

The HealthCare Summit

3430 East Flamingo Road, Suite 214
Las Vegas, Nevada 89121-5064
702.672.5224
702.974.1990

Federal Reform Proposals

Guiding Principles

The guiding principles of the HealthCare Summit are to protect and improve the health status of all Americans. The best solutions offer choice and flexibility to health care consumers by integrating the strengths of the public and private sectors. We recognize the necessity to expand essential health care coverage to all Americans and realize that any reform must include an emphasis on the uninsured. We believe the way to achieve significant reform is for all participants to accept their responsibility as providers, consumers, insurers and regulators of health care services and to embrace change that establishes measures to ensure a high quality, cost effective system that is financially viable, sustainable and fair. The public and private sectors must also address their responsibilities to provide a system that allows for consumer choice, and emphasizes wellness, prevention, education, and consumer empowerment.

The HealthCare Summit encourages policy makers to create an environment through which all Americans may obtain affordable health coverage utilizing public and private sector market forces. The United States legislative and business environment is conducive to a coordinated public/private system which encourages individual responsibility rather than mandated coverage.

The HealthCare Summit recommends Federal reforms in separate, but related areas of healthcare financing, operations and service based on five (5) guiding principles.

The Five Guiding Principles of Reform

1. Reform must address and reduce skyrocketing medical care costs.
2. Reform must include transparency of medical information, including cost, which will enable treatment choices.
3. Reform must include public and private wellness promotion initiatives.
4. Reform must guarantee that all Americans have access to health care coverage, which includes health insurance and other alternatives; and must preserve or improve the current health insurance or alternative programs that provide benefits or coverage to 85% of Americans.
5. Reform must provide a source of coverage for the uninsurable populations of America.

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Reform Proposals

1. Enact legislation to create a National Minimum Standard Benefit Plan as follows:
 - a. Modify the Medicare/Medicaid/SCHIP Benefit Plans (or the Federal Employee Health Benefit Minimum Standard Program) and allow Americans to either enroll in an equivalent or more enriched commercial plan or the Federal National Minimum Standard Benefit Plan.
 - b. Mandate that the National Minimum Standard Benefit Plan include evidence based chronic condition disease management programs appropriate for the insured populations and health and wellness services which promote disease prevention.
 - c. Guaranteed issue regardless of age or pre-existing condition.
 - d. If an individual is enrolled in an employer based commercial plan, dependents would have the option of being in the employer based commercial plan or the Federal mandated minimum plan.
 - e. If enrollee is at 250% of Federal Poverty Limit (FPL) or lower, Government supplements premium.
 - f. Medicare Program to remain the program for Seniors, End Stage Renal Disease and other Special Need Plan (SNP) participants.
 - g. Distribution of the National Minimum Standard Benefit Plan to be through authorized offices, licensed agents and website options.

2. Enact legislation to reduce insurance administrative service costs by limiting public and private insurance management expenses to a reasonable percent of premium and out of pocket expenses (co-insurance, co-payments and deductibles). The current average insurance administrative expense of 15% of premium and out of pocket expenses is excessive and must be reduced.

Administrative services include:

- a) Benefit plan creation
- b) Enrollment
- c) Premium collection
- d) Provider credentialing and contracting
- e) Claims adjudication
- f) Benefit plan coverage interpretation and benefit dispute resolution

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3. The Federal Government should modify and simplify or eliminate laws, regulations and/or accreditation requirements which do not improve patient safety, quality, access, or prevent fraud or abuse as determined by independent analysis based on objective risk/benefit criteria.

4. The Federal Government should retain those regulatory agencies which improve patient safety, patient access, service quality, or prevent fraud or embezzlement as determined by independent analysis based on objective risk/benefit criteria.

5. The Federal Government should create a “no-fault” dispute resolution process to adjudicate malpractice complaints to replace the current “tort” process. The “no fault” process can be modeled after the Federal Vaccine Injury Compensation Program (FVIC) using a federal minimum standard whereby the court asks if the condition was avoidable and a result of the treatment.

6. Remove the Federal and State legal obstacles to delivery system reform. Federal legal obstacles are found in current antitrust laws, incentives which limit service prohibition, Medicare “Silo” payment policy, privacy and security laws and anti-kickback laws (Stark II). State legal obstacles are found in current corporate practice of medicine laws, scope of practice limitation laws and certificate of need laws.

7. Federal and State Governments should fully fund public health services which are primarily population based preventive services, community based, and proven to be effective by scientific evidence.

8. Government should facilitate the introduction of electronic medical record system technology designed to enable doctors and other service providers to obtain real time medical information.

Should all Eight (8) HealthCare Summit reform proposals be implemented:

- The cost of health insurance would be reduced by more than 30%.
- All Americans would have affordable basic health insurance coverage.
- Service delivery processes will be more efficient allowing more available time for doctors and other providers to care for patients.
- The quality of healthcare services will improve.