

Obamacare, while expanding access to Americans for health insurance coverage, has increased the cost of coverage in many ways that serve to undermine its original purpose, which was to provide health care for all Americans. As a result there remains a group in the gap without coverage due to earning too much to receive subsidized coverage but not enough to make it a priority to purchase unless health is poor. A solution which addresses the causes of the gap would be the best overall as it would continue to provide coverage for years to come, relying less on the health of the overall economy or the health of the covered public.

A solution which expands the pool of insured rather than contracting it with individual policies would tend to lower cost over time.

A solution which includes both healthy and sickly participants in the same risk pool is the most helpful to decrease burden on each. Very healthy pools are subject to drastic price hikes if one gets sick and very sick pools are too expensive for more healthy people to choose to be in.

A solution that has lowering cost as a focal point should be more carefully considered in reviewing potential solutions because of its effect on access and use and sustainability.

A solution which is not employer based as this coverage is not portable. This risks higher costs of care and a more sickly population over time when care is delayed in between jobs, or this risks disability in workers who, if covered continuously, may not have suffered so much health loss otherwise.

The solution needs to consider insurers as an interested business partner, not an adversary. Insurers need to remain profitable to continue to provide the products people want to and can afford to buy; this is less and less the case under Obamacare and Medicare.

The solution should combine higher quality and lower cost if possible. This would necessarily include both public oversight and private incentives. Completely private solutions usually lead to higher cost over time as profits are maximized at the expense of the consumer, and public solutions lead to lower quality over time as political interests, covered individuals' health and funding changes.

A solution that leads to less Bureaucracy and more transparency should lower costs over time as long as public health considerations are not over-ridden in the process.

A solution that does not focus on more competition as a mechanism to decrease cost would be more viable. Competition does not lower cost over time in health care as a patient cannot choose where care is given in an emergency and studies show that more MRI machines available in one area leads to more MRI's being done, so even if cost goes down the total cost to the system is higher.

A solution with checks and balances to cost and quality would be the most helpful to allow long term viability to both consumers and the insurer and short-term cost effectiveness to the consumer.

A solution which allows the insurer to study its risk pool and develop individualized solutions to that population that are preventive in nature AND allows enough time for the preventive treatment to accrue benefits to the insurer and patient will be the most effective over time as well.

This solution is found in creating a Health Insurance Public Utility Corporation in Idaho. It would provide public oversight to a privately run insurer who provides care to all Idahoans at a lower cost. Waivers to allow the pooling of Medicare recipients and Medicaid recipients as well would allow a greater benefit to all and help truly manage health at a population level which is more effective both in cost and lives saved in the long term. Allowing the contract for provision of insurance to be held by one company for the whole state for years at a time will lead to these benefits and allow both parties to realize them.

In addition a study of the results of care of the whole state may lead to better methods of delivering care and help with the more cost effective and efficient delivery of care both in and out of the hospital. Also a reduction in duplication of services will remove workers in insurance who could be employed in healthcare provision of direct care instead and expand the pool of skilled workers which is soon to contract dramatically in the near future.

In addition health care offices would have fewer forms to deal with and less administrative work, allowing the health care dollar itself to stretch further and provide more actual care for less money. America has the worst ratio of care provided for dollars spent due to the huge administrative burden imposed by insurers trying not to care for patients or trying not to pay providers for work that has been done. Prior Authorization processes could be streamlined and learned better by providers leading to less busy work throughout.

In Summary, the model of health care funding through a Health Insurance Public Utility Corporation provides lower cost, greater transparency, and greater sustainability than any other current program out there and is a unique solution which could put Idaho on the map as a forward thinking, compassionately conservative state and assist all our residents to receive the health care they want and deserve, allowing our money to go further by providing better quality, lower cost care than is currently available. Please consider this proposal carefully.

Sincerely, Michael Foutz, MD

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