

# access health insurance Response to Congressman Wilson's form letter regarding WTPOV concern's regarding the Healthcare Bill

Posted by cherie - 2009/09/09 06:57

Dear Congressman Wilson: Thank you for responding to our concern about health care. We are asking you again to VOTE NO. My letter below responds to the White House and the Speaker's talking points that you have used. Please forgive the length of the letter but since the HR3200 is so long and convoluted it is hard to respond to you with the facts in a shorter letter. Since you refuse to meet with us, we want you to have the facts. We are concerned that you are not paying attention to the reality and gravity of this bill. It will not lower costs to our nation, the Congressional Budget Office (CBO) made that very clear that the bill(s) are not budget neutral and it does not matter which one you look at; House or Senate. It is well known that when Medicare was voted in; 1965 and implemented in 1966 by 1970 the cost was not 3 billion dollars as the CBO had estimated; In fact, it was actually doubled that amount in four short years. The facts and figures that you included are diametrically apposed to the U.S. Census Bureau. Yes, there are 46.6 million uninsured. We do agree with this figure. This is approximately 15.5 % of the 2006 United States Census figures. Of the uninsured there are approximately 14 million eligible for Medicaid who has chosen for whatever reason not to sign up for the government plan currently in existence. Approximately 18.3 million are between 18 and 34 years old who have chosen not to be insured and 9.7 million are not citizens of the United States. When you add these numbers up you will not that there is approximately 4.9 million who aren't insured. There is Approximately 9.7 million people considered wealthy and many of these people do not have health insurance, because they choose not to participate. These independently wealthy individuals pay health care as they use the system. When you factor these people into the number you are looking at approximately 4% of the 46.6 million who need insurance? We feel it is illogical to overhaul the entire system for 1.8 million people (4% of the 46.6 million) or 0.6 of the U.S Population based on (300 million population) who truly have no insurance. Tort reform is a major issue to the problem for the ever increasing cost of health care. We believe tort reform is long over do and is desperately needed to control health cost. I have included the tort reform information from the Joint economic committee (1996) below to illustrate that tort abuses have been addressed in the past, yet nothing gets done in congress to resolve one of the major elements that have been contributing to health care cost increases. Improving the American Legal System: The Economic Benefits of Tort Reform Executive Summary The economic and legal condition of America's contemporary tort system has come under increasing criticism for being far too costly and incapable of administering fair and prompt awards. A recent actuarial study by Tillinghast-Towers Perrin indicates that tort costs rose from \$67 billion in 1984 to \$152 billion in 1994, an increase of 125 percent. Increased litigation costs have burdened American families and businesses with higher auto insurance premiums, reduced incentives for auto safety features, and contributed to higher medical costs. In addition, plaintiffs are often forced to accept a 33 percent toll just to have access to the current American tort system. The economic effects of such a huge tort burden on the American economy are hard to measure directly, but are nonetheless significant. Individuals suffer from the high price of insurance and the increased cost of goods and services. Businesses are hurt by the higher prices they must charge to pay their insurance costs. The overall economy also suffers when productivity and growth are slowed by excessive litigation, which discourages risk-taking and slows the introduction of new products and technologies. University of Virginia law professor Jeffrey O'Connell and Michael Horowitz of the Hudson Institute have assembled a tort reform proposal that would eliminate these perverse incentives and result in tremendous economic savings for all Americans. \* The auto-choice reform would make available \$40 billion in savings on auto insurance premiums. Individuals could save \$31.7 billion and businesses could save \$8.3 billion in 1996 premiums. For the typical car insurance premium, this would translate into average savings of \$221. In high insurance states, such as New Jersey, the savings would average \$395 per premium. \* Low-income drivers would particularly benefit, since the auto-choice reform is highly progressive. While the average driver would save 28.6 percent, low-income drivers would save 44.9 percent on their premiums. Moreover, the savings from auto-choice would be enough to offset 61.7 percent of the average tax burden of the poorest fifth of American families. \* The contingency fee reform (co-authored by Professor Lester Brickman of the Cardozo Law School) would significantly reduce the total estimated cost of attorney fees of \$45 billion each year. Payments to plaintiffs attorneys would reflect the value they add to their client's settlement. \* The Moore-Gephardt reform would also provide substantial savings in health care costs, through the elimination of the collateral source rule and by reducing inflated claims of medical damages. Moreover, the Moore-Gephardt reform would reduce the occurrence and size of pain and suffering damage awards. The above information is from 1996 Joint Economic Committee in the U.S. Congress. Another 13 years has passed and the legal fees continue to mount. The malpractice insurance continues to rise every year. We have also included The Varieties of Excessive Costs costs that affect the rising cost of health care. This information comes from the Cato Institute: The excessive costs of our current medical system can be classified into three major categories: . The first, and by far the largest excess cost, is due to the current overuse of medical resources by patients. Overuse is the rational response of consumers who do not have to pay the entire cost of the medical services they use. The causes of those excess costs are Medicaid, Medicare, and tax laws that provide incentives for individuals to have their employers purchase their medical care in the form of private health insurance. . The second category of excess cost consists of administrative and paperwork costs that are unnecessary for the provision of health care, but that have come into existence because of the current patchwork of third-party payers and their attempts to control their increasing costs by closely monitoring the behavior of doctors and patients. Even worse is the fact that those cost-containment activities do not seem to have contained costs very well. . The third excess cost is associated with the fear of malpractice suits. Administering medically unnecessary tests and procedures helps to insulate doctors and hospitals from the potential wrath of patients or their families when inevitable accidents occur in medical treatment or when

treatments just do not work. In some sense each of those costs has been brought about by the retreat from a market-based system of medical delivery. (I say =Congress initiated with the 1965 initiation of government run Medicare instead of a market based savings account)The first two of them could have been avoided if patients had been given incentives to make their own choices about medical care. The third cost could have been controlled if the courts had allowed patients and medical providers to use market contracts to detail liability in case of unforeseen accidents. ] Source Cato institute: <http://www.cato.org/pubs/pas/pa211.html> As for being able to keep my health care I don't think that is what the document says on page 16 of the 1017 page bill or Sec. 102 Choice to Keep Current Coverage specifically section 102 (2) from HR 3200 which states you will have to merge into the public option if there are any policy adjustments for any reason. Choice to Keep Current Coverage a very misleading title and diametrically opposed to what the bill actually says. The bill also sets up an HMO type system to push you into an in-network doctor. Furthermore, no business will want to keep their private care option when it is cheaper on their balance sheet to pay for the public plan see sec 313 Employer Contribution in Lieu of Coverage in HR 3200. There is no incentive to keep a private option in the plan. By y5 (year 5) all health care will be integrated into the federal system. Furthermore, the bill also states that the Commissioner of Health and the President has full control without Congressional oversight You state the system is severely broken. The only part of the system I see that is broken is the Medicare part that is going broke by 2016. This problem was caused by a government based system laws that suppress market systems, and encourage punitive services that are brought against doctors and hospitals through legal actions. We believe a government that can not operate anything efficiently that is not in the constitution such as Cash for Clunkers, developing regulations for loan markets that prevent applicant review for fear of punishment which caused the down fall of the banks and the housing market, Post Office unable to live with in it's means and transition to the new mode of communication, DMV, Job Service inefficiencies, Freddie Mac, Fannie Mae and possibly Jenny Mae as a result of laws passed by you (congress) in 1977 and changed to force loaners to loan without verification of income to certain groups considered disadvantaged and forcing the banks to make subprime loans, etc. Then you want to give cart Blanch to aliens for health care legal and non-legal without being taxed or paying into the system, <http://www.gpo.gov/fdsys/pkg/BILLS-111hr3200IH/html/BILLS-111hr3200IH...> = HR 3200 [http://www.visaportal.com/page.asp?page\\_id=139](http://www.visaportal.com/page.asp?page_id=139) = Immigration and Nationality Act The above will help you confirm that Aliens will get health care no matter what status they are: Aliens = Sec 242 Affordable Credit Eligible Individual form HR 3200 (a) Section 101 (a) (15) of the Immigration and Nationality act = 101 (a) (15) (H) an alien In addition to sec 242; Sec 152 (a) Prohibiting Discrimination in health care requires they be treated. We ask what cost savings is this by providing the exact care the legal citizens get to aliens who have not contributed to the system. This will encourage or lead more people coming across the boarder with increasing costs to tax paying citizens and more redistribution of wealth that belong to my children, nieces, nephews and extended family. This is exactly what the British have done and as a result they have had to ration care to their citizens in the name of fairness. The British people are very disturbed that people are able to access their health care without paying into the system. You want to insure the uninsured with whose money? Yours? Now for bank intrusions into our bank accounts without permission and then there is a provision for the IRS to be involved. This is a violation of my 4th Amendment rights of privacy. Now for the IT issue I don't have a problem with a private hospital that I choose to use to have my chart, but not a bureaucrat. Most recent abuse of a bureaucrat and elected official is the flag program that the White House has asked for squealers and the Cash for Clunker computers. NO I DON'T WANT YOU HAVING ACCESS TO THAT INFORMATION. You further say it is going to be budget neutral and who are you going to tax to do that or whose care are you going to ration? You can't even manage the Medicare costs how in the world are you going to control a larger Medicare program without rationing with a growing aging population. We have two questions: 1. Whose care will you ration? And 2. Who is going to pay for it you? Or are you going to take someone else's money and shift it away from them? If Medicare is broke why are you throwing the whole baby out with the bathwater? Fix the part that needs fixing. We also want you to start reading every piece of legislation you want to pass. If it is too large to read throw it out. We also want you to stop using White House and Speaker Pelosi's talking points and use your own ideas. Finally, we expect you to pledge and sacrifice your health care benefits and then sign up and participate in the very health care you expect everyone else on the public plan to use. NO MORE CONGRESSIONAL CADILLAC HEALTHCARE. Please, Sign the attached pledge and send it back to me so we know that you will be using the public plan if you vote YES.. Thank you for reading this letter line by line and then answering it without a form letter. We took the time to read your letter that you sent to us and we would appreciate the same courtesy. Cherie Mezynski WethePeopleOV.. MY PLEDGE TO WETHEPEOPLEOV I Charlie Wilson U.S. Congressional Representative of the 6TH congressional district agree to forgo my current congressional health care and have written into the bill the elimination of the current congressional healthcare program, eliminate the President's health care plan and all federal service employee healthcare and civil service employee health care with in year one (y1) of the implementation of ANY Health Care Reform Act. I, also, pledge to participate in the same health care plan I expect my constituents to participate. I pledge to pay the same premium for any person that is paying into the system. I pledge all the employees and elected and appointed officials of the three branches of the Federal Government (Executive, Legislative and Judicial), Federal Service Employees and Civil Service Employees will be required to be in the same plan as you expect all other Americans to participate. I do hear by Pledge to do the above with my signature on this document

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