

**Health Care Forum
Weatherford, OK
November 11, 2008**

Approach #1

Reduce Threat of Financial Ruin

Appeals	Concerns
Seems fair to people who have and have not	People may make poor decisions
Choice of health care provider v British	Medical care is more expensive
Need change – current system is not sustainable cost for insureds is higher i.e. <u>Insure Oklahoma</u> good if process simplified	!!! <u>Cost controls</u> in the form of subsidies increases cost
Health insurance like auto insurance is logical	Benefits to insurance companies
Preventive care is less expensive than ER care	Many people cannot afford !! medical care v food or to provide care for employees
Minimum care makes sense	Is mandatory insurance requirement enforceable!!!
More choice is more palatable to the public	Hard to find providers that will take Medicare patients
Leave choice open to foster competition plus tax incentives	How will we address risk experience with pre- existing
	? payment of deductible and costs are not reduced

Approach #2

Restrain Out-of-Control Costs

Appeals	Concerns
Prices are inflated \$10K colonoscopy/endoscopy	Test repeated because of fear of liability
Need “truth in pricing” itemized bills	Malpractice insurance premiums are passed on to patients
Transparency of pricing – be an informed consumer	Overhead costs of running doctor’s office
\$1,800 for Procrit from med rep in Mercedes	People need to question costs before undergoing procedure
Free trade to buy drugs from other countries	There is currently no set price
All should have same quality of care despite ability to pay	Comparing prices may be “price fixing”
Rationing worked in WWII	No means to compare costs
Require more documentation of actual costs	Currently cost is spread among all consumers
Will possibly constrain innovation and R&D	Cost of pharmaceutical advertising is drastically higher
	I don’t want cost control; spent 10 years and \$300K med school
	We demand specialists when GP’s could give care

Approach #3

Provide Coverage as a Right

Appeals	Concerns
Most people treat health care as a right now	Government is not capable of managing health care
Currently physicians can choose not to treat	ER's used for routine care as a convenience for those who work during office hours
Organized cost allocation could result in better care for less cost	Universal health care could encourage unnecessary tests
Rights derive from a practical basis	Some people cannot afford to live a "healthy" lifestyle
Universal health care should be designed so as <u>not</u> to burden the youth	

What is the most difficulty?

- Complexity – multitude of factors
- Single mom, no health care and children afford v those who don't pay their bill
- Mandate cost v other fiscal resources
- Can the government do this well?
- Who will make the decisions about this issue?
- How do we define universal health care?

Common Ground for Action?

- Health care cost too much - transparency of costs
- Increase access
- Current system is not sustainable
- Nobody is driving the bus?

Trade Offs?

- Productive citizens must pay higher taxes to provide for others
- Technology choices of what could we do v what should we do
- Quality of life v cost of life; high deductible v lower cost
- Send adverting on R&D

Tensions

- Use of appropriate health care technology – share test result info between providers
- Some doctors run tests with no treatment option available despite test results
- Duplication i.e. Work Comp plus health insurance or VA plus Indian Health Care
- Long-term care insurance will become an issue
- Differentiate rates based on good health habits e.g. good driver discount
- Diseases, genetics, accidents are factored in regardless of lifestyle
- OK is one of the unhealthiest states

Has your thinking changed?

- Can see movement toward universal health care
- Individuals have to take personal responsibility as in the past

- Learn what is working in other countries
- Medicare is not solvent at present