

101 REASONS

REAL HEALTH CARE REFORM WORKS FOR PA

HealthCare4AllPA.org

1. **Protect Pennsylvania jobs** - by capping the employer contribution to the Health Trust at 10% of payroll. Those Pennsylvania employers currently paying for employee health insurance coverage will enjoy a substantial savings and will no longer be at a competitive disadvantage to those paying nothing toward the cost of health care coverage. This also completely eliminates the administrative overhead costs associated with employer paid health insurance.
2. **Reduce the cost of prescription drugs** - by using Pennsylvania's 12.5 million citizens as a formidable bargaining entity in dealing with drug companies.
3. **Eliminate uncompensated care** - by assuring that health care providers are paid for all of the services they provide.
4. **Assure comprehensive care for all** - through a universal health care system. Approximately one million out of our 12 million citizens have no health coverage of any kind.
5. **End wasteful "defensive" medicine** - which, according to a recent survey, 90% of Pennsylvania physicians admit to. We address this by replacing the fault based malpractice system with a no-fault program that emphasizes broader availability of compensation, quality assurance instead of punishment. Those who believe they are better off retaining their traditional fault based right to sue may opt out of the no-fault system, but the Balanced Plan adopts the no-fault approach as the default position and thus the vast majority of Pennsylvanians will participate in the no-fault program.
6. **Address racial disparity** - through universal access and a commitment to assuring the availability of quality providers in all communities.
7. **Dramatically reduce wasteful administrative costs** - through a single payer approach that eliminates the unnecessary and redundant overhead of the existing myriad of public and private payers. Major studies have agreed that approximately 20% of our health care dollars are wasted due to the inefficiencies of the current system.
8. **Remove health care as a recurrent union/management issue in collective bargaining** - by providing automatic, comprehensive, and universal health care independent of the employment relationship. This legislation does permit unions and employers to opt out of the Commonwealth Plan so long as the benefits included in the collective bargaining agreement are at least as comprehensive as the Commonwealth Plan.

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9. **End health care expenses as the leading cause of personal bankruptcy** - thus preserving the dignity and savings of Americans who already face the burdens directly associated with family illness or accident.
10. **Preserve the volunteer firefighter and emergency responder base, especially in rural areas of the Commonwealth** - through a \$1,000 per year state tax rebate to active volunteers we encourage the retention and recruitment of this vital resource.
11. **Reduce the cost of workers' compensation insurance** - with universal coverage that meets an injured employee's health care needs independent of the employer's workers' compensation insurance. By eliminating the health care expense and administrative overhead workers compensation premiums will drop dramatically.
12. **Eliminate duplication of facilities in over-served communities** - by requiring a certification of need communities already adequately served with high tech diagnostics or surgery centers will not see another (which would only threaten the financial viability of both) and instead would-be investors will be encouraged to build in under-served areas.
13. **Restore the concept of a true "emergency room"** - through universal coverage that assures that all citizens will have ready access to primary care physicians. It would thus end the wasteful and inefficient practice of using hospital emergency rooms as primary care centers.
14. **Reduce the cost of automobile insurance for business and consumers** - universal health care access eliminates the need to ever file suit to cover past and future medical costs thus removing that risk from the vehicle insurance coverage and leading to dramatically lower premiums.
15. **Restore and enhance the traditional physician/patient relationship** - by ending the unfortunate and counterproductive environment where every patient is seen as a potential plaintiff.
16. **Reduce infant mortality through better pre-natal care** - and a universal health access system that assures full and complete pre-natal management thus reducing the number of avoidable low weight and premature deliveries.
17. **Preserve the family farm** - by eliminating the need for a farm family to seek a "city" job that provides health care benefits and by avoiding financial failures of farm families faced with uninsured or underinsured health care expenses.
18. **Retain high-risk specialists in the Commonwealth** - by eliminating entirely the burden on providers to fund a dysfunctional medical malpractice system.
19. **Support the home care model** - where a family is willing to provide a loving environment in a non-institutional setting. A universal health system committed to emotional wellness as well as physical health will provide the training and the specialized services required.

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20. **Provide sufficient substance abuse treatment facilities** - by including substance abuse as a covered component of the universal health system we dramatically expand the funding for facilities and trained personnel.
21. **Preserve our investment in higher education** - by separating health care coverage from employment more economic opportunities are created. When our college graduates are unable to find worthwhile employment in the Commonwealth our investment in their training is wasted and the Commonwealth loses more of its intellectual capital. Additionally, new graduates will not suffer a gap in health coverage while they search for that first job.
22. **Encourage early retirement to open opportunities for younger people** - by making it possible for a worker to retire before they qualify for Medicare at age 65. If a person is otherwise financially able to retire before age 65, the universal coverage system will make it possible to do so thus opening an employment position for a younger person.
23. **Encourage the best and the brightest to enter the health care professions** - through the elimination of the specter of financial ruin due to a malpractice action, assured payment for all services, and reduced overhead costs through a simplified and efficient single payer system, the health care professions become more attractive career options.
24. **Level the competitive playing field between large and small businesses** - through a universal health care system that moots the existing health care insurance premium costs between large and small employers.
25. **Reduce the cost of home-owner's insurance** - by assuring that a person injured at your home has automatic health coverage and thus eliminating the need for a homeowner's insurance policy to insure against the risk of being sued for medical costs. Lower risk equals lower premiums.
26. **Permit lawmakers to move on to other critical matters by finally resolving the health care crisis** - since every year the General Assembly devotes substantial time to debating, again, the issues surrounding access to health care, Medicaid allowances, coverage for Commonwealth employees, and medical malpractice reform. All of this distracts from other critical issues of the day. A bold move to resolve the health care dilemma through a balanced and fiscally responsible solution opens the legislative agenda for other matters.
27. **Allow Pennsylvania manufacturers to compete more fairly against foreign manufacturers** - most of whom have a government sponsored health care system independent of the employer and thus manufacturers in those countries do not have the overhead burden of providing health care to their workers. By capping a Pennsylvania employer's contribution to health care at a fully deductible 10% of payroll, we dramatically reduce the anticompetitive effect of the higher premiums currently being paid by our hard-pressed manufacturers.

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28. **Shift health provider revenues from administrative to clinical work** - an estimated 20% of provider revenue is squandered on billing and administrative paperwork required by the existing inefficient and overlapping system of third party reimbursements. Those same resources could be redirected to clinical care.
29. **Encourage entrepreneurialism** - through a universal health care system that eliminates the risk of being without health access for the aspiring small business person and their family.
30. **End the practice of requiring those in need to spend themselves into poverty to qualify for long-term care assistance** - by including long term care in the universal health coverage package. This will end the current humiliating practice of forcing an already sick, usually elderly, person to spend themselves into poverty before qualifying for assistance.
31. **Accelerate the transition to a paperless “electronic health care record”** - through a single payer system it becomes easier to track, document, and access an individual’s health care history. An electronic health care record would be immediately available to any authorized health care provider thus eliminating the delays and errors associated with paper records scattered over a number of offices and ultimately lost over time.
32. **Enhance a new culture of health awareness and responsibility** - by using part of the trust funds to use the media and school system to teach and encourage better health habits and by creating a sense of social responsibility not to engage in self destructive or unhealthful behaviors that add to the common cost of health care.
33. **End the competitive advantage of those businesses which have refused to provide health care insurance** - by requiring all employers to pay the same 10% of payroll health care levy as a percentage of payroll. Small employers paying minimum wage would pay just 52 cents an hour more, less net of taxes, toward a universal health care plan.
34. **Create a sophisticated health care society** - through the creation of an age appropriate K through 12 curriculum with an emphasis on health equal to any other area of study.
35. **Establish dedicated funding sources used exclusively for health care** - thus assuring that the Trust will be fully funded and not endlessly debated year to year. By establishing dedicated funding sources for health care the interest of health will not have to compete against other government priorities for funding and taxpayers will be less resistant to paying the health specific taxes if confident that all of such revenues will be used exclusively for health care.
36. **Reduce drug related crime** - by assuring adequate and effective drug treatment services for those supporting their addictions through criminal activity or by becoming drug pushers themselves.

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37. **Assure available specialists in all geographic parts of the Commonwealth** - through a single payer system committed to assuring universal availability of quality coverage through-out the Commonwealth. For example, Providers who establish practices or build facilities in underserved areas can be rewarded with bonus reimbursements.
38. **Reduce employment discrimination based on age and health** - through a universal health care system that ends the concern of employers over the potential increase in group health insurance premiums should they hire an older person or someone with a personal or family illness. This resolves the individual underwriting process now in use which takes the cost savings out of many group plans.
39. **End the COBRA irony** - through a universal health system that continues regardless of employment status and which ends the absurdity of requiring a newly unemployed or divorced person to pay substantial sums to continue health care for themselves and their families when they are least able to afford it.
40. **Preserve patient choice** - by permitting the patient to choose their physician among any Participating Provider.
41. **Support the ability of charitable organizations to recruit and retain staff** - as all employees will automatically be covered under the Plan. Non-profit organizations will no longer lose employees and prospects to private industry solely due to the employee's need for health care benefits.
42. **Free up capital for research and development** - by capping the employer contribution to the health care trust at 10% of payroll, thus assuring employers will have cash available for the research and development costs that are at the heart of future growth and competitiveness.
43. **Better coordinate epidemiological data** - through a single payer system that best captures in one database the occurrence of environmental, viral, or bacteriological illnesses.
44. **Reinforce and support primary care** - through a reimbursement system that emphasizes wellness and preventative medicine primary care providers will be in greater demand and more appropriately compensated.
45. **Accelerate the introduction of new technology to improve diagnostics** - by providing a financing means for hospitals and providers to acquire new technology even where the obsolete equipment may not have been fully amortized.
46. **Infinite and immediate adjustability of the revenue sources to meet a disaster** - with health care taxes adjustable in tenths of a percent as needed, in the event of a natural or man-made disaster the required revenues to meet the urgent medical needs can be instantly and temporarily raised through a simple adjustment in the percentage. Similarly, where Trust surpluses accumulate beyond what is required downward adjustments in the taxes can also be readily and easily made.

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47. **Free the courts from protracted medical negligence litigation** - through the introduction of an optional no-fault administrative mechanism to compensate those injured by their care. We thus remove from the court dockets the many and complicated medical malpractice cases that consume a disproportionate share of judicial resources.
48. **Reduce state, local and school board expense** - through the adoption of a universal health care system whereby governments of all sizes will be relieved of the annual angst of debating, providing, and funding health care benefits.
49. **Improve worker productivity** - by providing ready access to care for workers and their families. Less time will be lost from work due to untreated conditions that ultimately worsen leading to extended absences.
50. **Improve highway safety** - by fully funding substance abuse treatment. With a reduction in impaired driving the frequency of motor vehicle accidents will drop and with it the expense related to the care and treatment of those injured.
51. **Humanitarian treatment for migrant workers** - through the inclusion of critical but under appreciated migrant workers and their families in the health care system. In doing so, we assure the responsible support of those who otherwise would be at the mercy of illness and ultimately burden the emergency facilities of our hospitals.
52. **Encourage and support the arts** - by assuring that talented individuals pursuing a career in the arts, or as independent performers, are covered through a plan of universal health care.
53. **Restore the spirit of joy and service to the health care professions** - through the elimination of the specter of malpractice suits and the obsessive concern about whether or not a patient has adequate insurance, health care professionals can again focus on the patient.
54. **Reduce abusive access to narcotics** - through a unified electronic health record system that immediately identifies situations where a patient is seeking multiple prescriptions from different physicians.
55. **Increase self reporting of medical errors** - by eliminating the fear of financial ruin. Errors can be more readily reported and thus corrective action taken to limit the harm and to develop protocols to eliminate recurrences.
56. **More swiftly identify previously unknown drug side effects or dangerous combinations of drugs** - through a single payer system that tracks patients and medications as well as the symptoms that are later reported which may be the clue to adverse chemical reactions.
57. **Eliminate the wasted motion of the specialist referral for responsible consumers** - by granting all patients the right to self refer to a specialist, and then only limiting that right for those who abuse it, the Plan assures that access to specialists is not delayed by procedural barriers that punish the many for the conduct of the few.

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58. **End the “same sex” and “domestic” partner health care debate** - by automatically covering everyone under the universal plan.
59. **Eliminate suicides related to the cost of health care** - through a universal health care system that relieves the chronically ill patient of the guilt associated with potentially bankrupting their family with health care expenses.
60. **Reduce the incidence of chronic diseases that could have been avoided or prevented through early intervention** - by eliminating the cost of care barrier, individuals with the early symptoms of a disease, such as cancer, will more readily seek care and enjoy an earlier diagnosis and better prognosis.
61. **Reward the development of enhanced skills and experience** - by adopting a reimbursement structure that adds an incentive bonus to those health care providers who invest in themselves and acquire enhanced skills and experience.
62. **End the wasted motion and paperwork associated with point of service deductibles and co-pays** - through the elimination of the ritual of collecting and accounting for these charges.
63. **Eliminate wasted employer management time** - by ending forever the annual dreaded ritual of receiving and analyzing the group health insurance premium increase, shopping around for a lower premium, evaluating how much of the premium cost can be shifted to the employees through premium sharing, a reduction in benefits, an increase in co-payments and the like.
64. **End the “food or medicine” choice** - through the inclusion of a full prescription drug benefit covering all citizens.
65. **Assure full access to mental health treatment** - by fully funding mental health therapy and treatment.
66. **Maintain the continuity of care** - by eliminating constant switching of providers to accommodate different health plans.
67. **Guarantee divorced spouses and their children have access to health care** - through universal health care marital status is irrelevant to health care access.
68. **Improve nurse retention** - by reallocating funds from malpractice insurance premiums and administrative overhead. Hospitals will be able to use those resources to assure a rational patient to nurse ratio, eliminate mandatory overtime, and enhance training.
69. **Annuitize compensation for persons injured by their medical treatment** - by making compensation payments through monthly disbursements, rather than by lump sum. This assures that the money cannot be squandered over a short period of time, which is often the case, and is more consistent with the concept of replacing what was lost rather than granting a lottery type pay-off.

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70. **Assured coverage for those working multiple part time jobs** - by detaching health care access from employment there is no difference in coverage based upon whether a person is working one full time, or two part-time, jobs.
71. **Protection for domestic employees** - through universal coverage that assures that housekeepers, cooks, drivers, gardeners and others working as domestic servants enjoy comprehensive access for themselves and their families.
72. **More extensive quality assurance review of errors and complications** - because every patient claim will be carefully investigated for evidence of correctable mistakes and patterns. By changing the emphasis to care improvement rather than blame all involved can contribute to a more constructive analysis of what went wrong, and what can be done to prevent a reoccurrence.
73. **Preserve the free market system while assuring cost containment** - with a Plan that does not contemplate public ownership of health care facilities or public employment of health care workers. Rather, the free market system will be allowed to work such that the providers with the best quality of service will attract the most patients.
74. **Assured dental coverage** - through inclusion of non-cosmetic dental services in the program.
75. **Eliminate the health care coverage handcuffs that limit workers' ability to change jobs** - and replace it with the freedom to offer your services to the highest bidder thanks to universal coverage that is independent of the employer.
76. **End uncompensated care for providers** - and instead assure Participating Providers that they will be paid for 100% of the services rendered to program beneficiaries.
77. **Assured vision and optical care** - through inclusion of eye health services as an integrated part of the health care package.
78. **Eliminate the financial insecurity and fear associated with the aging process** - by assuring that gaps in the Medicare program will be filled through the Plan and no Pennsylvanian will suffer needlessly simply based upon their ability to pay.
79. **Create tens of thousands of high paying new jobs in health care and health education** - required to provide services to the approximately one million currently uninsured Pennsylvanians and to teach a "wellness curriculum" in our schools.
80. **Fully protect the catastrophically ill or injured** - through a health care system that does not have the usual life time caps that are easily exceeded by those with serious and chronic illnesses or disabilities requiring intensive skilled care.
81. **Saving Pennsylvania's share of the 18,000 who die annually in the United States due to inadequate access to health care** - through a universal health care program that assures that every person who needs care will receive it.

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82. **Expand the availability of compensation more equitably to those injured by their health care providers** - through a no-fault system that does not require a tedious and expensive litigation process committed to finding someone to blame and which allows only a few to recover anything at all. Rather, the optional no-fault program assures expedited claim handling and eligibility with lower attorney fees and other costs of traditional malpractice litigation.
83. **Encourage the unemployed to accept entry level positions by removing the fear of losing Medicaid or Adult Blue coverage** - with universal care automatic for all, there need no longer be a concern that by accepting a modest paying entry level position a worker will disqualify themselves or their families from access to health care.
84. **Assuring that the newly disabled, but under age 65, have access to health care while they wait two years for Medicare eligibility** - through a universal coverage approach that does not go away when the disabled lose their jobs.
85. **Prompt payment of reimbursements to providers** - through electronic billing and electronic fund transfers within one week health care providers have ready access to their money and avoid borrowing costs.
86. **End the practice of overcharging the uninsured** - which is an ironic and absurd reality in the current system. Many hospitals and doctors charge uninsured patients a higher rate than the reimbursement accepted from private insurers and government programs. As a result the patients least able to pay have been charged the most and often are driven into bankruptcy. Universal coverage through a single payer ends this disparity once and for all.
87. **Eliminate the need for outside billing and collection services** - thus saving the average physician up to 5% of their gross collections otherwise paid to an outside collector.
88. **Pay for Performance incentives** - through a reimbursement system that rewards excellence based upon objective performance criteria. Providers who adopt best practices and achieve lower complication and readmission rates will be rewarded and those who do not measure up will be paid less.
89. **Create millions of qualified first responders** - through enhanced health care education every graduating high school senior can be a certified first responder ready and able to assist a family member, friend, or even a total stranger until help arrives. This can mean the difference between recovery and a lifelong disability or death.
90. **Assure that every injured person is rehabilitated to their maximum potential** - by incorporating full rehabilitation within the standard program benefits. In addition to being morally right, a commitment to full rehabilitation will reduce the overall cost of care as many more patients will be able to return to the workforce or at least be better able to attend to their own physical needs.

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91. **Keep qualified and experienced physicians on the job** - by eliminating the burden of malpractice premiums and by simplifying the billing and collection system.
92. **Assure well baby care** - with comprehensive post-natal care included in the universal health care program.
93. **Reduce the incidence of sexually transmitted diseases** - by simplifying access to primary and specialist care. STDs can thus be diagnosed sooner and treatment initiated to reduce the spread of the disease and to assure proper counseling to the affected patients and their partner. Enhanced wellness education also leads to reduced infection transmission.
94. **Permit providers to challenge the adequacy of reimbursements** - through an administrative process whereby single providers or groups can offer evidence in support of higher reimbursements.
95. **Full transparency in the error investigation process** - by assuring that a complaining patient is afforded every opportunity to be heard and is kept advised of the investigation and any corrective actions that are ordered in response to an avoidable injury or complication.
96. **Implementation of Pennsylvania Cost Containment Council recommendations** - through a process whereby all such recommendations are reviewed and where providers are required to implement necessary reforms.
97. **Humane end-of-life care** - by including hospice care within the comprehensive health care package.
98. **All licensed providers can compete** - through a universal system that does not try to artificially lower prices by freezing out providers from networks in exchange for lower prices from other providers.
99. **Protect early retirees who were promised health care coverage by now defunct employers** - through a universal health care system that protects the young retiree from being left out in the cold by a broken promise of retirement health coverage.
100. **Prepare Pennsylvania for more cuts in Federal health care support** - by preparing our Commonwealth to be more self sufficient and reliant on its own resources and efficiencies as Congress bit by bit reduces grants to states for Medicaid and CHIP programs.
101. **No more bake sales to fund health care** - instead we embrace health care as a community responsibility and a communal right through a system of universal access.

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