

SOME FACTS ABOUT HEALTH CARE by Jim Bice

President Obama has made health care the centerpiece of his agenda. He believes every American should have access to affordable health care. This has been the goal of many people for decades but without success, mainly due to the influence of special interests and politics.

The claim that health care needs to be "fixed" is that our current system is too expensive and that over 49 million people are uninsured. But these claims, in of themselves, bear scrutiny.

While the rising costs of health care cannot be disputed, the underlying reasons are where the "reform" should be focused. All health insurance policies contain coverages that are mandated by government, whether or not the purchaser wants or needs these coverages. The states as well as the federal government are guilty of loading these unwanted and often unneeded coverages into every health care policy. This, of course, drives up the cost to the consumer, whether it be an individual or business. True "reform" would eliminate these mandates and allow the purchaser to determine exactly which coverages are most cost effective for his or her particular situation.

Another added cost for health care is litigation. Doctors are often forced to practice "defensive medicine" to reduce the possibility of being sued into the poorhouse by ambulance chasing lawyers intent on making a fortune from someone's misfortune. Endless and often redundant testing has become the norm for doctors to protect themselves from the threat of lawsuits due to unforeseen or negative outcomes of medical treatment. Tort reform, limiting the amount of damages for "pain and suffering", would significantly reduce the overall cost of health care in this country.

Third payer (government funded)

health care is another element of the high costs of health care. Medicare and Medicaid, the two largest forms of taxpayer funded health care are rife with corruption and abuse. Oversight of the spending and rampant waste is, as usual with any government operated agency, woefully lacking and strongly influenced by special interests

The claim of over 49 million uninsured Americans is somewhat misleading. The actual number is determined by the method of determining who is actually "uninsured". The aggregate overall number could, indeed, be over 49 million. But when you subtract the estimated 12 to 20 million illegal aliens who are included in this aggregate, the number is reduced significantly. Then when you further subtract the estimated 18 million people who can afford health coverage but choose not to spend the money, (those who are young and in good health) the number is again greatly reduced.

The way health care proponents calculate the number of "uninsured" is the number of people who have no health care coverage for 90 days or more. However, if you use the same calculations but change the criteria to those who have no coverage for 1 year or more the number drops to just over 10 million.

One of the main underlying reasons health care reform has stalled in the past is that most of the proposals would put government in charge and the people at the mercy of bureaucratic agencies. The current proposal is no different.

House Bill 3200, the so called America's Affordable Health Choices Act of 2009, rather than address the actual causes of health care costs and availability, is little more than a complete government take-over of the health care industry. It will neither

reduce costs nor will it make health care available to everyone.

According to the Congressional Budget Office (CBO), the coverages touted by proponents of HB 3200, including the President, will neither offer coverage for everyone and will actually add another \$1 trillion to \$1.5 trillion to the already bloated budget deficit.

An analysis of HB 3200 reveals the mandates and pork that should arouse suspicions to anyone who is truly interested in health care reform. These are not speculation, but provisions actually contained in the bill:

Page 22: Mandates audits of all employers that self-insure; Page 29: Admission: your health care will be rationed; Page 30: A government committee will decide what treatments and benefits you get (and, unlike an insurer, there will be no appeals process); Page 42: The "Health Choices Commissioner" will decide health benefits for you. You will have no choice. None; Page 50: All non-US citizens, illegal or not, will be provided with free healthcare services; Page 59: The federal government will have direct, real-time access to all individual bank accounts for electronic funds transfer; Page 65: Taxpayers will subsidize all union retiree and community organizer health plans (read: SEIU, UAW and ACORN); Page 84: All private healthcare plans must participate in the Healthcare Exchange (i.e., total government control of private plans); Page 91: Government mandates linguistic infrastructure for services; translation: illegal aliens; Page 95: The Government will pay ACORN and Americorps to sign up individuals for Government-run Health Care plan; Page 102: Those eligible for Medicaid will be automatically enrolled: you have no choice in the matter; Page 124: No company can sue the government for price-fixing. No

"judicial review" is permitted against the government monopoly. Put simply, private insurers will be crushed; Page 145: An employer MUST auto-enroll employees into the government-run public plan. No alternatives; Page 126: Employers MUST pay health-care bills for part-time employees AND their families; Page 150: Any employer with a payroll of \$250K-400K or more, who does not offer the public option, pays a 2 to 6% tax on payroll; Page 167: Any individual who doesn't have acceptable health-care (according to the government) will be taxed 2.5% of income; Page 170: Any NON-RESIDENT alien is exempt from individual taxes (Americans will pay for them); Page 195: Officers and employees of Government Healthcare Bureau will have access to ALL American financial and personal records; Page 239: Bill will reduce physician services for Medicaid. Seniors and the poor; Page 241: Doctors: no matter what speciality you have, you'll all be paid the same; Page 253: Government sets value of doctors' time, their professional judgment, etc.; Page 272: Cancer patients: welcome to the wonderful world of rationing; Page 280: Hospitals will be penalized for what the government deems preventable re-admissions; Page 318: Prohibition on hospital expansion. Hospitals cannot expand without government approval; Page 335: Government mandates establishment of outcome-based measures: i.e., rationing; Page 341: Government has authority to disqualify Medicare Advantage Plans, HMOs, etc.; Page 354: Government will restrict enrollment of SPECIAL NEEDS individuals; Page 425: More bureaucracy: Ad-

vance Care Planning Consult: Senior Citizens, assisted suicide, euthanasia; Page 425: Government will instruct and consult regarding living wills, durable powers of attorney, etc. Mandatory. Appears to lock in estate taxes ahead of time; pproved list of end-of-life resources, guiding you in death; Page 427: EVERYONE on Social Security, (will include all Senior Citizens and SSI people) will go to MANDATORY counseling every 5 years to learn and to choose from ways to end your suffering (and your life). Health care will be denied based on age. 500 Billion will be cut from Seniors healthcare. The only way for that to happen is to drastically cut health care, the oldest and the sickest will be cut first. Paying for your own care will not be an option.; Page 429: Advance Care Planning Consultants will be used to dictate treatment as patient's health deteriorates. This can include an ORDER for end-of-life plans. An ORDER from the GOVERNMENT; Page 469: Community-based Home Medical Services: more payoffs for ACORN; Page 472: Payments to Community-based organizations: more payoffs for ACORN; Page 489: Government will cover marriage and family therapy. Government intervenes in your marriage; Page 494: Government will cover mental health services: defining, creating and rationing those services.

This analysis includes only the first 500 pages of the bill. Coos News has not yet completed its analysis of the remaining 500+ pages.

At this point, this bill appears to be nothing more than a complete takeover of all aspects of the lives of the citizens of the United States.

FIRE DANGER ON THE RISE

Current fire danger has prompted the Coos Forest Protective Association to impose tighter restrictions for workers in some wildland areas. The CFPA will place an Industrial Fire Precaution Level (IFPL) III (3) on all private, county, state and Bureau of Land Management lands that fall within regulated use zones CS-5 and SK-2 Wednesday, July 29th. Industrial operators are advised to check their notifications for the area in which they are working. Under IFPL III, industrial operators are prohibited in performing the following:

- Cable yarding - except that gravity operated logging systems with non-motorized carriages may operate before 1:00 p.m. and after 8:00 p.m. when all blocks and moving lines are suspended 10 feet above ground, except the line between the carriage and the chokers;
- Power saws - except at loading sites

and at tractor skidder operations before 1 p.m. and after 8 p.m. local time;

In addition, the following are permitted before 1 p.m. and after 8 p.m.;

- Tractor, skidder, feller-buncher, forwarder, or shovel logging operations where tractors, skidders, or other equipment with a blade capable of constructing fireline are immediately available to quickly reach and effectively attack a fire start;

- Mechanized loading or hauling of any product or material;
- Blasting;
- Welding or cutting of metal;
- Any other spark emitting operation not specifically mentioned.

For further information on fire danger levels and closures, contact the CFPA 24-hour closure information line at (541) 267-1789 or access CFPA's website at www.coosfpa.net.

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