHAMEFUL STANDARDS.**

**IN MANY STATES A FAMILY OF THREE WITH AN INCOME OF \$3000
A YEAR IS TOO RICH TO QUALIFY FOR MEDICAID. THERE ARE
FEW STATES BETTER, AND FORTUNATELY FEW WORSE.**

**MEDICAID NEEDS TO BE STANDARDIZED, EXPANDED AND
REFORMED.**

**MEDICAID NEEDS TO EMBRACE FAMILIES RATHER THAN
EXCLUDE THEM.**

9. THE COUNTRY IS EXASPERATED OVER THE PLIGHT OF THE UNINSURED, THE 12 TO 15 PERCENT OF OUR POPULATION -- THAT'S 33 TO 37 MILLION AMERICANS-- WHO ARE UNINSURED, UNDER-INSURED, OR ONLY SEASONALLY INSURED.

THEY'RE NOT OLD ENOUGH FOR MEDICARE AND NOT POOR ENOUGH FOR MEDICAID.

THESE PEOPLE, THE WORKING POOR, WHOSE INCOMES ARE TOO LOW TO LIVE ON, BUT TOO HIGH TO QUALIFY FOR MEDICAID , OFTEN EXHIBIT A STEELY PRIDE THAT MANY OF US CAN ENVY.

THESE ARE NOT PEOPLE ON WELFARE. THEY COULD GO ON WELFARE, GET FOR FREE THE DENTURES, EYEGASSES, AND SHOES, AND FOODSTAMPS THEY NEED, BUT THEIR DIGNITY KEEPS THEM OFF WELFARE, AND THEY STRUGGLE ALONG, FEARFUL OF THAT ILLNESS THAT MIGHT CLAIM ALL THE LITTLE THEY HAVE.

**CONTRARY TO THE WHINING OF SOME CONSERVATIVE
COLUMNISTS, THESE PEOPLE ARE NOT LOOKING FOR A
HANDOUT.**

**90 PERCENT OF THE UNINSURED ARE WORKING PEOPLE, MANY
WORKING AT SEVERAL JOBS, NONE OF WHICH PROVIDES A
HEALTH PLAN.**

THEY ARE SUFFERING THE CONSEQUENCES.

STUDY AFTER STUDY INDICATES THE CORRELATION BETWEEN NO MEDICAL INSURANCE AND SERIOUS HEALTH PROBLEMS.

AND ALL OF US WILL SUFFER THE CONSEQUENCES TOO, BECAUSE THE HEALTH PROBLEMS OF THE UNINSURED, IF IGNORED BY SOCIETY NOW, WILL BE BORNE BY SOCIETY LATER.

As you well know - THE PHYSICIAN IS THE LIGHTNING ROD FOR SUCH CONCERNS.

10. TRAGICALLY, IF EXASPERATION CHARACTERIZES THESE COMPLAINTS, THEN DESPAIR IS THE HALLMARK OF THE UNINSURABLE: THE TWO AND A HALF MILLION AMERICANS WITH SERIOUS MEDICAL PROBLEMS WHO CAN'T EVEN BUY INSURANCE BECAUSE THEY ARE CONSIDERED TO BE BAD RISKS. AND NOW, WITH INCREASING FREQUENCY, SOME PATIENTS HAVE THEIR INSURANCE PREMIUMS RAISED OUT OF SIGHT RIGHT IN THE MIDDLE OF A SERIOUS ILLNESS.

**FAMILIES WHO THINK THEY HAVE A MILLION DOLLAR COVERAGE
FOR EACH MEMBER OF THE FAMILY FIND THAT WITH THE FIRST
EXPENSIVE ILLNESS THE FAMILY HEALTH INSURANCE
PREMIUMS CAN UNDERGO A SIXFOLD INCREASE.. LIKE ONE I
KNOW THAT WENT FROM \$198 A MONTH TO \$1375 A MONTH.**

AND ANOTHER FROM 1300/MO TO 11000.

HOW MANY OF US COULD AFFORD THAT KIND OF A JUMP?

THE FIRST FAMILY

~~THEY~~ THOUGHT IT MUST BE A COMPUTER ERROR, BUT WERE TOLD COLDLY BY THE INSURANCE COMPANY THAT IF THEY DIDN'T LIKE IT, THEY COULD CANCEL THEIR INSURANCE.

HOWEVER, NO OTHER COMPANY WOULD INSURE THEM BECAUSE THEIR YOUNGSTER HAD A "PRE-EXISTING CONDITION."

OTHER AFFLICTED AMERICANS WHO THOUGHT THEY WERE COVERED BY INSURANCE SUDDENLY DISCOVERED THAT THEIR INSURANCE COMPANIES WERE SIMPLY NOT PAYING THE BILLS. IN CALIFORNIA ALONE, 100,000 PEOPLE LOST THEIR INSURANCE IN 1989 BECAUSE THEIR INSURANCE COMPANIES HAVE GONE UNDER.

SOME OF THESE PEOPLE HAD ALREADY PAID AS MUCH AS \$200,000 IN PREMIUMS OVER THE YEARS.

**11. SOCIETY IS EXASPERATED BY THE DISRUPTION CAUSED BY
THE ESCALATING COST OF HEALTH CARE .
THOUSANDS AND THOUSANDS OF AMERICAN FAMILIES EACH
YEAR ARE LITERALLY IMPOVERISHED BY THE AMERICAN HEALTH
CARE SYSTEM.
WE CANNOT LET THAT CONTINUE.**

**THEY ARE ALSO EXASPERATED BECAUSE OUR HEALTH DOLLARS
DONT SEEM TO BE GOING FOR OUR HEALTH.**

**PEOPLE FUME WHEN THEY READ THAT HEALTHCARE
ADMINISTRATION NOW CONSUMES ABOUT 22% OF HEALTHCARE
SPENDING.**

**DOCTOR'S OFFICES OFTEN SPEND MORE TIME ON THE
INSURANCE FORMS THAN THE DOCTOR SPENT WITH THE
PATIENT.**

**EVEN THE INSURANCE INDUSTRY ITSELF HAS BEGUN TO CALL
FOR REGULATION AND REFORM.**

EMPLOYERS SHOULD BE REQUIRED TO PROVIDE HEALTH INSURANCE, BUT WITH APPROPRIATE COST-SHARING, HEALTH EDUCATION, AND FITNESS PROGRAMS, SO THAT THE ECONOMIC IMPACT ON SMALL BUSINESS CAN BE LESSENER BY TAX BREAKS AND RISK-POOLING.

OTHERWISE SMALL EMPLOYERS JUST DROP SOME EMPLOYEES FROM THE PAYROLL.

THOSE NOT INCLUDED IN EMPLOYER-PROVIDED INSURANCE SHOULD BE ABLE TO HAVE ACCESS TO SIMILAR COVERAGE ACCORDING TO SLIDING SCALE COST-SHARING AND RISK-POOLING.

WE NEED TO EXPECT SOME FORMS OF TAX INCREASE IF WE ARE TO ACT ACCORDING TO OUR ETHICS, AND PROVIDE HEALTH INSURANCE FOR THOSE WHO ARE NOW UNINSURED.

**WE CAN LOWER BOTH HEALTHCARE COST AND INSURANCE COST
BY LINKING INSURANCE COVERAGE TO BEHAVIOR.**

**IT MAKES SENSE TO VOID OR REDUCE INSURANCE COVERAGE
FOR PEOPLE WHO PRACTICE HIGH RISK BEHAVIOR: NOT
WEARING MOTORCYCLE HELMETS, NOT BUCKLING SEATBELTS,
DRIVING AFTER DRINKING, AND YES, CONTINUING TO SMOKE.**

**WHY SHOULD THE REST OF US SUBSIDIZE THE INSURANCE
COVERAGE OF PEOPLE WHO KNOWINGLY AND CONTINUALLY
PLACE THEMSELVES AT GREATER RISK FOR ILLNESS?**

**EVEN HIGHER TOBACCO AND ALCOHOL TAXES SHOULD BE
DEMANDED TO PAY FOR HEALTHCARE COSTS ATTRIBUTED TO
THOSE DEADLY SUBSTANCES.**

ON THE POSITIVE SIDE, WE NEED INSURANCE PROGRAMS THAT ENCOURAGE PREVENTIVE HEALTHCARE.

IT IS ABSURD FOR AN INSURANCE COMPANY TO COUGH UP \$150,000 TO REMOVE A CANCEROUS LUNG, BUT NOT PAY \$64 OR \$200 FOR A SMOKING CESSATION PROGRAM.

**INSURANCE PEOPLE TELL ME THAT I DON'T UNDERSTAND
INSURANCE.**

**IT WAS MEANT FOR CATASTROPHES. BUT I'M SMART ENOUGH TO
KNOW THAT \$200 SPENT TO AVOID A ^{CATASTROPHIC} BILL OF \$150,000 IS GOOD
BUSINESS. BUT THEN I LIKE LONG TERM GAINS, NOT THIS
YEAR'S SOFT PROFITS.**

**NO ONE CAN DOUBT MY COMMITMENT TO CUTTING
HEALTHCARE COSTS, TO GETTING RID OF MISMANAGEMENT,
WASTE, AND FRAUD.**

**BUT I AM DEEPLY DISTURBED AND EVEN FRIGHTENED WHEN
THIS IS ATTEMPTED BY MISGUIDED INTERFERENCE IN THE
DOCTOR-PATIENT RELATIONSHIP.**