



**Independent Women's Voice**<sup>®</sup>

# The Health Care Debate

## in 60 Seconds

### What's at Stake:

The U.S. doesn't have a health *care* crisis, but we do have a health *costs* crisis.

Americans have access to the best care in the world, with low wait times and high cancer survival rates.

But Americans lack choice...

- ...in their insurance plans:
  - Most workers simply accept the plan offered by their employer.
  - Most employers only offer one plan.
  - All plans (employer and non-employer) are standardized to meet federal regulations, limiting customization, variety, and market competition.
- ...in their health providers, because insurance plans dictate which doctors are in network and which are not.
- ... to shop/plan for healthcare services based on price, because there's no price transparency. We pay for most medical care through a third party, like insurance or a federal program, making it easier for the health industry to hide price information.

This is not a healthy, functional marketplace, and the result is *exorbitant costs*.

**Bad Solution:** So-called Medicare-for-All is a new name for the same old harmful approach of socialized medicine.

- NO choice in insurance—all employer and private plans would be eliminated, as well as Medicare and Medicaid, leaving only one “option.”
- NO or minor choice in care—the only way government can control costs is by paying too little for a service, creating a *shortage* and long wait times.

**Right Solution:** Foster a healthy, functional marketplace where all Americans can choose and afford...

- ... an insurance plan.
  - Repeal counterproductive federal regulations that over-standardize insurance plans and make them unaffordable.
  - Unlink employment and insurance to make plans portable, reducing the risk of “coverage gaps” that create the problem of “pre-existing conditions.”
- ...their care and know how much it will cost.
  - Foster new models that empower patients with price information to shop directly for non-urgent services, holding down prices.

## Addressing Concerns:

CONCERNS	RESPONSES
<p>Without federal regulations, some people (who are sick or older) will pay more than others for insurance plans, and this is unfair.</p>	<p>Is it fair for younger/healthier people to pay more than their share in premiums? Fair or unfair, this is not how any risk-based insurance market works. The federal regulations the Affordable Care Act caused younger/healthier people to leave the market and drove up costs further for everyone left in the insurance pool.</p>
<p>Health care should not be subject to market forces because it's a life or death matter.</p>	<p>When someone needs urgent treatment, the priority should be to get that treatment. Period. But most medical care doesn't happen as a part of an emergency. People should have the ability to shop for care and pay for it directly and also buy affordable health insurance that works like other forms of insurance (to protect us from high bills).</p>