



CONGRESSIONAL CANDIDATES SURVEY ON HEALTH CARE

1. Today, over 47 million Americans are uninsured and 25 million are underinsured. To many Americans having health insurance doesn't necessary mean their medical needs will be covered, and for those without health insurance, access to healthcare services is often unattainable. NPAF supports a national, bi-partisan approach to achieve universal access to health care which is affordable, high quality, fair and equitable, and portable.

Agree
 Disagree

Comments: There is no reason why heath care should not be affordable for Americans. Other developed countries spend half what we do on health care with quality at least as good as ours. We need a system that roots out the enormous amount of wasted expenditures and returns that money to the patient. I am a practicing family doctor. Every day I see where the money is wasted. I believe I can be an important part of shaping a heath care system that maintains individual choice, and maintains or improves quality, while at the same time cutting cost to bring it within grasp of all Americans.

2. Health insurance requirements vary by state, creating a patchwork health care system. Some argue for a streamlined national guideline for what must be included in a health insurance plan; others say that only the states should regulate what is in a health plan; and others argue that there should be no minimum requirements for what is covered in a health plan.

Favor a national minimum benefit guideline for health insurance
 Favor state benefit guidelines for health insurance
 Do not favor minimum benefit guidelines

Comments: We have a system that needs some minimum national standards. By having differing state-mandated piecemeal regulations we currently have a system bogged down by bureaucracy. Decreasing bureaucracy is an important step in decreasing waste to decrease cost.

3. Approximately 160 million Americans obtain their health insurance through their employers and employees are not taxed for this benefit. A number of health care reform proposals would limit or eliminate the employer-based health system, and change the tax treatment of health care. Which of the following general health care reform proposals do you support?

a. Maintain & strengthen the current employer-based system for health care
 b. Maintain employees' current tax exclusion of health benefits
 c. Phase-out the employer-based health system
 d. Phase-out the current worker exclusion from taxable income of health benefits

e. Other: We should have a system that offers the same tax advantage to individual purchasers that those with employer purchased plans currently enjoy. There should be an even playing field which would also help to make insurance more portable.

4. In our current system, most health plans are regulated at the federal level, with a smaller percentage regulated by individual states. Some argue this regulatory framework complicates our patchwork health care system. In your opinion, the regulation of health insurance should primarily be the responsibility of:

- a. Federal government
 b. State and local government
 c. Both federal and state governments
 d. Other _____

Additional Comments: Although states' rights are important, our national health care must have streamlined regulations which will allow greater efficiency and thereby lower costs.

5. Numerous health care reform plans have been proposed by elected officials, organizations and individuals. Which, if any, of the following proposals do you support?

- a. Maintaining our current system where most health care is managed in the private sector, is responsive to individual need and personal responsibility
 b. Creating a single-payer health care system primarily run by the Government
 c. Allowing everyone to participate in a system of private insurance (modeled on the Federal Employee Health Benefits Program)
 d. Requiring insurers to cover people without regard to pre-existing conditions
 e. Helping high cost patients by establishing a Catastrophic Health Insurance program
 f. Other _____

Additional Comments: We must do something to control healthcare costs. It boils down to two choices: decrease healthcare spending through government supervision and oversight (also known as rationing) or rely on personal responsibility and choice to decrease unneeded spending. Right now either choice would be better than what we have currently. I would prefer to see a system that gives individuals incentive to seek high quality care at a low cost (like we manage nearly everything else in our country from buying cars to buying food.) With our current system we have a bizarre disconnect wherein the people making the spending decisions (patients and doctors) have no real reason to consider if the benefit justifies the cost. In fact, the more of the insurance company's cash the patient spends, the better a bargain they feel they get for their high premium payments. Any savings that do occur are promptly pocketed by the insurance companies, thereby giving the patient exactly no incentive to try to save cash. We need to change our system so it makes sense. There are many healthcare bargains to be had today (generic drugs for example.) Asking our population, the savviest consumers in the world, to curb spending on health care while improving outcomes seems to make the most sense.

With a few tweaks the HSA system would be a good foundation for a system designed around individual responsibility.

6. Several health care reform proposals include altering or eliminating the existing Medicaid and state children's health insurance programs. Do you favor phasing-out Medicaid and state children's health programs and replacing them with a system of guaranteed private insurance, with subsidies for those unable to maintain health coverage on their own?

Favor
 Oppose

Comments: I believe a government-run “no frills” safety net like Medicaid and SCHIP is an appropriate plan. Were we to offer government-subsidized private insurance it would no longer be a safety net, but would quickly become an entitlement.

7. Government’s health care spending could exceed one-third of gross domestic product (GDP) in the U.S. by 2050 if current trends continue. As patients, payers and providers face escalating costs, it is clear that health care reform must address the critical issue of cost. Which of the following would you support to help control health care costs?

- a. Widespread use of evidence based medicine
- b. Prescription drug reimportation
- c. Consumer-driven health plans (HSAs/high deductible plans) to increase competition
- d. Health information technology including e-prescribing
- e. Use of generic drugs and biologics
- f. Empowering federal or state government to negotiate the costs of drugs

g. Other: All of the above. There are so many areas of waste in our current healthcare system that no one change will solve our problem. We need lots of changes. I would like to see individual citizens out in front driving these changes.
In addition to all the cost saving ideas listed above, we also need to add one more: reducing healthcare costs through reducing the need for healthcare. Over half the dollars spent today in our system are spent to address illness caused by poor quality lifestyle choices. Smoking, obesity, and sedentary habits account for hundreds of billions of health care dollars, and countless years of illness and misery. We need to address these habits through an aggressive campaign to stop teen smoking, to instill healthy eating habits and healthy food choices in our kids. We need to reward positive lifestyle changes in adults with lower premiums and rebates (just as we do with car insurance for safe drivers and drivers that take driving safety classes.) As unpopular an idea as it is, there is no getting around the fact that though our actions we are contributing to our own high cost of healthcare, and only through individual effort and responsibility can we truly hope to fix our healthcare crisis.

8. An increasing number of Americans find themselves in medical debt crisis due to mounting premiums, co-pays, deductibles and annual and lifetime caps on coverage; and research suggests that between 25-50 percent of bankruptcies are related to medical debt. To help those with severe medical debt, which would your favor?

- a. Limiting credit card interest rates for medical expenses/debt
- b. Protecting those with terminal illnesses from predatory collection practices
- c. Limiting what hospitals can charge uninsured patients
- d. Reforming our bankruptcy laws

e. Other: Health insurance should shift away from what it is now: insurance that picks up many small costs but does not cover all of the large bills. Instead insurance should leave small expenditures as out of pocket expenses and fully cover large expenses. Imagine how expensive our car insurance would be if it covered things like gasoline and oil changes!

9. Cancer is one of the most expensive diseases with treatments often exceeding as much as \$100,000 a year. Cancer patients are increasingly overburdened with cost-sharing requirements that place them in serious

financial debt. Would you support capping out-of-pocket spending for cancer patients at a pre-determined level (example: 15% of annual income)?

- Yes
 No

Additional comments: I believe we may need a separate system set up to completely cover high risk patients such as cancer patients. Healthcare costs should encourage good behavior, not punish folks who are afflicted with cancer through no fault of their own.

10. By 2006, approximately 22.5 million seniors had enrolled in the new prescription drug benefit under Medicare. However, the plan includes a gap in coverage often referred to as the “donut hole.” Most seniors receive no coverage for their prescription drugs once they reach the “donut hole” and struggle to pay high prescription drug costs. Do you support any of the following reforms to help fix the “donut hole”?

- a. Enacting a small federal tax increase
 b. Driving down Medicare costs through the expanded use of generic drugs
 c. Charging higher income seniors more for Part D coverage
 d. Allowing Medicare to negotiate the price of drugs
 e. Removing the current cap on Social Security payroll taxes
 f. Other

Comments: Medicare part D was enacted roughly 6 months before many of the nation’s best selling drugs lost their patents and were placed on the \$4 cash generic list. As soon as Part D was passed it succeeded in removing any incentive for seniors to find great medication bargains, and instead encouraged them to continue to buy high-priced brand name drugs with tax-payer cash. And to top it all off the law was written to forbid the government to negotiate lower prices. I believe this was the biggest tax-payer rip-off in recent history. I am a practicing family doctor. For nearly all of my patients I can choose high quality, safe, effective medications off the \$4 Walmart/Kroger generic list. There is simply no justification for the Part D program, the cost of which will soon dwarf the cost of Social Security.