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Subject: National and state health care/health insurance reform!
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To Whom It May Concern:

The cause for concern on the above seems to redundantly focus on the wrong issues! Almost all articles that I've read center on the issues of availability vs affordability and sustenance in maintaining any new programs!

The issues main focus shouldn't be availability, it should be how do we implement changes in the mind set of those that will be using the coverage. For far too long, this country has treated their health and their health care coverage as a no limit debit card! HMOs were the beginning of the onset of out of control expectations as to what the cost and coverage should be for the end user! The insurance industry is as much at fault as anyone.

If you were to review most of the contracts written in the US today, you'd see that coverage is written on an aftercare mentality. There is very little proactive measures that offer incentives in their contracts that would be aligned with any thought for prevention of claims!

What drives the cost of insurance?

- 1) Right now, out of control charges from the providers; doctors, hospitals and drug companies
- 2) Claims!!!!!!!!!!!!

In the early 90's, the Clinton's attempted to offer this country ideas that we had to change our ways or head down a path of destruction! Well, we're there now! Even though their ideas and plans didn't succeed, they did do one thing on a very short term basis. They put the fear of God into the providers and the insurance industry.

Unfortunately, the insurance industry had a knee jerk reaction in their subsequent renewals for their clients that only lasted for about 3 years and then went back to business as usual! The providers never did get on board and as a result, have continued to ravage this society with their unjustified charges for services! You don't have to be a rocket scientist to see the disparity in charges for the same services depending on where and what provider is rendering that service! Of course, the repetitive response by doctors is that their charges are reflective of their costs for malpractive insurance! This is garbage and isn't consistently proven to be so throughout all areas in the US. They are getting a free ride in this whole health care/health insurance reform debacle! As for drug companies, they have proven to be the hostage takers supreme in the US! This area of coverage alone is the most crippling aspect of health care coverage in the US! These companies are the foxes in the hen house!

As for the claims piece, costs have to reduced and the number of claims must diminish NOW! How do we accomplish this task?

There is a program that does exist that will do both!!!!!!!!!!!!!!

This program has provided long term stability since 1999.

It encompasses exactly what this country needs as availibility, affordability and the ability to sustain itself! It emphasizes wellness mandates and disease management! These are the two main components for reducing claims as well as reducing the cost for the insurance. It goes so far as to where each covered member has to sign a contract complying with strict guidelines for doing so! The penalties for non-compliance are severe!

In closing, until the egos and hidden agendas are removed from this problem solving process, you

can expect to fail! We have the solutions and they work. This plan could be the role model for this nation and individual states! It provides a positive solution for all those involved, including the agents and brokers involved in the placement of the plans for their clients. It truly is a win/win for all!

So, it's up to you that have put yourself out front to implement change. Do you want to do the right thing or do you want to continue to do business as usual?

Business as usual doesn't work! It does if you're the ones who don't want change because it will drastically affect their profits!

Who'll stand and state " Enough! This ends now!!!!!!!!!"

Surprise me! Have the integrity to make history!

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***Sincerely,
Steve Ritchie***

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