One of the most contentious concepts being considered is whether or not reform should include a new government-run health insurance plan to compete with private health plans. Proponents have argued that a government-run plan would provide real competition and bring down costs.

Since a government-run plan would not be subject to the same rules for financial solvency and would not be required to pay state premium taxes as private companies are required to do, its initial operating costs would be less. Real competition exists when rules are applied evenly.

Because these plans would operate with advantages not available to private plans, the unlevel playing field could eventually force all to be covered under the government-run plan. Having everyone covered by a government-run plan has resulted in waiting lines and rationing in other countries.

It's time to examine what these "model" countries really offer their citizens, and what are some of the drawbacks. Government-run health insurance: What you don't know could kill you.

Visit www.gethealthreformright.org to tell Congress, "Health reform matters; get it right!"

Summary

Despite faults, the United States health care system is the best in the world. Although reforms need to be made to ensure access to this care for all citizens, AHIA-NAIFA Health & Employee Benefits strongly believes that a new government program would destroy the system that now serves over 85 percent of the population.

The United States leads the world in health care research and development. Under proposed government-run systems, the incentive for companies to develop these life-saving technologies would be removed.

As shown in these examples, the appeal of quick fixes and the lure of empty promises could create a system that would be, quite literally, hard to live with.

We support legislative and regulatory reform efforts to help lower costs and ensure coverage without resorting to new government programs or jeopardizing the high quality of care we enjoy and expect as American consumers.

To learn more, visit www.ahia.net.

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AHIA16 07/09

Government-Run Health Insurance:

What You Don't Know Could Kill You!

Government-Run Health Insurance:
What you don't know could **KILL YOU!**

Access

- Recently a case in Ontario caused a patient to risk permanent blindness when denied timely access to specialist treatment after prior diagnostic tests revealed the presence of a malignant brain tumor.[1]
- In Canada total waiting time between referral from a general practitioner and treatment, averaged across all 12 specialties and 10 provinces surveyed, was 17.3 weeks in 2008.[2]
- A recent poll sponsored by the Canadian Medical Association found that "two thirds of those polled said their families had to wait longer for medical service in the last year than they thought was reasonable." Among the issues that concerned them were waiting for specialists (75%), for emergency room services (74%), and for diagnostic tests such as MRIs (73%).[3]
- Canadian patients waited an average of 7.2 weeks in 2000-01 from the time they were referred to a specialist until the actual consultation, and another 9.0 weeks before treatment – including surgery.[4]

Cost

- A fundamental flaw can be found in Germany's National sickness fund: No money changes hands between the patient and the provider. Because German patients are not aware of what health care services actually cost, there is little sense of responsibility or incentive to economize.[5]
- Between the years 1997-98 and 2006-07, government spending on health care grew on average across all 10 Canadian provinces at a rate of 7.3% annually, compared to 5.9% for total available provincial revenue, and 5.6% for provincial economic growth. This means that the Canadian government's spending on health care is growing faster than the government's ability to pay for it.[6]
- Not accounting for the increased cost burden of the aging population, it is estimated that in six out of the 10 Canadian provinces public health spending is on pace to consume more than half of the total revenue from all sources by the year 2035.[7]
- To offset current and future deficits in the nation's health and pension funds, the government recently asked Japanese employers to pay more for their employee's pension contributions, which already total 14% of the employee's annual income, shared between the employer and the employee. Employers are staunchly opposed to this idea.[8]

Quality

- Dr. Ken Runciman says he reluctantly eliminated about 100 patients in two separate draws to avoid having to provide assembly-line service.[9]
- A World Health Organization study calculated that 25,000 people die unnecessarily in Britain each year because they are denied the highest quality cancer care.[10]
- A National Health Service (NHS) watchdog group, Audit Scotland, found that a quarter of all NHS equipment in Scotland has become dangerously outdated, while "only half of Scotland's health trusts could demonstrate that staff had a proper understanding of the equipment."[11]

Efficiency

- Recent Statistics Canada survey findings indicate that an estimated 1.7 million Canadians (more than 6% of the population) were unable to find a primary-care physician in 2007.[12]
- The German health ministry concluded in May 2003 that their health care system suffered from a lack of competition; superfluous, insufficient or inappropriate care; shrinking revenue and an aging population.[13]

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