

Subject: The Golden Rule of Health Care Reform – Only pass legislation for Health Care Reform for your constituents that you want applied to yourself and your loved ones. If it is not good enough for you, why should it be good enough for me?

I urge you to be fiscally responsible in your deliberations on Health Care Reform. But besides potentially bankrupting the nation, there are other aspects of the Health Care Reform legislation presently being considered that would prove to be just as disastrous and I cannot help but believe that if they applied to you as well as your constituents, you would vote differently.

Please consider the following 5 specific requests:

Any Health Care Reform Bill that includes a provision for cost control through means of an “Independent Medical Board Advisory Committee” (by this or any other name) is not acceptable. I am sure you would not want decisions about your care being made by a group of non-elected presidential appointees. Vote Nay!

Any Health Care Reform Bill that includes an “embedded clinical decision support” feature (computer program telling doctors what they can and cannot do) is not acceptable. I’m sure you wouldn’t want non-elected appointees directing computer programming that decides what your insurance plan covers, how much leeway your doctor has in deciding your treatment or what medical tests are appropriate for you, and what treatment seniors like yourself or your parents may get under Medicare rendering private supplemental insurance useless. Vote Nay!

Any Health Care Reform Bill that includes “communitarianism” considerations (guidelines reserving medical care for the non-disabled) is not acceptable. I’m sure that if you or your parents or your child developed dementia, Parkinson’s, ALS or cerebral palsy you would want them to still be able to receive medical care.

It is bad enough that you have already passed legislation (in the “Stimulus Bill”) providing substantial funding for “comparative effectiveness research”, which is generally code for limiting care based on the patient's age. Economists are familiar with the formula, where the cost of a treatment is divided by the number of years (called QALYs, or quality-adjusted life years) that the patient is likely to benefit. In Britain, the formula leads to denying treatments for older patients who have fewer years to benefit from care than younger patients. As you age, are you willing to have your care limited by this formula? Did you even read the last 700 pages of the Stimulus Bill and know this was in there? Vote Nay!

Any Health Care Reform Bill (or any other legislation) that delegates authority over Medicare to a newly created body within the executive branch thereby circumventing the democratic process and avoiding accountability to the public for cuts in benefits is not acceptable. I’m sure that if your or your parents’ care was being provided by Medicare to the exclusion of any private insurance alternative, you would want to have a voice in its decisions through representative government, and would not be happy with a health Czar making those decisions. Vote Nay!

And last, any Health Care Reform Bill that results over time in a “single-payer system” (a government run health insurance agency) while purporting to “protect your choice to keep your current coverage” is totally unacceptable. The current House bill, HR3200, includes a provision on page 16, insipidly titled “Protecting the Choice to Keep Current Coverage” that does exactly that. If I already have private insurance, I can keep it... as

long as the company that employs me doesn't fold... or cancels the health insurance it offers in favor of the government plan... or as long as my private plan doesn't change... or as long as I do not change jobs.

But leaving no stone unturned, a few paragraphs later, the House bill states, "The Commissioner shall establish a grace period whereby, for plan years beginning after the end of the 5-year period beginning with Y1, an employment-based health plan in operation as of the day before the first day of Y1 must meet the same requirements as apply to a qualified health benefits plan under section 101, including the essential benefit package requirement under section 121." In plain English...if I somehow manage to keep my private plan, the government is going to start calling the shots...my private plan will essentially be "private" in name only after 5 years. Are you willing to lose your options for the private insurance you now enjoy? Vote Nay!

There are other more fiscally responsible ways to fix the problems with the current health care system that do not place government in control of my or your health care. Target specific problems, analyze them as to their true cause and then design solutions. Three obvious areas with low hanging fruit are:

Tort reform – the crippling cost of malpractice insurance (itself the result of the unlimited jury awards) is factored into the cost of health care. Tort reform is key to any plan to curtail rising health care costs.

Transaction fraud analysis of Medicare/Medicaid claims. It is estimated that over 10% of the Medicare/Medicaid costs are fraudulent. By contrast, credit card fraud is less than .01%. Automated fraud analysis techniques used in the private sector for credit card transactions could easily be applied to the public sector Medicare/Medicaid transactions.

More effective regulation of Drug Company price fixing and hospital overhead pricing policies. These actions should be self-explanatory.

I appreciate your consideration of these requests and suggestions. Please do not send me a form letter or canned response in reply.

Sincerely,