

NPAF National Patient Advocate Foundation

The Patient's Voice | since 1996

Steve Beren
9-15-08

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:

see attached

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:

see attached

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

see attached

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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 _____

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 *see attached*

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
- see attached*
- Comments: _____

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 *see attached*

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

see attached

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

see attached

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:

see attached

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Addendum to NPAF Congressional Candidates Survey.

→ **1. Government-run health care would be a disaster. It would lead to a massive tax increase, with nothing to show for it. In fact, government-run health care would actually have negative effects. It would increase bureaucracy and delays, it would drive up costs, and it would decrease the quality of care. It would drive some of the best medical professionals out of the field, and it would discourage talented young people from entering the field in the first place. Perhaps most of all, it would lead to a reduction in services offered. The resulting rationing of health care services would have devastating effects, especially on the poor and the elderly. The last thing we need is to follow the European path of government interference, bureaucracy, and massive taxation.**

→ **2. Benefit guidelines for health insurance should be decided on the state level, not the federal level. As a candidate for federal office, I would not be directly involved in these state-level decisions. However, I would advocate against minimum benefit guidelines. I would introduce federal legislation allowing consumers to purchase health insurance across state lines.**

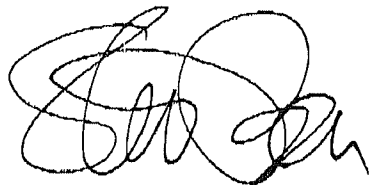
→ **3. Maintain and strengthen employees; current tax exclusion of health benefits. The medical expense tax deduction should be greatly increased, and all drug purchases and insurance premiums should be fully tax-deductible. Eligibility for tax-free medical savings accounts should be greatly expanded.**

→ **5. There should be increased competition among health insurance carriers to provide consumers more options and more variation in benefit plans. This will lead to coverage that is less expensive, based on individual need, and with more choices and options for the health care consumers.**

Congress should pass tort reform to restrict excessive awards (including punitive damage awards) and to eliminate frivolous lawsuits.

With regard to the establishment of a Catastrophic Health Insurance program, it is preferable that most of the funding come from the states and localities. To the extent that legitimate federal spending is needed, there should be no new or increased federal spending without a dollar-for-dollar decrease elsewhere in the federal budget.

→ **6. While I would be open to proposals to alter and improve Medicaid, I oppose eliminating Medicaid. Whether or not state-level children's health programs should be altered, improved, or eliminated should be decided on the state level. I do not support a system of guaranteed private insurance. With regard to subsidies for those unable to maintain health coverage on their own, this is best handled on the state and local level. To the extent that legitimate federal spending is needed, there should be no new or increased federal spending without a dollar-for-dollar decrease elsewhere in the federal budget.**

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→ 7. The priority in health care reform and in reducing health care costs is putting individuals in more direct contact with providers, reducing the role of insurance companies, government regulators, employers, and attorneys. The current system, with heavy government and middleman involvement, is bureaucratic, inefficient, and a primary cause of rising health care costs.

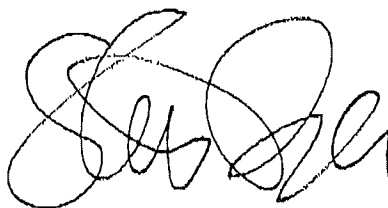
There should be increased competition among health insurance carriers to provide consumers more options and more variation in benefit plans. This will lead to coverage that is less expensive, based on individual need, and with more choices and options for the health care consumers.

The medical expense tax deduction should be greatly increased, and all drug purchases and insurance premiums should be fully tax-deductible. Eligibility for tax-free medical savings accounts should be greatly expanded. Consumers should be allowed to buy health insurance across state lines. Congress should pass tort reform to restrict excessive awards (including punitive damage awards) and to eliminate frivolous lawsuits.

We should eliminate federal income taxes for everybody making less than \$25,000 a year, and we should greatly reduce taxes for everybody else. This could be done, for example, by raising the personal exemption to \$25,000 for each individual family member (\$100,000 for a family of four).

Limited government leads to lower taxes, which is better for families and property owners. With lower taxes, liberty is increased because individuals and families have more of their own money - increased take-home pay - for their needs: health insurance, food, clothing, housing, education, and retirement.

When people are able to provide for themselves, they are more likely to achieve prosperity and less dependent on government programs. In turn, this leads to further reduction in government spending, allowing the remaining money to be targeted to legitimate needs, such as military veterans, orphans, and people with severe disabilities.



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→ 8. Just as prevention is the key to good health, prevention is the key to severe medical debt. Health care reform – decreasing government's role in favor of free market solutions leading to reduced cost – is essential to sharply decreasing the number of Americans who find themselves in severe medical debt.

A properly-funded Catastrophic Health Insurance program can be an excellent safety net. It is preferable that most of the funding come from the states and localities. To the extent that legitimate federal spending is needed, there should be no new or increased federal spending without a dollar-for-dollar decrease elsewhere in the federal budget.

In all spheres of government bureaucracy, we must recognize that there is much wasteful spending on programs that are ineffective, obsolete, or no longer serve the purpose for which they were initially intended. Thus, program-by-program auditing and accountability is necessary, and often greater results can be accomplished with program reform and less actual spending.

I favor the promotion of government reform, lower taxes, limited government, and curtailing out-of-control spending. Cutting the deficit is a priority for our nation.

There should be across-the-board spending cuts of at least 10% to 15% in almost every program, with rare exceptions such as national defense, homeland security, and emergency preparedness. No program should ever be increased without a dollar-for-dollar decrease elsewhere in the budget. This would allow appropriate levels of spending for vital programs such as a catastrophic health insurance program, programs for military veterans, and assistance to people with severe disabilities.

→ 9. Mandating a cap on out-of-pocket spending for cancer patients does not reduce actual costs incurred by providers – it merely pushes the cost elsewhere onto someone else. Health care reform – decreasing government's role in favor of free market solutions leading to reduced cost – is essential to reducing the cost of cancer treatment.

A properly-funded Catastrophic Health Insurance program can be an excellent safety net. It is preferable that most of the funding come from the states and localities. To the extent that legitimate federal spending is needed, there should be no new or increased federal spending without a dollar-for-dollar decrease elsewhere in the federal budget.

→ 10. Health care reform – decreasing government's role in favor of free market solutions leading to reduced cost – is essential to reducing the cost of drug prescriptions. There should be increased competition to provide consumers more options and lower prices.

Wanderers 9/15/08