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To: EBSA, E-OHPSCA - EBSA
Subject: health plans

One consideration on health plans is to work them in a similar way as low income housing. In the case of housing a percentage of the person's income is to be paid toward their housing. Their housing allowance is based upon their income compared to the poverty rate in their place of residence.

Commentary: When listening to some of the airbags on radio their complaints are seeing your doctor and waiting periods if you have a state sponsored medical program.

Response: When we go to the doctor in rural areas we are happy to see any doctor even though we may have "our" doctor in the practice. We get to their office when they open the doors at eight and hope to be seen before they close for lunch, or be there when they open at one and hope to be seen before they close at five. Having an appointment with a specialist is a little different... thirty to forty five minutes is a normal wait. But an appointment to see your family doctor is not much more than a ticket to get in the waiting room and read the old magazines.

The most expensive medical care is going to the emergency room which we can save a lot of dollars by getting that cost reduced. But you don't have much choice with a sudden kidney stone attack, you collapse in the heat, have a stroke, heart attack, get hurt with equipment, fall, or some other pain that comes on suddenly and dramatically. In these cases, hospitals and their sub-contractors and the insurance companies, need to have their agreements more clear about prior authorizations so the client is not left holding the bag for services that were not preauthorized in an emergency situation.

With any state supported service you are going to find those affected will have someone either (a) put a loop hole in the legislation for their buddies (b) look for a loophole or dubious wording which will essentially void the regulation.

There is an 85% satisfaction rate with the VA medical plan. Perhaps a national model can be similar to that model.

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